**Section 123.200 Eligibility**

A child may be eligible under the program provided that all of the following eligibility criteria are met:

a) A child is not eligible for medical assistance under the Public Aid Code or benefits under the Children's Health Insurance Program Act;

b) A child is under 19 years of age;

c) A child is a resident of the State of Illinois; and

d) The child meets the following conditions:

1) Effective October 1, 2013 through June 30, 2014, the child is a member of a family whose countable income is at or below 300% of the Federal Poverty Level, as determined using MAGI methodology, except as provided in Section 123.270(a); and

A) The child has been without health insurance for at least 12 months prior to the date of application;

B) The child lost employer-sponsored health insurance when the child's parent's job ended;

C) The child has no health insurance and is less than one year old in the month of application for All Kids;

D) The child has exhausted the life-time benefit limit of his or her health insurance;

E) The child's health insurance is purchased under the provisions of Consolidated Omnibus Budget Reconciliation Act (COBRA);

F) The child was disenrolled for medical assistance under the Public Aid Code or benefits, including rebates, under the Children's Health Insurance Program Act within one year prior to applying under this Part; or

G) The child has health insurance provided by the child's noncustodial parent and the child's custodian is unable to access those health insurance benefits for the child.

2) Effective July 1, 2014, the child is a member of a family whose countable income, as determined using MAGI methodology, is at or below 300% of the Federal Poverty Level, except as provided in Section 123.270(a); and, in accordance with 42 CFR 457.805 (78 FR 42313, July 15, 2013) or any other federal requirement necessary to obtain federal financial participation for expenditures made under the Children's Health Insurance Program Act [215 ILCS 106], at least one of the following applies:

A) The child was disenrolled from coverage under a group health plan at least 90 days prior to the first date of coverage under this Part;

B) The child is a newborn under age 1 whose responsible relative does not have affordable private or employer-sponsored insurance;

C) The child was disenrolled for medical assistance under the Public Aid Code or benefits, including rebates, under the Children's Health Insurance Program Act within one year prior to applying under this Part;

D) The premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income;

E) The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a Qualified Health Plan through the Federally Facilitated Marketplace (Exchange) because the employer-sponsored insurance in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B-2(c)(3)(v);

F) The cost of family coverage that includes the child exceeds 9.5 percent of the household income;

G) The employer who had been sponsoring the coverage in which the child was enrolled stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan;

H) A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA);

I) The child has special health care needs; or

J) The child lost coverage due to the death or divorce of a parent.

(Source: Amended at 38 Ill. Reg. 23616, effective December 2, 2014)