

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 & Individuals	Children	Women	Seniors & Disabled	Trade Dislocated Workers (TAA Recipients)	Veterans
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans Illinois Association of Health Underwriters www.isahu.com</p>	<p>COBRA/Illinois Continuation Coverage (ICC)</p> <p>Then convert to a plan under:</p> <p>HIPAA Health Insurance Portability & Accountability Act 866-487-2365 www.dol.gov</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Illinois Association of Health Underwriters www.isahu.com</p>	<p>Comprehensive Health Insurance Plan (CHIP) 800-843-6154 www.hfs.illinois.gov/medical/apply.html</p> <p>Pre-Existing Condition Insurance Plan (IPXP) 877-210-9167 TTY: 866-883-8551 www.insurance.illinois.gov/ipxp www.PCIP.gov</p>	<p>Medicaid 800-843-6154 www.hfs.illinois.gov/medical/apply.html</p> <p>FamilyCare 866-255-5437 www.familycareillinois.com</p>	<p>ALL Kids 866-255-5437 www.allkids.com</p>	<p>Illinois Breast & Cervical Cancer Program (IBCCP) Women's Health-Line 888-522-1282 www.cancerscreening.illinois.gov</p> <p>Healthy Women 800-226-0768 (Health Benefits Hotline) www.illinoishealthywomen.com</p>	<p>Medicare 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>Illinois Cares Rx 800-226-0768 (Health Benefits Hotline) www.illinoiscaresrx.com</p>	<p>Health Coverage Tax Credit 866-628-4282 www.irs.gov (Search: HCTC)</p>	<p>VA Medical Benefits Package 877-222-8387 www.va.gov</p>
Coverage	<p>There is a maximum look-back period of 6 months and a maximum exclusion period of 12 months for pre-existing conditions on enrollees who have no prior coverage.</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 18–36 months depending on qualifying events. Benefits are what you had with your previous employer.</p> <p>ICC: Benefits are what you had with your previous employer. Length of coverage for A) Ex-employees: 12 months, B) Dependents and divorced/widowed spouses under age 55: 2 years, and C) 55 years or older divorced/widowed spouses and spouses of retired employees: Until eligible for Medicare.</p> <p>HIPAA: Benefits are based on program selected. There is no expiration of coverage.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>There is a maximum look-back period and maximum exclusion period of 24 months for pre-existing conditions on enrollees who have no prior coverage.</p> <p>Elimination riders are permitted.</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>CHIP: Inpatient and outpatient care, Doctor visits, Surgery, Preventive care, Diagnostic care, 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. You can also choose a High Deductible Health Plan.</p> <p>IPXP: Covers broad range of benefits, including primary and specialty care, hospital care, and prescription drugs.</p> <p><i>Pre-Existing Health Conditions Covered</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, hyper-alimentation, 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 and eyeglasses, Dental care, Regular checkups, Immunization shots, Medical equipment, Speech and physical therapy for children who need them.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>IBCCP: Offers mammograms, breast and pelvic exams, and Pap tests. If enrolled in the BCCP and diagnosed with cancer through the program's screenings, can be eligible to receive treatment.</p> <p>Healthy Women: Covers family planning (birth control) and patient education. Certain services provided such as physical exams, Pap tests, lab tests for family planning, testing and medicine for STDs found during a family planning visit, and sterilization. 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 Part A, inpatient care in hospitals and rehabilitative centers; Part B, doctor and some preventive services and outpatient care; Part C allows Medicare benefits through private insurance (Medicare Advantage); Part C includes Parts A, B, and C not covered by Medicare. Part D covers prescription drugs.</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>Inpatient and outpatient care (lab tests, x-rays, etc.), doctor visits, preventive and major medical care (surgery, physical therapy, durable medical equipment, etc.), mental health and substance abuse care, and prescription drugs.</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>Eligible employees must work at least 25 hours a week.</p> <p>Owner can count as an employee.</p> <p>Proprietor name on license must draw wages.</p>	<p>GUARANTEED COVERAGE</p> <p>COBRA: Available for employees who work for employers with 20 or more employees. You have 60 days from date of termination to sign up for COBRA coverage.</p> <p>ICC: Available for employees who work for employers of any size. Ex-employees, dependents, spouses, and ex-spouses must have been covered for 3 continuous months before qualifying event. Must elect Illinois Continuation Coverage in 30 days after getting election notice or qualifying event (whichever is later), but no later than 60 days after job termination.</p> <p>HIPAA: Must have had 18 months of continuous coverage and completely exhausted COBRA or state continuation coverage. Must not have lost coverage due to fraud or non-payment of premiums. You have 63 days to enroll in a HIPAA-eligible plan.</p>	<p>Eligibility is based on medical underwriting.</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 or IPXP. See next column.</p>	<p>GUARANTEED COVERAGE</p> <p>Both: Must be U.S. citizens or legal residents and living in Illinois.</p> <p>CHIP: Can be covered in 6 ways: 1) Federal Eligibility: Most recent coverage must have been group plan lasting 18+ months with no break of 90+ days, and lost coverage not due to fraud or non-payment of premium, and exhausted all COBRA coverage. Not eligible for any group plans; HCTC: are TAA or PBGC Certified with at least three months of prior creditable coverage; 2) HIPAA Plan: Must be both Federal- and HIPAA-eligible; 3) HCTC Plan: Must be both Federal- and HCTC- eligible; 4) Traditional Plan: Must be denied coverage due to pre-existing conditions or have a similar plan but costs them more than CHIP, has one of the covered pre-existing conditions; 5) Medicare Plan: Must be enrolled in Medicare parts A and B; 6) Presumptive Condition: Must prove having a qualified medical condition and be under 65 years old.</p> <p>IPXP: Must have been uninsured for at least 6 months prior to applying. Must prove being a U.S. citizen or legal U.S. resident, an Illinois resident, and having problems getting insurance due to a pre-existing condition.</p>	<p>GUARANTEED COVERAGE</p> <p>Both: Must be U.S. citizens or qualified aliens and live in Illinois.</p> <p>Medicaid: Income limits: Children ages 1–18: 133% FPL. Pregnant women and infants: 200% FPL if the mother is enrolled in Medicaid at time of birth. If not, infants with family incomes of 133% FPL. Parents/caretakers living with children ages 0–18: 185% FPL. Aged, blind, disabled: 100% FPL. SSI recipients: 40% FPL. Medically-needy: 100% FPL.</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 have income up to 200% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be Illinois resident, age 18 and uninsured or underinsured for 12 months to be eligible regardless of income.</p> <p>Can qualify even if they had insurance within the past 12 months, as long as family annual income is below the following: 2-person family: \$29,000; 3-person family: \$37,000; 4-person family: \$44,000; 5-person family: \$52,000; Income limit is higher for larger families.</p> <p>Parents and caretaker relatives with incomes between 150%–185% FPL may qualify for FamilyCare Premium.</p>	<p>GUARANTEED COVERAGE</p> <p>IBCCP: Must be women ages 35–64 living in Illinois without health insurance (younger women may be eligible in some cases).</p> <p>Healthy Women: Must be Illinois women ages 19–44, U.S. citizens or legal permanent resident with a Social Security number, and earn up to 200% FPL, and must have lost regular medical benefits from the Illinois Department of Healthcare and Family Services (HFS).</p> <p>Ineligible if pregnant, had tubes tied, had a hysterectomy or have health coverage for birth control.</p>	<p>GUARANTEED COVERAGE</p> <p>Medicare: Must be U.S. citizen or permanent U.S. resident, and: 1) If 65 years or older, you or your spouse worked for at least 10 years in Medicare-covered employment, or 2) You have a disability or end-stage renal disease (permanent kidney failure requiring dialysis or transplant) at any age.</p> <p>Illinois Cares Rx: Monthly income up to 200% FPL IllinoisCaresRx Plus: U.S. citizen age 65 or older.</p> <p>May qualify for Illinois Cares Rx Basic if under age 65 or over age 65 but do not meet citizenship requirements.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be receiving TAA (Trade Adjustment Assistance), or</p> <p>Must be 55 years or older and receiving pension from the Pension Benefit Guaranty Corporation (PBGC).</p> <p>Must not be enrolled in certain state plans, or in prison, or receiving 65% COBRA premium reduction, or be claimed as a dependent in tax returns.</p> <p>Must be enrolled in qualified health plans where you pay more than 50% of the premiums.</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: Premiums range from 102%–150% of group health rates.</p> <p>ICC: Premiums are 100% of group health rate plus administration fee of 2%. Premiums for dependents must be less than the rate charged to an employee if dependent child were an employee PLUS the amount of employer's premium contribution if dependent child were an employee.</p> <p>HIPAA: Premiums will depend on plan chosen.</p>	<p>Various price ranges depending on deductible and what you buy.</p>	<p>CHIP: Monthly premiums range from \$80–\$2,802 depending on age, gender, location, tobacco use, deductible, plan chosen, any other option you have chosen.</p> <p>IPXP: Monthly premiums range from \$99–\$755 depending on your age, residence, and tobacco use.</p>	<p>Medicaid: \$0 or minimal share of cost.</p> <p>FamilyCare: \$2–\$3 co-pays 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>Premiums and co-pays depend on family income and number of children.</p>	<p>\$0 or minimal share of cost.</p>	<p>Medicare: \$0 and share of cost for some services; deductibles for some plans. Part A: \$0–\$450 based on length of Medicare-covered employment; Part B: \$96.40–\$369.10 based on annual income; Part C: Based on provider; Part D: Varies in cost and drugs covered.</p> <p>Illinois Cares Rx: \$2.50–\$6.30 for prescription drugs. Additional costs vary based whether one is a Medicare enrollee or not.</p>	<p>20% of the insurance premium including COBRA premium if employer contributes less than 50%.</p>	<p>\$0 and share of cost and co-pays depending on income level.</p>

Other Programs & Resources

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

Women-Infant-Children (WIC)
800-843-6154
www.dhs.state.il.us
(Search: WIC)

Health Benefits for Workers with Disabilities
800-226-0768
www.hbwidillinois.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 Coverage 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 gross income							
Family Size (Household)	100%	133%	175%	200%	250%	300%	400%
1	\$931	\$1,238	\$1,629	\$1,862	\$2,327	\$2,793	\$3,723
2	\$1,261	\$1,677	\$2,206	\$2,522	\$3,152	\$3,783	\$5,043
3	\$1,591	\$2,116	\$2,784	\$3,182	\$3,977	\$4,773	\$6,363
4	\$1,921	\$2,555	\$3,361	\$3,842	\$4,802	\$5,763	\$7,683
5	\$2,251	\$2,994	\$3,939	\$4,502	\$5,627	\$6,753	\$9,003
6	\$2,581	\$3,433	\$4,516	\$5,162	\$6,452	\$7,743	\$10,323
7	\$2,911	\$3,871	\$5,094	\$5,822	\$7,277	\$8,733	\$11,643
8	\$3,241	\$4,310	\$5,671	\$6,482	\$8,102	\$9,723	\$12,963
Based on yearly family gross income							
1	\$11,170	\$14,856	\$19,548	\$22,340	\$27,925	\$33,510	\$44,680
2	\$15,130	\$20,123	\$26,478	\$30,260	\$37,825	\$45,390	\$60,520
3	\$19,090	\$25,390	\$33,408	\$38,180	\$47,725	\$57,270	\$76,360
4	\$23,050	\$30,657	\$40,338	\$46,100	\$57,625	\$69,150	\$92,200
5	\$27,010	\$35,923	\$47,268	\$54,020	\$67,525	\$81,030	\$108,040
6	\$30,970	\$41,190	\$54,198	\$61,940	\$77,425	\$92,910	\$123,880
7	\$34,930	\$46,457	\$61,128	\$69,860	\$87,325	\$104,790	\$139,720
8	\$38,890	\$51,724	\$68,058	\$77,780	\$97,225	\$116,670	\$155,560

• A pregnant woman counts as two for the purpose of this chart.
 • Add \$330/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*.

*The following figures are the 2012 HHS poverty guidelines as of January 26, 2012.
 (Source: <http://aspe.hhs.gov/poverty/12poverty.shtml>)
 Monthly percentage data calculated by FHCE and rounded to the nearest dollar.*

Please visit www.CoverageForAll.org for further details and updates on the 48 continuous states, Hawaii and Alaska FPL charts.

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.

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Other Sources of Information

Financial Aid & Free or Low-Cost Benefits

Government Benefits Finder
 800-333-4636
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
 888-275-4772
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 & Regulations

Illinois Department of Insurance
 877-527-9431
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 Coverage Options Matrix



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

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.

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