

**This packet contains IMPORTANT information about
The Affordable Care Act and how it will coordinate with the
Illinois Department of Public Health Programs**

Take the following action immediately:

1. Read all information
2. Contact the designated Certified Application Counselor (ACA) or case manager to arrange for enrollment appointment
3. Follow the checklist enclosed
4. Take the this entire packet of information with you to your appointment
(fill out forms on page 9 and 10 BEFORE your appointment)
5. Fax all documentation immediately (important to make sure payment can be made quickly)

**Por favor llame 800-825-3518 si desea que este
documento en español.**

Illinois Department of Public Health RWPB funded services

**All of these services are paid for by the Illinois Department of Public Health.
Some of these services you may experience in your local area.
Not all services are offered in all areas.**

- Case Management
- Medication Assistance
- Insurance Premium Assistance
- Outpatient and ambulatory health services.
- Local pharmaceutical assistance.
- Oral health care.
- Early intervention services
- Home health care.
- Medical nutrition therapy.
- Hospice services.
- Home and community-based health services
- Mental health services.
- Substance abuse outpatient care.
- Medical case management, including treatment adherence services
- Case management (non-medical)
- Child care services
- Emergency financial assistance
- Food bank/home-delivered meals
- Health education/risk reduction
- Housing services
- Legal services
- Linguistics services (interpretation and translation)
- Medical transportation services
- Outreach services
- Psychosocial support services
- Referral for health care/supportive services
- Rehabilitation services
- Respite care
- Substance abuse services—residential
- Treatment adherence counseling

URGENT NOTICE ABOUT A CHANGE IN YOUR INSURANCE

Date: November 20, 2014
TO: Clients currently enrolled in a RWPB Service (see the back of previous page for a list of services)
FROM: Dr. Jeffrey P. Maras - Administrator
RE: **Important Medicaid Enrollment Required**

**Our records show that you are currently uninsured, and qualify for
.....insurance**

You are required to enroll in an insurance plan by February 15, 2014.

**Failure to enroll in a plan could affect your continued eligibility for our
services**

How to enroll

There are 2 options for enrollment:

1. Meet with a Certified Application Counselor for enrollment to coordinate with our program.
 - a. Contact your Lead Agent to find the Certified Application Counselor closest to you, and to make an appointment (see contact information on page 2)
 - b. If you would like to complete your own online enrollment, you can go to www.GetCoveredIllinois.gov and start the application process
 - i. Based on your income, you will be enrolled in either Medicaid or the Marketplace
 1. Medicaid – plans based on the region you live in
 - a. Our medication assistance program can assist with any copays associated with Program covered medications ordered through our contract pharmacy.
 2. Marketplace - You must make sure the plan you choose meets the requirements for the IDPH program you receive services from. (see back of this page for requirements)

Cost requirement – Your Total Annual Premiums + Your Annual out of pocket cannot exceed \$10,482 / client

If you do not qualify for Medicaid or the Public Insurance Marketplace, there are still options for you and your family to get health insurance coverage.

Contact a Certified Application Counselor to discuss options for Direct Insurance Enrollment

We recommend you see your Case Manager first to discuss requirements and information regarding the IPC or CAC closest to you. Below is the contact information for the Lead Agency that serves your county. The Lead Agent organization that serves your county will be able to connect with your assigned case manager or to answer questions regarding the closest IPC or CAC in your area.

(Referenced below by County)

SIU School of Medicine - Springfield, IL.
217-545-7683 or Toll Free 888-308-8105

Adams, Brown, Cass, Christian, DeWitt, Greene, Logan, Macon, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Sangamon, Schuyler, Scott, and Shelby

Champaign-Urbana Public Health District - Champaign, IL.
217-531-5365 or Toll Free 888-801-3172

Champaign, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Ford, Iroquois, Jasper, Kankakee, Lawrence, Livingston, Richland, and Vermilion

UIC College of Medicine - Peoria, IL.
309-671-8457 ext. 1011

Fulton, Hancock, Henderson, Knox, LaSalle, Marshall, Mason, McDonough, McLean, Peoria, Putnam, Stark, Tazewell, Warren, and Woodford

AFC - Chicago, IL.
312-784-9060 Enrollment Hotline

Cook, Dupage, Grundy, Kane, Kendall, Lake, McHenry, and Will

Winnebago County Health Department - Rockford, IL.
815-720-4072 - Mike Blaser, Medical Benefits Coordinator

Boone, Bureau, Carroll, DeKalb, Henry, JoDaviess, Lee, Mercer, Ogle, Rock Island, Stephenson, Whiteside, and Winnebago

Jackson County Health Department - Murphysboro, IL.
618-684-3143 or Toll Free 877-745-1424

Alexander, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, Wabash, Wayne, White, and Williamson

St. Clair County Health Department - Belleville, IL.
(618) 825-4409. - Dee Reuter

Bond, Calhoun, Clinton, Fayette, Jersey, Macoupin, Madison, Marion, Monroe, Randolph, St. Clair, Washington

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Medication Assistance Program

The following are the **ONLY** Insurance Marketplace plans are eligible for use with The IDPH Medication Assistance Program (MAP)

Assurant Health – Blue Cross Blue Shield – Health Alliance

Silver, Gold, and Platinum Plans Only

(NOT BRONZE OR CATASTROPHIC PLANS)

See Plan Worksheet for Cost requirements –

Cost requirement – Your Total Annual Premiums + Your Annual out of pocket cannot exceed \$10,482 / client

Insurance Premium Assistance Program(PAP)

Our Premium Assistance Program can help you pay up to \$750 per month towards your monthly premium (after any federal monthly subsidy).

To qualify for PAP–

- You MUST select “**Advance Premium Tax Credit**” when enrolling in the Get Covered Illinois.
- Do not have Insurance Premiums auto deducted from payroll and paychecks, Social Security, Credit Card, or Bank Account, or any similar account.
- **The insurance plan:**
 - Must have Prescription Coverage.
 - All plans on Get Covered Illinois include prescription coverage.
 - **Can include Dental and/or Vision for premium assistance.**
 - PAP cannot pay premiums for Life Insurance or Flexible Spending Accounts.
 - Clients may elect these coverage choices, but will be required to pay that portion of the premium on their own.

To ensure client satisfaction, we recommend you enroll in your plan with either an In Person Counselor (IPC) or Certified Application Counselor (CAC).

****Note – you should never pay for ACA enrollment assistance - it is FREE!**

What to do Next Checklist

9 Simple Steps

- _____ 1. Schedule an appointment with your Case Manager to discuss preparation steps for preparing for your meeting with your Get Covered Illinois enrollment session.
 - a. Case Mangers will assist with referrals to the appropriate In Person Counselor or Certified Application Counselor.
- _____ 2. Schedule an appointment with an In Person Counselor or Certified Application Counselor.
- _____ 3. Fill out the ACA Passport form on page 9 and 10.
- _____ 4. Gather all documents listed on ACA passport.
- _____ 5. Take this entire packet with you to the enrollment appointment.
- _____ 6. During enrollment have the final enrollment paperwork printed for your records
 - a. **For premium assistance – also print the specified “payment mailing address”**
- _____ 7. For premium assistance – fax us the printout of the premium amounts and payment mailing address **immediately**
 - a. **We will send the first payment after the printout is received**
 - b. **We cannot send the next payment until we receive the documents in step 8**
- _____ 8. As soon as you receive your first Premium Invoice, Bill, Coupon Book, or Benefit Statement – Send us a copy.
 - a. **Note** – We require a copy of all **OFFICIAL** documents received from the insurance plan(s) you enrolled within that outlines the **premium amount, frequency of premium payment, and the address that premium payments are to be mailed** of the plans you selected.
- _____ 9. As soon as you receive your Insurance cards - Send copies of all cards (both front and back)

Please fax all documents immediately to:

Fax: (Toll Free) 855-253-9149 or 217-785-8013

Cost requirement – Your Total Annual Premiums + Your Annual out of pocket cannot exceed \$10,482 / client

Plan comparison worksheet

For use as a tool for you when comparing the plans and benefits

Plan Name				
Monthly Premium				
Medical Deductible				
Prescription Deductible				
Maximum Out of Pocket - Medical				
Maximum Out of pocket - Prescription				
Primary Care Physician Visit Cost				
Specialist Physician Visit Cost				
Emergency Room Visit Cost				
Inpatient Hospital Stay Cost				
Inpatient Physician Cost				
Generic Drug Cost				
Preferred Drug Cost				
Non Preferred Drug Cost				
Specialty Drug Cost				

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ACA Passport for enrollment assistance coordination with IDPH

Complete both sides of form

Bring form and all documentation listed below to your appointment with your IPC or CAC

Your Name: _____

DOB _____

Documents I need to bring with this form to prepare for my appointment for A.C.A. enrollment

- ❖ State ID or other form of identification with my picture
- ❖ 2013 Tax forms – Federal 1040 (If you filed a Tax return)
- ❖ Pay stubs or checks from my job dated within the last 90 days (If you are currently working)
- ❖ Social security card or Number
- ❖ Piece of mail such as government mail, phone or utility bill, rent or lease receipt with my current address

URGENT REQUIREMENTS: Check mark one or more IDPH programs you plan to use.

Medication Assistance – REQUIRED to pick one of the following plans to comply with the requirements of the Prescription Assistance Program (PAP)

Blue Cross Blue Shield - Health Alliance – Assurant

Silver, Gold, & Platinum Plans ONLY (NOT Bronze or Catastrophic plans)

See Plan Worksheet (Page) for cost limits

Premium Assistance - REQUIRED to select the “**Advanced Premium Tax Credit**” Option when enrolling into an Insurance Plan to comply with the program requirements.

(Does not apply to Medicaid)

Any amount above \$750 per month is the client’s responsibility to pay

(See CHIC section on page 3 for specific plan requirements)

See Plan Worksheet (Page) for cost limits

We would like to make sure you have the best healthcare coverage we can help you with.

- **Plans with a Maximum out of pocket of less than \$3500 will be the most beneficial to your health care.**
 - After payments for medications or medical visits reach \$3500 – a person would only be responsible for minimal copays for any services.
- **Plans with copays are easier on your pocketbook than a Coinsurance**
 - Copays have a set \$dollar amount for services (\$20, \$2, \$5, etc.).
 - Coinsurance means you pay a certain % of the cost of the medication or service (most likely 20% of the cost of the medication or service, which is usually well above the amount a copay would be).

Cost requirement – Your Total Annual Premiums + Your Annual out of pocket cannot exceed \$10,482 / client

• My NON MAP medications are:

(medication you do NOT get through the Medication Assistance Program, but instead get at a local pharmacy)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

- My primary care provider is: _____ at _____ clinic/hospital.
- My specialist physician is: _____ at _____ clinic/hospital.
- Other specialists I see: _____ at _____ clinic/hospital.
- My psychiatrist is _____ at _____ clinic/hospital.
 - My therapist is _____ at _____ clinic/hospital.
- I currently use the following local pharmacy _____
- If I became really sick, I would like to go to what hospital _____

Cost requirement – Your Total Annual Premiums + Your Annual out of pocket cannot exceed \$10,482 / client

2015 ACA Marketplace Cost Worksheet

What is the Monthly Medical Premium AFTER Tax Credit:		
add	+	
What is the Monthly Dental Premium AFTER Tax Credit:		
Total		This is your total MONTHLY premium
multiple by	X	
12		
Total		This is your ANNUAL premium after tax credit
add	+	
What is the Maximum Out of Pocket for Medical and Prescription:		
This is your total Maximum cost of coverage per year		Cannot be more than \$10,482 per client