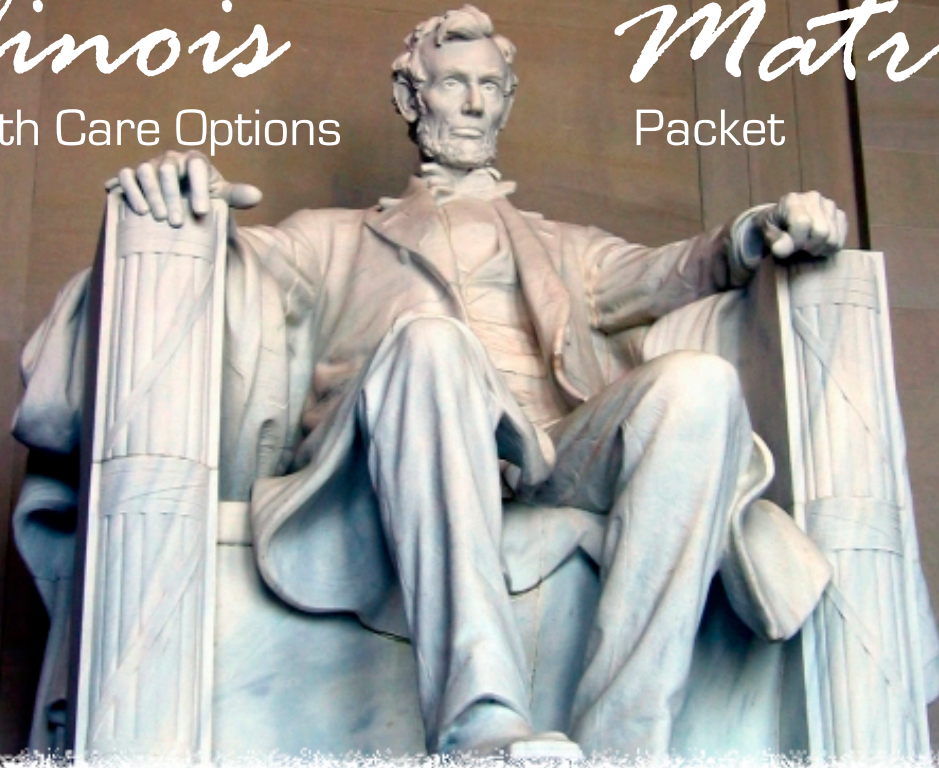


# Illinois

## Health Care Options

# Matrix

## Packet



### Using the Illinois Health Care Options Matrix

Illinois residents have numerous health care coverage options, both private and public. This matrix document has been designed to help citizens in our state determine which option suits them best.

Please note that the eligibility for a number of the government assistance programs referenced in this brochure is tied to percentages of the Federal Poverty Level (FPL). The following chart reflects the 2008 guidelines as published in February of 2008 by the U. S. Department of Health and Human Services.

### 2008 HHS Federal Poverty Level Guidelines

Size of family unit	Annual Household Income
1	\$10,400
2	\$14,000
3	\$17,600
4	\$21,200
5	\$24,800
6	\$28,400
7	\$32,000
8	\$35,600
For each additional person add	\$3,600

Source: U. S. Department of Health and Human Services, 2008

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).

This matrix document was originally developed by the Illinois State Association of Health Underwriters. The Illinois Health Care Options Matrix is a registered trademark of the Illinois State Association of Health Underwriters.

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## Illinois Insurance and Health Care Resources

### Laws & Regulations (insurance and employee benefits):

Illinois Department of Financial and Professional Regulation - Division of Insurance  
217-782-4515, TTD 217-524-4872  
[www.idfpr.com/DOI/Default2.asp](http://www.idfpr.com/DOI/Default2.asp)

Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

### Financial Aid & Free or Low Cost Benefits

Government Benefits Finder  
800-FED-INFO

Catalog of Federal Domestic Assistance - [www.cfda.gov](http://www.cfda.gov)

Veterans Health Administration  
[www.va.gov](http://www.va.gov) | 877-222-8387

### Finding local health care options

Bureau of Primary Health Care  
888-ASK-HRSA  
[www.ask.hrsa.gov/pc](http://www.ask.hrsa.gov/pc)

Health Consumer Alliance  
[www.healthconsumer.org](http://www.healthconsumer.org)

Department of Health and Human Services  
[www.hhs.gov](http://www.hhs.gov) | [www.healthfinder.gov](http://www.healthfinder.gov)  
(Many different health care search tools)

### Finding a health insurance agent

The National Association of Health Underwriters (NAHU) offers an agent search engine to assist consumers in finding a health insurance agent.  
[www.nahu.org/consumer/findagent.cfm](http://www.nahu.org/consumer/findagent.cfm)

### Principal state government insurance and healthcare initiatives & resources

Illinois Comprehensive Health Insurance Plan (CHIP) 217-782-6333, TTY 800-545-2455  
[www.chip.state.il.us](http://www.chip.state.il.us)

Illinois Department of Healthcare and Family Services (formerly Department of Public Aid) 217-782-1200, TTY 800-526-5812  
[www.hfs.illinois.gov/](http://www.hfs.illinois.gov/)

Illinois Department of Human Services 217-557-1601, 800-843-6154, TTY 800-447-6404 | [www.dhs.state.il.us](http://www.dhs.state.il.us)

State of Illinois All Kids - 866-ALL-KIDS (866-255-5437), TTY 877-204-1012  
[www.allkidscovered.com](http://www.allkidscovered.com)

Illinois FamilyCare Program 866-255-5437, TTY 877-204-1012  
[www.familycareillinois.com](http://www.familycareillinois.com)

Senior Health Insurance Program of Illinois 800-548-9034, TDD 217-524-4872  
[www.idfpr.com/DOI/Ship/ship\\_help.asp](http://www.idfpr.com/DOI/Ship/ship_help.asp)

Illinois Cares Rx  
(Merger of SeniorCare & Circuit Breaker programs)  
[www.illinoiscaresrx.com/](http://www.illinoiscaresrx.com/)

IllinoisBenefits.org — Free resource for benefits, information and enrollment assistance for people with Medicare and those that assist them. (Managed by the Illinois Department of Aging) Senior helpline 800-252-8966

Health Benefits for Workers with Disabilities 800-226-0768 (TTY 1-866-675-8440)  
[www.hbwidillinois.com/](http://www.hbwidillinois.com/)

### Other Illinois Medical Assistance Programs:

Illinois Uninsured Ombudsman Program 877-527-9431 | [www.idfpr.com/DOI/HealthInsurance/Uninsured\\_Ombudsman.asp](http://www.idfpr.com/DOI/HealthInsurance/Uninsured_Ombudsman.asp)

Illinois Rx Buying Club 866-215-3462, TTY 866-215-3479  
[www.illinoisrxbuyingclub.com](http://www.illinoisrxbuyingclub.com)

Illinois Community Health and Prevention Services [www.dhs.state.il.us/page.aspx?item=29732](http://www.dhs.state.il.us/page.aspx?item=29732)  
(Many different health care search tools)

Illinois - Chicago MCH Block Grant 312-793-8234  
[www.dhs.state.il.us/page.aspx?item=31870](http://www.dhs.state.il.us/page.aspx?item=31870)

Illinois Doula Project 217-782-6495  
[www.dhs.state.il.us/page.aspx?item=31888](http://www.dhs.state.il.us/page.aspx?item=31888)

Illinois Family Planning Program 217-554-3319  
[www.hfs.illinois.gov/html/120407ihw.html](http://www.hfs.illinois.gov/html/120407ihw.html)

HealthWorks of Illinois 217-554-3319  
[www.dhs.state.il.us/page.aspx?item=31899](http://www.dhs.state.il.us/page.aspx?item=31899)

Illinois - Chicago Healthy Start Initiative 312-793-2729  
[www.dhs.state.il.us/page.aspx?item=31981](http://www.dhs.state.il.us/page.aspx?item=31981)

Illinois High Risk Infant Follow-up 217-554-3319  
[www.dhs.state.il.us/page.aspx?item=31902](http://www.dhs.state.il.us/page.aspx?item=31902)

Illinois Perinatal Care Program 217-785-5900  
[www.illinoishealthywomen.com/report.html](http://www.illinoishealthywomen.com/report.html)

Illinois All Our Kids (AOK) Early Childhood Network 312-793-8807  
[www.dhs.state.il.us/page.aspx?item=30515](http://www.dhs.state.il.us/page.aspx?item=30515)

Illinois Universal Newborn Hearing Screening Program 217-782-4733  
[www.infanthearing.org/states/illinois/index.html#nhs](http://www.infanthearing.org/states/illinois/index.html#nhs)

Illinois Healthy Women 800-226-0768 | [www.illinoishealthywomen.com](http://www.illinoishealthywomen.com)

Illinois Breast and Cervical Cancer Program 888- 522-1282 | [www.idph.state.il.us/about/womenshealth/owhbcpc.htm](http://www.idph.state.il.us/about/womenshealth/owhbcpc.htm)

Illinois AIDS Drug Assistance Program 217-782-4977  
[www.idph.state.il.us/health/aids/adap.htm](http://www.idph.state.il.us/health/aids/adap.htm)

Illinois Mental Health Services 800-843-6154  
[www.dhs.state.il.us/mhdd/mh](http://www.dhs.state.il.us/mhdd/mh)

Illinois Asthma Initiative Partnership 217-782-3300  
[www.idph.state.il.us/about/chronic/asthma.htm](http://www.idph.state.il.us/about/chronic/asthma.htm)

# Illinois Health Care Options Matrix

	Individual Market		Group Coverage	
	Individual Insurance	Serious Medical Conditions / High Risk Pool	Small Group (HIPAA definition – 2-50 employees)	Large Group (51+ employees)
Underwriting Requirements	Medical underwriting is allowed without restriction.	Not applicable.	In the small group market rates are based on underwriting consideration of the subject group's health risk pool, which is determined through having employees complete health questionnaires with respect to themselves and their insured dependents, if any.	On the lower (smaller) end of the large group market (i.e., 51-150), risk profiles are typically determined through an employer gatekeeper questionnaire and not through the use of individual questionnaires. Groups with 150+ tend to be principally experience-rated based on the subject group's past claim experience.
Rating Requirements	There are no rate caps in the individual market in Illinois.	Rates are set by the Illinois Comprehensive Health Insurance Plan (CHIP) Board at levels that range from 125-150 percent of the average rates charged individuals for comparable major medical coverage from five or more of the largest health insurance companies in the individual market.	Rates may vary by plus or minus 25 percent of the indexed rate based on the health status of the group.	This market segment is not rate regulated. Depending on the group size, for smaller "large groups", rates are based on a blending of census factors and actual account-specific claims, whereas larger groups (250-300+) tend to be fully experience rated. Many groups above 300 members tend to be self-insured and use stop loss insurance to manage risk.
Guaranteed Issue requirements	Coverage is not required to be guaranteed issue in the individual market. Exclusion riders are also permitted in the individual market.	Coverage is guaranteed for Traditional CHIP (Section 7) applicants <u>provided that</u> enrollment has not been closed or limited by the CHIP Board. Coverage is truly guaranteed for federally eligible individuals covered under Section 15 who enter the pool exercising their HIPAA (Health Insurance Portability & Accountability Act of 1996) group-to-individual portability rights.	As per the federal Health Insurance Portability and Accountability Act of 1996, all group health insurance contracts in Illinois must be issued on a guarantee-issue basis. All group insurance contracts must also be guarantee-renewable, unless there is non-payment of premium.	As per the federal Health Insurance Portability and Accountability Act of 1996, all group health insurance contracts in Illinois must be issued on a guarantee-issue basis. All group insurance contracts must also be guarantee-renewable, unless there is non-payment of premium.
Preexisting Condition Limitations	For individual health insurance policies, there is a 12-month look back period during first two years of coverage. If the condition is determined to be preexisting a 24-month exclusionary period is permitted.	Section 7 coverage shall exclude charges or expenses incurred during the first six months following the effective date of coverage if medical advice, care or treatment was recommended or received during the six months immediately preceding the effective date. There are no preexisting conditions waiting period requirements for federally eligible individuals covered under Section 15.	As per the federal Health Insurance Portability and Accountability Act of 1996, all group health insurance carriers in Illinois can impose a 6-month look-back/12-month exclusionary period for pre-existing conditions on enrollees that do not have prior creditable coverage.	As per the federal Health Insurance Portability and Accountability Act of 1996, all group health insurance carriers in Illinois can impose a 6-month look-back/12-month exclusionary period for pre-existing conditions on enrollees that do not have prior creditable coverage.
Creditable Coverage	Credit for prior creditable coverage is not required for individual health insurance policies.	Credit for prior creditable coverage is required with respect to the coverage of federally eligible individuals covered under Section 15. The look back period ("break in coverage") is permitted up to 90 days.	As per the federal Health Insurance Portability and Accountability Act of 1996, credit for prior coverage required as long as there is no more than a 63-day break in coverage.	As per the federal Health Insurance Portability and Accountability Act of 1996, credit for prior coverage required as long as there is no more than a 63-day break in coverage.
Eligibility	Any citizen may apply for coverage in the individual market, including individuals who are eligible for coverage through their employers but elect to waive employer-sponsored coverage.	To be eligible for the Section 7 pool, participants must: be a US citizen or permanent resident alien; be a resident of the state for at least 180 days; and have received a rejection or refusal to issue coverage for health reasons by one insurer, or have received a refusal to issue coverage except at a rate exceeding the rate available from CHIP.  The CHIP pool also serves as the state's guarantee-issue option for individuals exercising the federal HIPAA group-to-individual portability rights and serves as the state-elected purchasing option for individuals who are eligible for the federal Health Care Tax Credit as provided by the Trade Adjustment Assistance Act (TAAA) of 2002. There are separate enrollment and eligibility requirements for both of these classes of individuals.  Eligibility rules for the Section 7 and Section 15 pools as well as for individuals applying for the TAAA Health Care Tax Credit are covered in significant detail at <a href="http://www.chip.state.il.us">http://www.chip.state.il.us</a> .	Employers who on a typical business day employ between 2-50 employees, including part-time employees who are not eligible for the health plan.	51 or more employees regardless of the number of employees who actually elect coverage.
Overview of Benefits	Benefits are subject to both state mandates in the individual market and state regulation.	Benefit descriptions are downloadable at <a href="http://www.chip.state.il.us">http://www.chip.state.il.us</a> .	Benefits are subject to both federal and state mandates in the small group market, and plans are subject to state regulation.	Benefits are subject to both federal and state mandates in the large group market, and plans are subject to state regulation. Self-insured plans may be exempt from state regulation but are nevertheless subject to the federal law known as ERISA.
Coverage Options	Coverage options vary by carrier, but insurance companies serving the individual market offer a wide range/choice of deductibles, coinsurance levels, and out-of-pocket limits. Most, if not all, of the companies offer plans that are HSA (health savings account) – compatible.	Coverage options are covered in detail at <a href="http://www.chip.state.il.us">http://www.chip.state.il.us</a> . As of 1Q2005 there is no HSA (health savings account) – compatible option.	Coverage options vary by carrier, but insurance companies serving the small group market offer a wide range/choice of deductibles, coinsurance levels, and out-of-pocket limits. Most, if not all, of the companies offer plans that are HSA (health savings account) – compatible, and there is a big shift toward consumer-driven health plans (CDHPs) that combine HSAs and HRAs with tools for disease management (for the chronically ill), wellness, and medical decision support.	Coverage options vary by carrier, but insurance companies and third party administrators (TPAs) serving the large group market offer a wide range/choice of deductibles, coinsurance levels, and out-of-pocket limits. The bigger the plan (in terms of enrollment), the more custom it tends to be. Also, the large group market is driving innovation (CDHPs, HSAs, HRAs, etc.) as employers look for ways to balance cost management with the benefit needs of the covered population.

# Side-by-side comparison of the federal COBRA coverage continuation law

alongside the Illinois coverage continuation laws (which apply to all conventionally insured health insurance contracts that have an Illinois contract situs)

	Federal law known as COBRA	Illinois Continuation	Illinois Spousal Continuation (SHIRA – Spousal Health Insurance Rights Act)	Dependent Continuation Effective July 1, 2004
<b>Applicability</b>	Applies to employer groups with 20 or more employees.	Applies to all conventionally insured group health insurance contracts with an Illinois contract situs that are issued by insurance companies and HMOs. Employers of all sizes with such contracts are affected.	Applies to all conventionally insured group health insurance contracts with an Illinois contract situs that are issued by insurance companies and HMOs (since January 1, 2004). Employers of all sizes with such contracts are affected.	Applies to all conventionally insured group health insurance contracts with an Illinois contract situs that are issued by insurance companies and HMOs. Employers of all sizes with such contracts are affected.
<b>Who Is Eligible</b>	Employees and/or their covered dependents.	Employees and/or their covered dependents.	Divorced or widowed spouses (any age) and covered dependent children. Spouses (age 55 or older) of retired employees, and covered dependents.	Covered dependent children of deceased employee, who are not otherwise covered under the Spousal Continuation Law, and covered dependent children who attain the limiting age under the insurance policy or HMO certificate.
<b>Coverage Requirements</b>	Must be covered by the group plan on the day prior to the qualifying event.	Employees must be covered for 3 continuous months before qualifying event.	Spouse and dependents must be covered on the day prior to the qualifying event.	Dependent child must be covered on the day prior to the qualifying event.
<b>Qualifying Events</b>	<p><b>Must be offered to employee &amp; covered dependents upon:</b></p> <ol style="list-style-type: none"> <li>1. Termination of employment;</li> <li>2. Employee's retirement;</li> <li>3. Reduction in employee's hours.</li> </ol> <p><b>Must be offered to spouse, former spouse &amp; covered dependents upon:</b></p> <ol style="list-style-type: none"> <li>1. Employee's eligibility for Medicare;</li> <li>2. Divorce or legal separation from employee;</li> <li>3. Death of employee;</li> <li>4. Loss of dependent child status under plan.</li> </ol>	<p>Must be offered upon termination of employment or membership unless termination is due to theft or commission of work-related felony.</p> <p>Must be offered to an employee whose insurance is terminated due to a reduction in hours worked. (Effective January 1, 2004)</p>	<p>Must be offered to divorced spouse or widowed spouse and dependent children upon divorce from or death of employee.</p> <p>Must be offered to spouse (age 55 or older) and dependent children of retiree upon employee's retirement.</p>	<p>Must be offered to dependent child after death of insured if coverage is not available under the Spousal Continuation Law.</p> <p>Must be offered to dependent child upon attainment of limiting age under the insurance policy or HMO certificate.</p>
<b>Benefits</b>	Coverage must be the same as under the group plan.	Coverage must be the same as under the group plan but need not include extra benefits such as dental, vision or prescription drugs.	Coverage must be the same as under the group plan.	Coverage must be the same as under the group plan.
<b>Length of Continuation Coverage</b>	<p><b>Loss of employment or reduced hours</b> -- for employee &amp; covered dependents, maximum of 18 months. May be extended to 29 months if disabled (per the Social Security definition of disability).</p> <p><b>Divorce or legal separation from employee, death of employee or employee entitled to Medicare</b> -- maximum of 36 months for spouse, former spouse and dependent children.</p> <p><b>Loss of dependent child status</b>-maximum of 36 months.</p>	Coverage is provided for a maximum of 9 months.	<p><b>Spouse under age 55 -- Divorced or widowed spouse (not spouse of retiree) and dependent children</b> --Coverage is provided for maximum of 2 years.</p> <p><b>Spouse age 55 or older -- Divorced or widowed spouse or spouse of retiree and dependent children</b> -- coverage is provided until spouse is eligible for Medicare.</p>	Coverage is provided for a maximum of 2 years.
<b>Premiums</b>	Premium may not exceed 102% of group rate. Plan may charge 150% after 18 months if the 11-month extension for Social Security disability is granted.	Premiums may not exceed the group rate.	<p><b>Spouse under age 55</b> -- Divorced or widowed spouse premium may not exceed the group rate.</p> <p><b>Spouse age 55 or older</b> -- Divorced or widowed spouse or spouse of retiree, administration fee may be added to group rate after first two years of coverage.</p>	Premiums shall not exceed: the amount that would be charged to an employee if the dependent child was an employee <b>PLUS</b> the amount the employer would contribute toward the premium if the dependent child were an employee.

# Government / Public Health Care Programs

	HIPAA Coverage Portability	All Kids (Title XXI) and FamilyCare	Federal Health Care Tax Credit	Illinois Medicaid (Title XIX)
Explanation	<p>Individuals who have been in enrolled in a group health plan for at least 12 months have certain rights under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).</p> <p><b>Group-to-group portability:</b> If one loses group health coverage but becomes insured under another group health plan, the new plan must permit such person an opportunity to enroll without any underwriting or preexisting condition limitations provided that there is no more than a 63 day "break in coverage" between the termination date of the former plan and the effective date of the new plan.</p> <p><b>Group-to-individual portability:</b> In Illinois the vehicle for such is the Illinois Comprehensive Health Insurance Plan (CHIP) through a program called HIPAA-CHIP. For more information go to <a href="http://www.chip.state.il.us/">http://www.chip.state.il.us/</a>.</p>	<p>The Balanced Budget Act of 1997 created a new children's health insurance program called the State Children's Health Insurance Program (SCHIP), also known as Title XXI (of the Social Security Act). This program provides block grants for states to provide health insurance for children, up to age 19, who are not already insured. In Illinois the federally qualified SCHIP program is called Illinois All Kids (formerly known as KidCare.).</p> <p><b>All Kids</b> - House Bill 806 ("All Kids") was passed by the General Assembly in late October of 2005, and signed into law by Gov. Blagojevich on November 15, 2005.</p> <p>The All Kids program as of July 1, 2006 extends coverage to all children regardless of medical conditions or income and provides enrolled children with access to comprehensive health care that includes doctor's visits, hospital stays, prescription drugs, vision care, dental care and medical devices like eyeglasses and asthma inhalers. Parents pay monthly premiums for the coverage, but rates for middle-income families are typically lower than they are in the private health insurance market.</p> <p>There is an online application linked from the front page of the website – <a href="http://www.allkidscovered.com">http://www.allkidscovered.com</a> - and assistance with completing applications may be sought from All Kids Application Agents, which include faith-based organizations, day care centers, local governments, unions, medical providers and licensed insurance agents.</p> <p>All Kids offers the following programs: All Kids Assist, All Kids Moms &amp; Babies, All Kids Share, All Kids Premium, and All Kids Rebate.</p> <p>Benefits and covered services under All Kids have included doctor and nursing care, shots and preventive care, hospital and clinic care, laboratory tests and x-rays, prescription drugs, medical equipment and supplies, medical transportation, dental care, eye care, psychiatric care, podiatry, chiropractic care, physical therapy, mental health and substance abuse services, and prenatal care and other medical services for pregnant women.</p> <p><b>FamilyCare</b> - FamilyCare offers healthcare coverage to parents living with their children under 19 years of age. FamilyCare also covers relatives who are caring for children in place of their parents.</p> <p>Parents can get FamilyCare if they live in Illinois and meet the FamilyCare income limits. They must be U.S. citizens or meet immigration requirements. There are \$2 co-pays for doctor visits, \$3 co-pays for brand name prescriptions and no co-pays for generic prescriptions. Parents in FamilyCare Premium pay a monthly premium each from \$15 to \$140 depending on the number of family members covered and monthly income.</p> <p>Under Emergency Healthcare Rules submitted by the Illinois Department of Healthcare and Family Services (89 Ill. Adm. Code 120; Sections 120.32 and 120.33), on November 7, 2007 and published in the Illinois Register on November 26, 2007, provision is made that certain income eligible families, including those families up to 400% of the federal poverty level, are eligible for FamilyCare if affordable health insurance is not available. Health insurance is deemed affordable if premiums do not exceed 4% of the family's monthly countable income. As of March, 2008 these rules are the subject of litigation, so it is not clear that they will continue following the settlement of such litigation.</p>	<p>The federal Trade Adjustment Assistance Act of 2002 provides health insurance benefits for eligible individuals in the form of a tax credit for 65% of qualified health insurance premiums. The premium amount is not capped, and eligible individuals are responsible for payment of the remaining 35% of the premium.</p> <p>The tax credit is <b>refundable</b> which means that eligible individuals do not have to owe income taxes in order to qualify.</p> <p>Individuals who are eligible for the federal Health Care tax Credit may use their credit funds to purchase private individual health insurance coverage through the state's high-risk health insurance pool, the Illinois Comprehensive Health Insurance Plan (CHIP).</p>	<p><b>Title XIX</b> of the Social Security Act is a Federal/State entitlement program that pays for medical assistance for certain individuals and families with low incomes and resources. This program, known as Medicaid, became law in 1965 as a cooperative venture jointly funded by the Federal and State governments (including the District of Columbia and the Territories) to assist States in furnishing medical assistance to eligible needy persons. Medicaid is the largest source of funding for medical and health-related services for America's poorest people.</p> <p>Medicaid is managed by the Illinois Department of Healthcare and Family Services (HFS - <a href="http://www.hfs.illinois.gov/">http://www.hfs.illinois.gov/</a>), formerly the Illinois Department of Public Aid (IDPA). However, the Illinois Department of Human Services (DHS) is the state agency which actually takes applications and makes eligibility determinations for Medicaid.</p> <p>There is a wide range of benefits and covered services including but not limited to coverage for ...</p> <ul style="list-style-type: none"> <li>• Inpatient hospital services;</li> <li>• Skilled nursing facility services;</li> <li>• Intermediate care facility services;</li> <li>• Care for individuals under 21 years of age in psychiatric hospitals;</li> <li>• Chiropractic services;</li> <li>• Christian Science sanatoria;</li> <li>• Clinic Services;</li> <li>• Dental services;</li> <li>• Diagnostic services;</li> <li>• Early and periodic screening, diagnosis and treatment for individuals under 21 years of age;</li> <li>• Emergency hospital services;</li> <li>• Extended services to pregnant women;</li> <li>• Family planning services;</li> <li>• Hospice care services;</li> <li>• Inpatient hospital care;</li> <li>• Nurse-midwife services;</li> <li>• Occupational therapy;</li> <li>• Optometry services &amp; eyeglasses;</li> <li>• Other laboratory and x-ray services;</li> <li>• Other practitioner services;</li> <li>• Outpatient hospital care ;</li> <li>• Physical therapy;</li> <li>• Physician services;</li> <li>• Podiatry services;</li> <li>• Prescribed drugs;</li> <li>• Preventive services;</li> <li>• Private duty nursing;</li> <li>• Prosthetic devices;</li> <li>• Rehabilitative services;</li> <li>• Services provided by rural health clinics and federally qualified health centers;</li> <li>• Services provided through a managed care entity;</li> <li>• Skilled nursing and home health services for individuals 21 years of age and older;</li> <li>• Skilled nursing facility services for individuals under 21 years of age;</li> <li>• Speech, hearing and language therapy; and</li> <li>• Transportation (medically necessary)</li> </ul>
Cost of Coverage	Varies. The current cost of HIPAA-CHIP coverage may be found at <a href="http://www.chip.state.il.us/Rates.html">http://www.chip.state.il.us/Rates.html</a> .	Full details concerning benefits, costs, eligibility, etc. for All Kids and FamilyCare may be viewed at <a href="http://www.allkidscovered.com">www.allkidscovered.com</a> and <a href="http://www.familycareillinois.com">www.familycareillinois.com</a> .	The <i>after tax</i> credit rates for TAA/PBGC-certified individuals may be found at <a href="http://www.chip.state.il.us/Rates.html">http://www.chip.state.il.us/Rates.html</a> .	\$0 or very minimal share of cost. For more details about the Illinois Medicaid program, visit <a href="http://www.hfs.illinois.gov/agency/#medical">http://www.hfs.illinois.gov/agency/#medical</a> . The public may enroll in Medicaid at any of the Illinois Department of Human Services Family Community Resource Centers that are located around the state. The phone # for initial inquiries is 800-843-6154. The "Office Locator" page (to find a Resource Center near you) is found at <a href="http://www.dhs.state.il.us/page.aspx?module=12">http://www.dhs.state.il.us/page.aspx?module=12</a> .
Eligibility Requirements	<p>Individuals must exhaust their COBRA benefits if COBRA is available to them before exercising their HIPAA rights.</p> <p>Individuals must have at least 18 months of prior creditable coverage. The most recent prior coverage must have been group health insurance coverage offered by a health insurance issuer, group health plan, government plan or church plan. Individuals may not have had a prior coverage break of more than 90 days.</p>	<p>Children age 18 or younger who live with their families in Illinois and who need health insurance can get All Kids. If your monthly income qualifies your family for FamilyCare/All Kids Share, Premium Level 1 or Rebate, and you already have other health insurance, or you can get it, you can choose either...</p> <p>The FamilyCare/All Kids Rebate plan, which helps you pay the premium for your private or employer health insurance for your family.</p> <p>The FamilyCare/All Kids Share and Premium plan, under which one receives a card each month that can be used when your family needs medical services subject to the payment of a small co-pay for services. With Premium, you also pay a monthly fee whether or not your family uses the card. For both Share and Premium you have to go to a doctor who sees FamilyCare/All Kids participants.</p>	<p>Two basic categories of eligibles under TAA - 1) Those individuals and their families certified as eligible for benefits under TAA because they are impacted by US trade agreements; and 2) individuals age 55-64 and their families who are receiving benefits from the Pension Benefit Guaranty Corporation (PBGC). Eligible individuals must not be covered by other specified coverage, which is coverage for which more than 50% of the premiums are paid for the eligible individual by an employer or spouse's employer. The benefit period is for two years or the remainder of the TAA certification period, if less than two years, or the period of time a person is in an eligible category for PBGC eligibles, which could be up to 10 years depending on their age.</p> <p>All who meet the qualifications to receive the federal Health Care Tax Credit are eligible to receive it, even if they weren't previously insured. Such individuals are considered to have basic eligibility.</p>	<ul style="list-style-type: none"> <li>• Children under the age of 19 and their non-working parents at or below 133% FPL</li> <li>• Pregnant women and infants at or below 200% FPL if the mother is enrolled at the time of birth. If not, infants in families with incomes at or below 133% FPL</li> <li>• Working parents if family income is at or below 140% FPL</li> <li>• Aged, blind and disabled people qualify if family income is at or below 85% FPL</li> <li>• Individuals receiving Supplemental Security Income (SSI) assistance if family income is at or below 40% FPL.</li> <li>• Medically needy individual at or below 40% FPL; Couple – 39%</li> </ul>