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In Vermont, you may be eligible for a variety of federal and state-sponsored governmental benefits.

Many of the benefits have complicated eligibility requirements that may vary depending on your age, marital status, family or household size, family and/or household income, or disability status (mental or physical). In addition, the dollar amount of the benefit may change depending on changes in state or federal laws, rules or regulations or grants.

The **Vermont Agency of Human Services'** web-based eligibility screening tool [www.myBenefits.vt.gov](http://www.myBenefits.vt.gov) is a good place to start for many Vermont programs. **Green Mountain Care** has a similar screening tool [www.greenmountaincare.org](http://www.greenmountaincare.org) that will help you determine your eligibility for various state health insurance programs like Medicaid and Dr. Dynasaur. Also see [VCW's Resource Directory—Women's Health section](#) and the [Public Assistance section](#) for a detailed directory for further help.

## Social Security

As you plan for your retirement, you should be aware that the amount of the monthly retirement benefit you may receive from Social Security depends not only on your work contributions but also upon the age that you choose to start receiving benefits.

Benefits are calculated based on your “**full retirement age.**” Normal “**full retirement age**” depends on the year you were born. It goes up from age 65 if you were born before 1938 to age 67 if you were born in 1960 or later.

If you choose to begin receiving benefits before your normal “**full retirement**” age, you will receive a reduced benefit for the rest of your life. You can choose to start receiving social security benefits as early as age 62 but doing so may result in a reduction of as much as 25-30% less than you would have received if you had waited until full retirement age, regardless of whether you are claiming benefits based on your own record or that of your spouse or ex-spouse (if you were married at least ten years.)

**Your benefits may also be temporarily reduced if you continue to work and earn over a certain amount until you reach full retirement age.**

If you delay starting to receive benefits after **full retirement age** you can increase your monthly benefit by up to 8% annually up to age 70 over the benefit you would have received at full retirement age.

For example, if you were entitled to \$750 a month at age 62 and waited until age 66, you would receive \$1,000 a month. If you waited until age 70 to begin receiving benefits you would receive \$1,300 a month.

## **Benefits based on a Spouse’s or Ex-Spouse’s Income**

If you have a spouse, and you both have reached full retirement age you are eligible to receive social security benefits based on your own work record or one-half of your spouse’s benefit whichever is higher. You may not receive benefits based on your husband’s work record unless he has applied for and is eligible to receive benefits.

The amount is reduced if you are at least 62 years of age and have not reached full retirement age yourself.

If you are a divorced spouse, you may be eligible to receive benefits based on your ex-spouse’s record if you are over 62, you were married at least ten years, you ex-spouse is eligible to receive benefits and you have not remarried. Other rules apply if he is deceased.

Other types of Social Security benefits may be available, if you are disabled and cannot be gainfully employed, or are dependents of the major wage-earner in the family, if that person becomes disabled, blind or has died. These are referred to as **Social Security Disability Insurance (SSDI)** and **Social Security Survivors’ Insurance.**

Apply for Social Security through the Social Security Administration. (See [VCW’s Resource Directory – Aging And Elder Issues section.](#))

## **Supplementary Security Income (SSI)**

SSI provides a limited monthly cash benefit for low-income individuals (including children) who are disabled, blind or 65 years of age or older. If you are found eligible for SSI, there is automatic eligibility for Medicaid.

If you receive Reach Up benefits, consider whether anyone in the household might qualify for SSI. A child is defined as someone under 18 or a student who is under 22. Application for SSI must be made through the Social Security Administration. ([VCW's Resource Directory – Aging And Elder Issues section.](#))

## Veterans Benefits

Veterans Benefits are available to disabled, blind or older veterans and their children, wives or husbands, widows or widowers. Benefits may be available even if the disability is partial or is not connected to time in the service. Veterans benefits can include cash benefits as well as health care coverage. Apply for benefits at the Veteran's Administration Center. (See [VCW's Resource Directory – Disability and Accessibility Issues section.](#))

## Reach Up Program

Reach Up helps families with children and pregnant women by providing cash assistance for basic needs and services that will support work and lead to self-sufficiency.

Eligibility depends on your income, resources, living expenses, family members in your household and other factors. Your family may be eligible if you are a single parent, if one parent is disabled or if the total income and assets of your family is very low. If you are found eligible for Reach Up, you and your family will most likely be eligible for Medicaid.

Applications for Reach Up are made through the local Economic Services Division of the Department for Children and Families. See [VCW's Resource Directory—Public Assistance section.](#)

If you are found eligible for Reach Up you will be assigned a case manager who will assess your readiness to work by looking at your skills and abilities, job interests, and training or education. The case manager will also look at challenges that make it difficult for you to work (e.g. childcare, transportation, health need or personal issues.)

You and your case manager will create a **“family development plan”** that maps out your goals and the steps you will take to achieve them: e.g. looking for a job; getting your GED or high school diploma; attending job training; pursuing higher education; and getting on the job training/work experience.

To keep your maximum Reach Up benefits, you need to spend a certain number of hours each week either working or participating in approved **“work activities”** that will lead to a job. **The number of hours you will be required to work, or participate in approved “work activities” will depend on your children's ages and your family situation.** However, you may not have to work or engage in work activities right away if you have a health problem, you are caring for a very young child or childcare is not available.

While Reach Up provides you with benefits and services, you are expected to follow your family development plan. **If you do not follow your plan, your financial assistance may be greatly reduced.**

If you have dependent children ages 16 or 17 who are not attending school full time, they are also required to receive appropriate support services.

Reach Up cash assistance is deposited monthly directly in your bank account or you will receive your cash assistance on an EBT (electronic benefits) card called ***Vermont Express***.

Be aware that even though your family may not qualify for Reach Up benefits, you or members of your family may be eligible for Food Stamps, Medicaid, the Vermont Health Access Plan, Dr. Dynasaur or other programs. (See later sections in this chapter.)

## **Reach First**

This program provides short-term financial assistance and support services to eligible families in emergencies. Families may receive either a lump sum payment or up to four months of assistance depending on need. If after four months the family still needs financial assistance they may be transferred to the Reach Up program. Apply for this program through the local Economic Services District Office.

## **Reach Ahead**

Reach Ahead is a food assistance program designed to help families transition from welfare to self-sufficiency. This program also provides support services. Apply for this program through the local Economic Services District Office.

## **Benefits for Minor Parents**

If you are a minor who is pregnant or has given birth, you may only be eligible to receive the full Reach Up financial assistance grant if you are an emancipated minor or if you can show that you live in supervised settings. (Some exceptions to this may apply.) Approved supervised settings could include your parents (whose income is not included in determining Reach Up eligibility), a responsible older relative or friend, the father of your child, or another home. Another home is any home in which there is a designated caretaker. You are also required to attend school or an appropriate alternative education or training program.

Apply for Reach Up benefits through the local Economic Services District Office. (See [VCW's Resource Directory—Public Assistance section](#).)

## **Postsecondary Education Program (PSE Program)**

This program enables parents in low-income families who meet particular financial and other eligibility criteria to receive a certain amount of money to live on while they pursue a 2 or 4-year undergraduate degree in a field directly related to employment. The general rule is that the participating parent is allowed to work up to 20 hours per week when school is in session but exceptions can be made. If you have a spouse who is determined to be able to work, the spouse must work to his or her full capacity.

Only one participant per family may be in the program at a time and not everyone who is eligible will be accepted into the program since the funding is limited.

Apply for the PSE Program through the Economic Services Division District office.

## 3SquaresVT (Formerly Food Stamps)

The 3SquaresVT program helps low-income people buy food, school lunches and breakfasts, and assists with phone bills. **If you receive Reach Up, you are eligible, in most cases, for the 3SquaresVT program.**

### You may be eligible if:

- If your gross household income is equal to or less than 185% of the federal poverty level, based on household size — regardless of the resources you own. Current income guidelines can be found on the 3SquaresVT website.
- If you have children and get the Vermont Earned Income Tax Credit.
- If your household includes someone aged 60+ or with a disability — even if your gross household income is over 185% of the federal poverty level. However, in this case assets outside of your home and retirement accounts are included in determining eligibility.

### If you qualify, you are eligible for:

- **Monthly Nutrition Benefits:** If you qualify for this program you will receive a plastic card that works like a debit card. The monthly benefit is added to the card at the beginning of each month. The card can be used at most stores that sell food and some farmers markets. If you are 65 or older, or are receiving Supplemental Security Income the money can be deposited directly into your bank account. Able-bodied people who are eligible to receive food stamps, who are 18 to 50 years old and who do not have minor children can receive food stamps for only 3 months in any 3 year time period unless they are working or doing “work-related activities.” If a person participates in Vermont’s “work for benefits” program 3 days a month, that person could remain eligible for food stamps.
- **Free school meals:** Under the 3 Squares program your child can have their school lunches paid for if the school participates in the federal meals program. **You will have to fill out the school application form or show them your 3SquaresVT award letter.**
- **Help with phone bill:** This provides up to \$13 of credit toward your monthly phone bill and up to \$30 to have a phone line installed.

Apply for 3SquaresVT at your local Vermont Economic Services Division District Office. (See [VCW's Resource Directory—Public Assistance section.](#))

## Women, Infants and Children (WIC)

WIC is a special supplemental food program for women, infants and children. It provides food through home delivery, nutrition and health education, and information about health services. If you are a woman who is a Vermont resident, is pregnant or breastfeeding, had a baby in the last 6 months, or has a child under 5 years old, you may be eligible for benefits. Although income guidelines apply, you can work and still be eligible for WIC. Apply for WIC through the Vermont Department of Health. (See [VCW's Resource Directory—Public Assistance section.](#))

## Child Care Subsidies

Child care is expensive. Depending on your income level and your family size you may be eligible for a financial assistance program to help you pay for child care for children from birth to age 13. The subsidy is paid directly to a qualified child care provider. **While financial assistance helps with**

**the cost of child care, it typically does not cover the full cost. You are responsible for paying for the difference between the subsidy amount and the fee that the child care program charges.**

In order to qualify for child care assistance, you must be the primary care giver and have a job, be self-employed, be actively looking for work, attend school or a training program, participate in Reach Up or have special health care needs and be unable to provide care for your child. You may also qualify if your child has significant health or developmental needs or your family is experiencing significant stress in areas such as housing, safety, substance abuse, children’s behavior or parenting issues.

You can use the prescreening tool on the Agency of Human Services, Division for Children and Family website to see if you might qualify. Apply for these benefits and subsidies through your local community child care support agency or online at the Bright Futures Information System (See [VCW’s Resource Directory – Early Care and Education section](#) for links to both resources.) If you need child care to participate in Reach Up activities you can apply through your Reach Up case manager.

## **Essential Person**

This Vermont program aims to keep people, who are 65 or older, blind, or disabled in their homes. The program provides funding for someone to live with and provide care for the individual. The person receiving the benefit must meet the income requirements and have an essential person.

**The “essential person” has to meet all of the following:**

- live in the household;
- not be eligible for SSI or Reach Up on their own;
- not receive payment from the Department of Disabilities, Aging and Independent Living (DAIL) for providing personal services to the applicant.

**The essential person can be any of the following:**

- the spouse of the applicant and be 55 years of age or older;
- the spouse of the applicant and is under the age of 55 (other additional criteria will have to then be met);
- not a spouse but provides at least one personal care service or homemaker service as defined by the Economic Services Division of Department for Children and Families

You should be aware that this program is also available to help your family when your spouse is waiting to receive Social Security or SSI benefits. Apply for “essential person” benefits through your local Economic Services District Office. (See [VCW’s Resource Directory—Public Assistance section.](#))

## **General Assistance (GA)/Emergency Assistance (EA)**

This state program may provide families a minimal amount towards basic emergency needs such as housing, utilities, food, and burials. Unless there is a crisis (such as death of a spouse or a child, fire, flood, hurricane, eviction, or emergency medical need) a person cannot receive assistance unless that person has a minor dependent included in their application. A person may be eligible for GA while waiting for a first Reach Up or SSI check. In addition Vermont is now engaged in several pilot programs designed to meet the specific needs of applicants and to maximize flexibility depending on need and individual circumstances. Apply for benefits through your local Economic Services Division

District Office or in some situations, your local Community Action Agency. (See [VCW's Resource Directory—Public Assistance section.](#))

## Emergency Housing

The emergency housing program provides 84 days of temporary housing in any consecutive 12-month period for low-income families with children who have exhausted all other housing options, including shelters, if the lack of housing is not considered to have been your fault. **(Being evicted for non-payment of rent is NOT considered to be your fault if you simply did not have the money.)** Other vulnerable populations (e.g. over 60, disabled, emancipated youth, or victims of domestic violence) may qualify for up to at least 28 days of temporary housing. The family must also be in immediate danger of losing their home. Apply for help through your local Economic Services District Office. (See [VCW's Resource Directory—Public Assistance section.](#))

## Fuel Assistance

Seasonal Fuel Assistance provides benefits to low-income Vermonters for the purchase of home heating fuel (oil, propane, wood, electricity, etc.)

You might be eligible for fuel assistance whether you:

- Own your home or rent;
- Pay for your heat directly or it's included in your rent;
- Rent a room in someone else's home; or
- Live in public, subsidized, or Section 8 housing AND your rent includes the cost of heat.

The benefits are paid directly to the fuel supplier except in the case of wood or wood pellets where the money is given to you.

**You must reapply every year.** You must apply before November 30<sup>th</sup> for a full winter's benefit, or before the last day of February for partial benefits. Applications are available at local Economic Services District Offices, Community Action agencies, Area Agencies on Aging, or by phoning the Office of Home Heating Fuel Assistance (See [VCW's Resource Directory—Public Assistance section.](#))

**Crisis Fuel Assistance for home heating emergencies** is available from the last Monday in November through the last Friday in April. Assistance may include minimum delivery of fuel, partial payment of a utility bill to prevent service disconnection, furnace repairs or replacements. Apply for assistance through Community Action agencies. If you need assistance after hours, on weekend and holidays, there is a statewide emergency hotline 1-800-479-6151.

**If you are granted assistance after-hours, you will need to follow up by completing an application for Crisis Fuel Assistance at your local Community Action Agency. If you do not complete the application, you risk not getting any assistance in the future.** (See [VCW's Resource Directory—Public Assistance section.](#))

Contact your fuel distributor to find out about any assistance programs that they may have.

## Weatherization Assistance

This program helps low-income residents save money on their energy bills by improving home energy efficiency. Weatherization services may include assessments of energy problems, a building diagnostics, and home upgrades. A household automatically qualifies if it contains a member receives SSI, Reach Up, Food Stamps, or Home Energy Assistance. Otherwise, the home must meet income requirements. To apply for the program contact your local Community Action Agency. (See [VCW's Resource Directory—Housing and Homeless section](#) for contact information.)

## State-Sponsored Health Insurance Programs

### Vermont Health Connect

When the federal health care law known as the Patient Protection and Affordable Care Act (ACA) was passed in 2010, each state was given the choice of building its own health insurance marketplace, or “exchange”, or letting the federal government build one for it. Vermont opted to build its own: Vermont Health Connect (VHC). VHC is administered by the Department of Vermont Health Access, part of the State of Vermont's Agency of Human Services.

Women stand to benefit considerably from the ACA. They represent nearly half of the uninsured and have unique health care needs, particularly during their reproductive years. As part of the health care law, preventive health care needs for women, like birth control, annual well-women exams and cancer screenings, are available for free without a co-pay. And women will no longer have to pay more for health insurance than men and can no longer be denied insurance coverage for pre-existing conditions like breast cancer, having a C-section or being the victim of domestic violence. Other protections of the ACA include allowing young adults to stay on their parent's coverage until 26 years of age, and insurers cannot impose a lifetime or annual coverage limits on essential benefits.

Under the ACA's Individual Mandate provision, almost everyone is required to either have health coverage or pay a fee on their following year's taxes. In 2014, the federal fee is either 1% of yearly income or \$95 per adult, whichever is higher. The fee for an uninsured child is \$47.50. The fee increases in future years.

Through VHC, Vermonters can compare health insurance options, enroll in a health plan, and if they qualify, secure financial help to pay for care. Both public health care programs (Medicaid, Dr. Dynasaur) and private insurance plans are available. VHC offers cost and coverage comparisons allowing participants to choose plans based on medical needs and financial resources. Plans are categorized into four “metal” levels based on cost structure: bronze, silver, gold, and platinum. The levels vary in the amount of monthly premium versus out-of-pocket costs.

### Who Can Enroll

VHC is for Vermonters who do not have health insurance; who purchase insurance for themselves; who are offered “unaffordable” coverage by their employers; who have Medicaid or Dr. Dynasaur; and for small businesses with up to 50 full time employees. Those who were enrolled in Catamount or Vermont Health Access Program (VHAP) became eligible for expanded Medicaid or private insurance with subsidies to help pay for the cost of coverage through VHC.

Medicare coverage stays the same and is not affected by VHC, but as part of the ACA, Medicare

enrollees who reach the drug coverage “donut hole” get rebates while the hole is slowly closed (by 2020). Additionally, Medicare now covers certain preventive services, like mammograms, colonoscopies and free yearly wellness visits.

## **Services Covered**

The Affordable Care Act mandates 10 essential services to be covered by every insurance plan through VHC:

Preventive and wellness services and chronic disease management

Prescription drugs

Emergency services

Hospitalization (such as surgery)

Laboratory services

Ambulatory patient services (outpatient care)

Maternity and newborn care

Mental health and substance use disorder services, including behavioral health treatment

Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills)

Pediatric services

## **Coverage for Women’s Health Care**

In addition, all VHC plans must cover the following health services for women without charging a copayment, coinsurance, or deductible when the services are provided by an in-network provider:

Well-woman visits for women under 65. Visits include a full checkup, vaccinations, screenings and tests and education and counseling

Osteoporosis screening for women over age 60 depending on risk factors

Domestic and interpersonal violence screening and counseling for all women

Sexually transmitted infections counseling for sexually active women

Folic Acid supplements for women who may become pregnant

Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer

Breast cancer mammography screenings every 1 to 2 years for women over 40

Breast cancer chemoprevention counseling for women at higher risk

Cervical cancer screening for sexually active women

Chlamydia infection screening for younger women and other women at higher risk

Gonorrhea screening for all women at higher risk

HIV screening and counseling for sexually active women

Human Papillomavirus (HPV) DNA test every 3 years for women with normal cytology results who are 30 or older

Syphilis screening for all pregnant women or other women at increased risk

Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users

*For pregnant women:*

Anemia screening on a routine basis

Comprehensive breastfeeding support and counseling from trained providers

Access to breastfeeding supplies

Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes

Hepatitis B screening for pregnant women at their first prenatal visit

Syphilis screening for all pregnant women

Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk

Urinary tract or other infection screening for pregnant women

*Contraception:*

All Food and Drug Administration-approved contraceptive methods prescribed by a woman's doctor are covered, including:

Barrier methods (used during intercourse), like diaphragms and sponges

Hormonal methods, like birth control pills and vaginal rings

Implanted devices, like intrauterine devices (IUDs)

Emergency contraception, like Plan B® and ella®

Sterilization procedures

## Patient education and counseling

Plans aren't required to cover drugs to induce abortions or services related to a man's reproductive capacity, like vasectomies.

Health plans sponsored by certain exempt "religious employers," like churches and other houses of worship, are not required to cover contraceptive methods and counseling. If you work for an exempt religious employer and use contraceptive services, you may have to pay for them out-of-pocket. Contact your employer or benefits administrator for more information.

Some nonprofit religious organizations (like nonprofit religious hospitals and institutions of higher education that certify they have religious objections to contraceptive coverage) are not required to contract, arrange, pay, or refer for contraceptive coverage. If your health plan is sponsored or arranged by this type of organization, an insurer or third party administrator will make separate payments for contraceptive services that you use. You'll have access to contraceptive services without a copayment, coinsurance, or deductible when they are provided by an in-network provider. Contact your employer or health plan for more information.

## Abortion

All plans under VHC cover abortion services. There is no requirement in the Patient Protection and Affordable Care Act that health care plans cover abortion, nor is there a prohibition preventing plans from covering abortion. Rather, ACA gives health care plans participating in state exchanges the ability to determine whether or not to cover abortion services. However, the Act explicitly allows states to pass a law to ban abortion coverage in any exchange established in the state. In 2010, five states enacted such laws. Vermont did not enacting such a law, often referred to as the Nelson Amendment. Absent a state law to the contrary, health care plans inside the exchanges in each state decide whether to cover abortion. Health care plans in those state exchanges can choose to cover all abortion services, some abortion services, or no abortion services.

Under AHC, abortion services are considered outpatient hospital services. This means that individuals will have part of that service covered, depending on the plan they choose. For questions about particular abortion services and reimbursement rates, please contact the exchange's insurance carriers directly.

Blue Cross Blue Shield: (800) 255-4550, [bcbsvt.com](http://bcbsvt.com)

MVP: (802) 264-6537, [discovermvp.com](http://discovermvp.com)

## Other Benefits and For More Information

Learn more about VHC: (toll-free) 1-855-899-9600, [VermontHealthConnect.gov](http://VermontHealthConnect.gov)

To learn more about Medicare coverage and choices, visit [Medicare.gov](http://Medicare.gov).

Plan eligibility and cost is based on household size and income. See [VCW's Resource Directory—Women's Health section](#) a link to its website where there is a screening tool that will help you see which programs you and your family are eligible for.

## Disability and Long-Term Care

Vermonters who need long-term care services either in their home or a nursing facility may qualify for financial assistance through the Department of Disabilities, Aging and Independent Living (DAIL).

**Choices for Care** is a Medicaid-funded, long-term care program to pay for care and support for older Vermonters and people with physical disabilities. The program assists people with everyday activities at home, in an approved residential care setting, or in an approved nursing facility.

To be eligible for Choices for Care, you must:

- be a Vermont resident;
- be 65 years of age or older or 18 years of age with a physical disability;
- meet specific clinical criteria;
- meet financial criteria for Vermont Long-Term Care Medicaid.

Support includes hands-on assistance with eating, bathing, toilet use, dressing, and transferring from bed to chair; assistance with tasks such as meal preparation, household chores, medication management and increasing or maintaining independence.

A second program is for Moderate Needs individuals who need minimal assistance to remain at home. This program offers limited case management, adult day services, and/or homemaker service.

A separate eligibility criteria exists for **Moderate Needs** individuals. Information regarding program eligibility and service availability can be obtained directly from the Adult Day Centers or Home Health Agencies in your area. (See [VCW's Resource Directory – Aging And Elder Issues section](#).)

## Free and Low Cost Medical/Dental Care

If you do not have health insurance, or have high deductibles or co-pays, you may be eligible to receive medical and/or dental care services from one of the federally qualified health care centers (FQHC's) located throughout Vermont. These centers provide health care services regardless of your ability to pay. If you do not have insurance they provide services for free or on a sliding fee scale depending on your family income. (See [VCW's Resource Directory—Women's Health section](#) for a link to a list of these clinics.)

Vermont also has a number of free primary care clinics and dental clinics located throughout the state. Your household income must be below 200% of poverty to receive free services. (See [VCW's Resource Directory—Women's Health section](#) for a list of clinics that belong to the Vermont Coalition of Clinics for the Uninsured.)

## Medicare

This federal government program helps pay medical bills for people over 65 years of age, or people who have received Social Security Disability Insurance (SSDI) benefits for at least two years, or people who have end stage-Renal disease. Apply for Medicare through the Social Security Administration. (See [VCW's Resource Directory – Aging And Elder Issues section](#).) See the Insurance chapter of *The Legal Rights of Women* for a full description of the federal Medicare Program.

Supplemental Medicare policies often called “medigap” plans and managed care plans called Medicare Advantage or Part C plans are also available from private insurance companies to help pay for medical expenses not covered by Medicare.

## HIV Insurance Assistance

Living with HIV is much different now than it was in the early 1990s. For many people, new treatments and aggressive therapies have substantially slowed the progression of HIV to AIDS. That does not mean that living with HIV/AIDS is not a challenge, but it does not have to be overwhelming.

Vermont has an extensive network of AIDS services organizations (ASOs) and HIV-specific clinics for medical care around the state. The Vermont Department of Health also provides several programs that may be extremely helpful.

**Early Intervention program:** If you just learned you are HIV+, this program can help by paying for your initial doctor’s visits and for medical tests that will give you a baseline of information about your current health. Any physician throughout Vermont can charge the program for costs related to these tests, so you will not be faced with large medical bills while also deciding what actions to take in making treatment choices.

Tests include screenings for viral load to help you determine what your best treatment options are. You can also be tested for Hepatitis and TB and be immunized to prevent the flu and pneumonia at the same time. If you are a woman, you may also request a Pap Test and a pregnancy test during your doctor visit.

**HIV Insurance Continuation Assistance Program (ICAP):** This program is designed to pay the insurance premiums for eligible individuals who, because of HIV/AIDS-related illness, are unable to continue working or who have had to reduce their hours of employment and are at risk of losing their existing health insurance coverage.

**HIV/AIDS Medication Assistance Program (AMAP):** The HIV/AIDS Medication Assistance Program provides financial assistance for the purchase of prescription medications to Vermonters living with HIV disease who meet certain income guidelines. If you are eligible, this program will help pay for your treatment drugs whether or not you have private insurance.

**HIV Dental Care Assistance Program (DCAP):** This program provides free dental assessments and offers additional preventative care, including cleanings and basic restorative treatments such as fillings. As with the Early Intervention Program, any licensed practitioner in Vermont can access this fund on your behalf.

(See [VCW’s Resource Directory—Women’s Health section](#) for a complete list of phone number and websites that provide HIV/AIDS information and supportive services.)

## Lifeline

This Vermont program entitles low-income Vermonters up to a \$13 reduction in their monthly telephone bill. If you are eligible for other government benefits, you may automatically qualify for this program. Eligibility is also based on income criteria that may change from year to year.

There is also a program called **Link Up**. This program will pay up to \$30 for installation of a phone line. If you qualify for Lifeline you automatically qualify for Link Up.

The Department for Children and Families website has a complete description of these two programs and how to apply for them.

## **Denials, Reductions or Terminations of Governmental Benefits**

**If you are denied governmental benefits, or have been notified that your benefits are going to be reduced or terminated, you have the right to appeal that decision.** Make sure you ask the agency administering the particular program about your appeal rights, and how much time you have to appeal.

If it is a state-administered program, you will probably have your case heard at a fair hearing by a Hearing Officer from the Human Services Board. Appeals from fair hearings go to the Human Services Board and then to the Vermont Supreme Court. If it is a federally-administered program, you may have the case heard at an administrative hearing in front of an Administrative Law Judge (ALJ). Appeals from a decision by an ALJ are taken to federal court.

File appeals from Social Security decisions through your local Social Security office. (See [VCW's Resource Directory-Public Assistance section](#) for the Social Security office nearest you.)

## **Relevant Laws**

### **Vermont:**

Emancipated Minor, 12 V.S.A. § 7151  
Employer-Sponsored Insurance, 33 V.S.A. § 1974  
Emergency Housing, 33 V.S.A. § 2114  
Home Heating Assistance, 33 V.S.A. § 2603  
Home Weatherization Assistance, 33 V.S.A. § 2502  
General Assistance/ Emergency Assistance, 33 V.S.A. 2103  
Postsecondary Education, 33 V.S.A. § 1122  
Reach Ahead, 33 V.S.A. § 1203  
Reach First, 33 V.S.A. § 1003  
Reach Up, 33 V.S.A. § 1103  
Vermont-Rx, 33 V.S.A. § 2074  
Vermont Health Benefit Exchange, 33 V.S.A. § 1803

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