

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</p> <p>Illinois Association of Health Underwriters 703-276-0220 www.nahu.org</p> <p>EBSA 866-444-3272</p>	<p>COBRA ...Then convert to HIPAA (Health Insurance Portability & Accountability Act) 866-4-USA-DOL www.dol.gov</p> <p>HIPAA-CHIP 800-962-8384 217-782-6333 866-851-2751 www.chip.state.il.us</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans www.healthinsuranceinfo.net</p> <p>Illinois Association of Health Underwriters 703-276-0220 www.nahu.org</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</p> <p>How To Apply www.hfs.illinois.gov/medical/apply.html</p>	<p>ALL Kids 866-ALL-KIDS www.allkids.com</p>	<p>Breast and Cervical Cancer Program IL Department of Public Health's Health-Line 1-888-522-1282 http://www.cancerscreening.illinois.gov/</p> <p>Healthy Women 800-226-0768 www.illinoishealthywomen.com</p>	<p>Medicare 800-633-4227 800-MEDICARE www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p>	<p>Health Coverage Tax Credit 866-628-HCTC 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 available for 18-36+ months depending on qualifying events; benefits are same as group program</p> <p>HIPAA individual-plan conversion benefits are based on the program selected, no expiration</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>Different program variations covering medical, dental and vision, prescriptions, hospitalization and more depending on program</p> <p>Programs for people with either MS, nursing home needs, kidney dialysis, breast and cervical cancer, AIDS, TB, hyper alimentation, pregnancy</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>Coverage is the same as under Medicaid</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Medicare offers two standard plans, A: Hospital Insurance and B: Medical Insurance, as well as several supplemental and advantage plans</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Will cover COBRA 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>All coverage terminated within last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud</p> <p>For HIPAA: recently covered by group program or a COBRA plan for 18 continuous months (COBRA option must have been selected if available and exhausted)</p> <p>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>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>Children ages 1-19: 133% FPL (and Non-Working Parents)</p> <p>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</p> <p>Aged, blind or disabled: 85% FPL</p> <p>SSI recipients: 40% FPL</p> <p>Medically Needy Individual: 40% FPL, Couple: 39%</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>Illinois resident and documented immigrant</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>May not have other health insurance and income under 200% of FPL</p> <p>If Medicaid eligible you are not IBCCP eligible</p>	<p>GUARANTEED COVERAGE</p> <p>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>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>Costs range from 102-150% of group health rates</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>\$0 or minimal share of cost</p>	<p>Monthly premium based on number of children in family, plus co-pay for each service with \$100 limit</p>	<p>\$0</p>	<p>\$0 and share of cost for certain services; deductibles for certain plans</p>	<p>65% of the insurance premium</p>	<p>\$0 and share of cost and co-pays depending on income level</p>

Other Programs & Resources

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

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	\$217	\$433	\$650	\$702	\$867	\$1,153	\$1,517	\$1,733	\$2,167	\$2,600
2	292	583	875	945	1,167	1,552	2,042	2,333	2,917	3,500
3	367	733	1,100	1,188	1,467	1,951	2,567	2,933	3,667	4,400
4	442	883	1,325	1,431	1,767	2,350	3,092	3,533	4,417	5,300
5	517	1,033	1,550	1,674	2,067	2,749	3,617	4,133	5,167	6,200
6	592	1,183	1,775	1,917	2,367	3,148	4,142	4,733	5,917	7,100
7	667	1,333	2,000	2,160	2,667	3,547	4,667	5,333	6,667	8,000
8	742	1,483	2,225	2,403	2,967	3,946	5,192	5,933	7,417	8,900

- A pregnant woman counts as two for the purpose of this chart.
- Add \$300/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. 73, No. 15, January 23, 2008, pp. 3791-3792. 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

Bureau of Primary Health Care
888-ASK-HRSA
www.ask.hrsa.gov/pc

(Search tool by zip code)

Department of Health and Human Services
www.hhs.gov

(Various health care search tools)

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)

Illinois Department of Human Services
www.dhs.state.il.us

(State program information)

Laws and regulations

Office of Consumer Health Insurance
www.ins.state.il.us

(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.nahu.org

(State organization of insurance brokers)

ILLINOIS

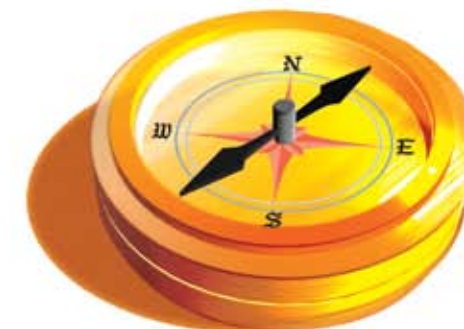
Health Care Options Matrix™



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.

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