

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY SPONSORED PROGRAMS						
	Small businesses (2-50 Employees)	Individuals recently covered by an employer health plan	Individuals & families	Individuals with pre-existing, severe or chronic medical conditions	Low income families and individuals	Children	Women	Seniors and Disabled	Trade Dislocated Workers (TAA recipients)	Veterans
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Health www.dol.gov/ebsa 866-444-3272</p> <p>Illinois Association of Health Underwriters 703-276-0220 www.nahu.org www.isahu.com</p>	<p>COBRA Then convert to</p> <p>HIPAA (Health Insurance Portability & Accountability Act) 866-4-USA-DOL www.dol.gov</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Illinois Association of Health Underwriters 703-276-0220 www.nahu.org www.isahu.com</p>	<p>CHIP (Illinois Comprehensive Health Insurance Plan) Main Number: 217-782-6333</p> <p>Illinois Residents Only General Information: 800-962-8384 Eligibility Information: 866-851-2751 800-545-2455 (TTY) www.chip.state.il.us</p>	<p>Medicaid 800-843-6154 www.health.illinois.gov www.dhs.state.il.us</p> <p>FamilyCare 866-255-5437 www.familycareillinois.com</p>	<p>ALL Kids 866-ALL-KIDS 866-255-5437 www.allkids.com</p>	<p>Breast and Cervical Cancer Program 888-522-1282 http://www.cancerscreening.illinois.gov/</p> <p>Healthy Women 800-226-0768 www.illinoishealthywomen.com</p>	<p>Medicare 800-MEDICARE 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>Illinois Cares Rx 800-633-4227 www.illinoiscaresrx.com</p>	<p>Health Coverage Tax Credit 866-628-HCTC 866-628-4282 www.irs.gov (key word HCTC)</p>	<p>VA Medical Benefits Package 877-222-8387 www.va.gov</p>
Coverage	<p>If uninsured for previous 6-12 months, a waiting period for coverage of pre-existing conditions, (6-12 months respectively) will apply</p> <p>Benefits will vary depending on the chosen plan</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>COBRA: Coverage available for 18 to 36 months depending on qualifying events, benefits are the same as what you had with your previous employer</p> <p>COBRA Subsidy: 15 months of partially subsidized COBRA premium</p> <p>HIPAA: Benefits are based on the program selected and there is no expiration of coverage</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Covers certain state mandated items, however Illinois does not require standardization.</p> <p>Coverage options vary by carrier, but most offer plans that are HSA (Health Savings Account) compatible</p> <p><i>Limits on Pre-Existing Health Conditions May Apply</i></p>	<p>Inpatient and outpatient care, doctor visits, surgery, preventive care, diagnostic care and x-rays, home health care, skilled nursing care, hospice, transplant coverage, speech, physical and occupational therapy, mental health and chemical dependency, separate prescription drug card</p> <p>You can now choose High Deductible Health Plans starting in 2008. Call the main number to find out more information on how to change to a HDHP.</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>Medicaid: Different program variations covering medical, dental and vision, prescriptions, hospitalization and more depending on program. Programs for people with either MS, nursing home needs, kidney dialysis, breast and cervical cancer, AIDS, TB, hyperalimentation, pregnancy</p> <p>FamilyCare: Covers doctor visits, dental care, specialty medical services, hospital care, emergency services, prescription drugs and more</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Doctor visits, hospital stays, prescription drugs, vision care, dental care and eyeglasses, covers regular checkups and immunization shots, special services like medical equipment, speech therapy and physical therapy for children who need them</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>BCCP: Offers free mammograms, breast exams, pelvic exams and Pap tests to eligible women</p> <p>Healthy Women: Covers family planning (birth control) and certain services provided at the family planning visit, such as the physical exam, pap tests, lab tests for family planning, testing and medicine for sexually transmitted infections found during a family planning visit, and sterilization. Illinois Healthy Women also covers mammograms, multivitamins and folic acid if they are ordered by the doctor during the family planning visit</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Medicare: Offers two standard plans, Part A: Hospital Insurance and Part B: Medical Insurance, as well as several supplemental and advantage plans. It also offers a prescription drug coverage program called Medicare Part D</p> <p>Illinois Cares Rx: Provides state prescription drug assistance to people with and without Medicare</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Will cover 80% of your COBRA premium if employer contributes less than 50% (or spouses' employer)</p> <p>Will cover individual insurance in which you were enrolled for last 30 days before TAA benefits</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Comprehensive preventive and primary care, outpatient and inpatient services</p> <p><i>Pre-Existing Health Conditions Covered</i></p>
Eligibility	<p>GUARANTEED COVERAGE</p> <p>Company size 2-50 employees</p> <p>Two employees must be present for half of the preceding calendar quarter and work 20 hrs/week for coverage</p> <p>Owner can count as an employee</p> <p>Proprietor name on license must draw wages</p>	<p>GUARANTEED COVERAGE</p> <p>COBRA: If you were involuntarily terminated between Sept 1, 2008 and May 31, 2010, you are eligible for a 65% COBRA subsidy from the Federal Government. If you become eligible for other insurance, you will no longer be eligible for the subsidy. Must have an income at or below \$125,000 for individuals or \$250,000 for couples. You have 60 days from date of termination to sign up for COBRA coverage</p> <p>HIPAA: After you have exhausted your COBRA benefits or if you had 18 months of continuous coverage and your company went out of business, you may convert to a HIPAA individual plan, even if you have pre-existing conditions. You have 63 days from the date you lost your previous coverage to sign up for HIPAA</p> <p>Must be an Illinois resident</p>	<p>Eligibility is based on medical underwriting</p> <p>There is a 12 month look back period during first two years of coverage. If condition is deemed preexisting there can be a 24 month exclusionary period.</p> <p>Must be resident of state or documented immigrant</p> <p>If you are denied coverage for a medical condition, you may be eligible for CHIP, see next column</p>	<p>GUARANTEED COVERAGE</p> <p>Previous coverage terminated for reasons other than non-payment of premium or fraud</p> <p>Cannot be eligible for COBRA, or government programs (must have exhausted this option)</p> <p>Must prove denial of coverage or offer of higher premium than CHIP</p> <p>Illinois resident</p>	<p>GUARANTEED COVERAGE</p> <p>Medicaid: Children ages 1-19: 133% FPL. Pregnant Women and Infants: 200% of the FPL if the mother is enrolled in Medicaid at the time of birth. If not, infants with family incomes of 133% FPL</p> <p>Working Parents: 140% FPL Aged, blind or disabled: 85% FPL SSI recipients: 40% FPL Medically Needy Individual: 40% FPL, Couple: 39%</p> <p>FamilyCare: Offers healthcare coverage to parents living with their children 18 years old or younger. FamilyCare also covers relatives who are caring for children in place of their parents. Must live in Illinois and have income up to 200% FPL, Must be U.S. citizens or meet immigration requirements</p>	<p>GUARANTEED COVERAGE</p> <p>Illinois resident, 18 and under, uninsured for 12 months to be eligible regardless of income</p> <p>If already insured, income limit is approximately 250% of the FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>BCCP: Illinois resident and documented immigrant, May not have other health insurance and income must be under 200% of FPL</p> <p>For mammograms must be between 40 and 64 years of age</p> <p>For pelvic and pap test must be between 35 and 64 years of age</p> <p>Healthy Women: If you have lost regular medical benefits from the Illinois Department of Healthcare and Family Services (HFS), if you are between 19-44, if you are a U.S. citizen or legal permanent resident with a Social Security number and if you live in Illinois, and are at 200% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>Medicare: Disabled or age 65 and older or people under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant)</p> <p>Illinois Cares Rx: Individuals with Medicare, people age 65 and older or people under age 65 with certain disabilities are eligible for Illinois Cares Rx. Income limits apply for certain groups</p>	<p>GUARANTEED COVERAGE</p> <p>Must be receiving TAA (Trade Adjustment Assistance)</p> <p>Must not have access to employer plan that pays 50% of coverage cost</p> <p>Not enrolled in certain state plans</p>	<p>GUARANTEED COVERAGE</p> <p>"Veteran status" = active duty in the U.S. military, naval, or air service and a discharge or release from active military service under other than dishonorable conditions</p> <p>Certain veterans must have completed 24 continuous months of service</p>
Monthly Cost	<p>Costs depend on employer contribution and ± 25% of the insurance company's index rate</p>	<p>COBRA: With the 65% subsidy you are responsible for 35% of the monthly premium for the first 15 months. Once subsidy expires you are responsible for full premium</p> <p>COBRA & HIPAA: Premiums range from 102%-150% of group health rates; individual coverage may be less expensive, see next column</p>	<p>Various price ranges depending on deductible and what you buy.</p>	<p>Can be 125-150% of the average rates charged individuals for comparable major medical coverage by 5 or more of the largest insurance companies in the individual health insurance market.</p>	<p>Medicaid: \$0 or minimal share of cost</p> <p>FamilyCare: Small co-pays from \$2 to \$3 for doctor visits and prescriptions. Parents in FamilyCare Premium pay a monthly premium from \$15 to \$40 depending on the number of family members covered</p>	<p>Monthly premium based on number of children in family, plus co-pay for each service with \$100 limit</p>	<p>Both: \$0</p>	<p>Medicare: \$0 and share of cost for certain services; deductibles for certain plans</p> <p>Illinois Cares Rx: Costs vary depending on whether applicant has Medicare or not</p>	<p>20% of the insurance premium</p>	<p>\$0 and share of cost and co-pays depending on income level</p>

Other Programs & Resources

Partnership for Prescription Assistance
888-4PPA-NOW
888-477-2669
www.pparx.org

Women-Infant-Children (WIC)
800-843-6154
http://www.dhs.state.il.us/page.aspx?item=30513

Health Benefits for Workers with Disabilities
800-226-0768
www.hbwdillinois.com

NOTE: Government programs look at each family's circumstance to determine eligibility.

Income and assets tests may be required to determine eligibility for publicly sponsored programs.

FPL means Federal Poverty Level. See explanation on reverse side of this matrix.

Guaranteed Issue means you cannot be turned down due to your health conditions.

Programs and plan availability, eligibility requirements, costs, and coverages are subject to change.



Using this Health Care Options Matrix

Each state has a variety of health care coverage options. This Matrix is designed to help residents determine which option is best for them.

STEP 1 For applicants potentially eligible for public programs, check the chart below to determine his/her FPL percentage.

STEP 2 See reverse side of this Matrix brochure to determine options for which the applicant might qualify.

STEP 3 Make a list of the programs and insurance coverage options that may apply to the applicant and then use the contact information provided to access coverage or services.

Your Federal Poverty Level (FPL) (Based on monthly family income)

Family Size (Household)	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	\$226	\$451	\$677	\$731	\$903	\$1,200	\$1,579	\$1,805	\$2,256	\$2,708
2	\$304	\$607	\$911	\$983	\$1,214	\$1,615	\$2,125	\$2,428	\$3,035	\$3,643
3	\$381	\$763	\$1,144	\$1,236	\$1,526	\$2,029	\$2,670	\$3,052	\$3,815	\$4,578
4	\$459	\$919	\$1,378	\$1,488	\$1,838	\$2,444	\$3,216	\$3,675	\$4,594	\$5,513
5	\$537	\$1,075	\$1,612	\$1,741	\$2,149	\$2,858	\$3,761	\$4,298	\$5,373	\$6,448
6	\$615	\$1,230	\$1,846	\$1,993	\$2,461	\$3,273	\$4,306	\$4,922	\$6,152	\$7,383
7	\$693	\$1,386	\$2,079	\$2,246	\$2,773	\$3,687	\$4,852	\$5,545	\$6,931	\$8,318
8	\$771	\$1,542	\$2,313	\$2,498	\$3,084	\$4,102	\$5,397	\$6,168	\$7,710	\$9,253

- A pregnant woman counts as two for the purpose of this chart.
- Add \$311/month for each additional family member after eight.
- Contact individual programs for deduction allowances on child/dependent care; working parent's work expenses; alimony/child support *received* or court ordered amount *paid*.

Source: Federal Register Vol. 74, No. 14, January 23, 2009, pp. 4199-4201. Monthly percentage data calculated by FHCE and rounded to the nearest dollar.

Note: There is no universal administrative definition of income that is valid for all programs that use the poverty guidelines. The office or organization that administers a particular program or activity is responsible for making decisions about the definition of income used by that program (to the extent that the definition is not already contained in legislation or regulation). To find out the specific definition of income used by a particular program or activity, you must consult the office or organization that administers that program.

The Health Care Options Matrix is a registered trademark of Philip Lebherz and was originally developed by Philip Lebherz and the Foundation for Health Coverage Education®, www.coverageforall.org.

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Other sources of information

Financial aid and free or low-cost benefits

Government Benefits Finder
800-FED-INFO
www.benefits.gov

(Search tool for grants, loans and other benefits)

Catalog of Federal Domestic Assistance
www.cfda.gov

(Search tool for grants, loans and other benefits)

Finding local health care options

Health Resources and Services Administration
888-ASK-HRSA
888-275-4772
www.findahealthcenter.hrsa.gov

Self Help Clearing House
www.mentalhelp.net/selfhelp

(Search tool for people sharing information on hundreds of diseases, health conditions and other health care related situations)

Department of Health and Human Services
www.hhs.gov

(Various health care search tools)

Illinois Department of Human Services
800-843-6154
www.dhs.state.il.us

(State program information)

Laws and regulations

Illinois Department of Insurance
877-527-9431
<http://insurance.illinois.gov/>

(General information on all types of insurance)

Employee Benefits Security Administration
www.dol.gov/ebsa

(Official information and rules from the U.S. Department of Labor)

Help with this Matrix or finding a broker or agent

Illinois Association of Health Underwriters
www.isahu.com

(State organization of insurance brokers)

ILLINOIS

Health Care Options Matrix™



This Matrix offers information about free and low-cost health care coverage for individuals, families, and small businesses.



Helping people navigate their health care options



The Foundation for Health Coverage Education® has created the Matrix public education program to ensure that every American has complete information about access and affordability to quality health care coverage. Every effort has been made to include the most up-to-date information available at the time of printing. Program and plan availability, eligibility requirements, costs, and coverages are subject to change. You are encouraged to call or visit the websites listed for each program to ensure that you have the most accurate information available.