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To: All Program Participants **October 15, 2018**
From: Dr. Jeffrey Maras, Administrator
RE: 2019 Illinois Marketplace Open Enrollment **November 1, 2018 – December 15, 2018**

Dear Participant:

You are receiving this letter because you are currently enrolled in the Illinois Department of Public Health Medication Assistance Program or the CARE Services Program. The Illinois Department of Public Health strongly encourages that you enroll in health insurance coverage through the Illinois Marketplace for 2019. The 2019 Open Enrollment period will take place between **November 1, 2018 and December 15, 2018**. The Illinois Department of Public Health will only be assisting with premium payments for **Silver** level plans that are purchased on the Illinois Marketplace Exchange.

The following carriers have plans that are approved for 2019:

- **Ambetter / Celtic Insurance**
- **BlueCross Blue Shield of Illinois**
- **Cigna**
- **Health Alliance**
- **Gundersen Health Inc.**

* **Important:** Enrollments **MUST** be completed by December 15, 2018 for a January 1, 2019 start date.

Please Note The Following Critical Requirements:

- If you are eligible to enroll in one of the following, **Employer based Health Insurance, Medicare Part D or Medicaid**, then you are **NOT** eligible for Marketplace Insurance with Premium Assistance. Additional Income eligibility documentation may be requested before your enrollment is processed by the Department.
- Short term Insurance Plans/Association Health Plans are **not eligible** for Premium Assistance.
- Clients currently enrolled in, or offered, **COBRA** must change to a Marketplace plan during open enrollment, if they would like to continue Premium Assistance. COBRA is no longer eligible for Premium Assistance.
- The Illinois Department of Public Health Medication and Premium Assistance Program requests that participants **do not allow their plans to auto-enroll** this year.
- Individuals enrolled in premium assistance **must fill all prescriptions** through the Program's current contracted pharmacy. Failure to fill through the Program's contracted pharmacy, within 90 days of premium assistance approval, will result in your termination from the Premium Assistance Program.
- You **MUST** select the **"ADVANCE PREMIUM TAX CREDIT"** when enrolling in a Marketplace Plan. The Premium Assistance Program (PAP/CHIC) can pay for dental and vision plans so long as clients are enrolled in an eligible prescription drug program. **There will be no exceptions for this provision.**

What To Do Next Checklist

1. ____ Gather a list of the following documents to prepare for your 2019 Marketplace Enrollment, take this with you to your appointment if enrolling with a Case Manager or Medical Benefits Coordinator:
 - ✓ State ID or other form of identification with your picture
 - ✓ 2017 Tax forms- Federal 1040, 1040A, or 1040 EZ
 - ✓ Pay Stubs or checks from your 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.
 - ✓ List of Medications- Primary Care Physician(s) - Specialist (s) - Clinics/Hospitals.

2. ____ Determine if you will be enrolling through:
 - **Get Covered Illinois** - <http://www.getcovered.illinois.gov> or call (866) 311-1119. If you are self-enrolling using Get Covered Illinois, please print and fax your enrollment paperwork along with premium information, premium mailing address and your contact information to 217-785-8013 (confidential fax), we will send the first payment after the printout is received.
 - **Medical Benefits Coordinator (MBC)** - Contact your Case Manager to schedule an appointment with a Medical Benefits Coordinator in your area (see page 3 for a listing of MBC in your area).

3. ____ Enroll in your selected Benefit Plan: We can only pay for **SILVER PLANS** for 2019 that have been approved by the Department, which can be found on the first page of this packet of information.

4. ____ **Confidential Fax:** 217-785-8013 or **Email:** DPH.ADAPFAX@Illinois.gov a copy of your Enrollment for both 2019 Medical and Dental Plans. Please wait 15 days to confirm with your insurance plan that premium payments have been made by the Department.

5. ____ **Confidential Fax:** 217-785-8013 or **Email:** DPH.ADAPFAX@Illinois.gov a copy of your 2019 Insurance cards and Premium invoice with Member ID and Billing ID showing the new 2019 premium, mailing address.

IMPORTANT! As of 10/1/2018 The Illinois Department of Public Health will have made payments to cover the remaining months of your 2018 health insurance plan. **Payments towards your 2019 insurance plan cannot be made until you have submitted your 2019 insurance plan information to the Department.**

The Department strongly suggests that all clients contact the Medical Benefits Coordinator in their region, who will assist you in signing up for the insurance plan that is right for you. Medical Benefit Coordinators know which plans are approved by the Department, and can coordinate each plan to make sure that your current physicians are in network. Please check the table, included with this letter, to determine which agency you should contact.

If you have any questions, please feel free to contact the Department Hotline: 800-825-3518 Fax: 217-785-8013 Email: DPH.ADAPFAX@Illinois.gov (this is not an encrypted email address) or reach out to your Case Manager/Medical Benefits Coordinator for assistance.

THERE ARE TWO WAYS TO ENROLL!

OPTION 1: You are encouraged to reach out to your regional Medical Benefits Coordinator/Medical Case Manager for assistance in enrolling in eligible Marketplace plans.

Agency	Counties Served by each Agency	Medical Case Manager or Medical Benefits Coordinators
Winnebago County Health Department	Boone, Bureau, Carroll, DeKalb, Henry, Jo Daviess, Lee, Mercer, Ogle, Rock Island, Stephenson, Whiteside, Winnebago	309-762-5433 michelle@tpqc.org
Positive Health Solutions - UIC College of Medicine in Peoria	Fulton, Hancock, Henderson, Knox, LaSalle, Marshall, Mason, McDonough, McLean, Peoria, Putnam, Stark, Tazewell, Warren, and Woodford	309-495-1697 mbrothan@uic.edu
SIU School of Medicine	Adams, Brown, Cass, Christian, DeWitt, Green, Logan, Macon, Menard, Montgomery, Moran, Moultrie, Piatt, Pike, Sangamon, Schuyler, Scott and Shelby	217-545-8257 dwhite39@siumed.edu
St. Clair County Health Department	Bond, Calhoun, Clinton, Fayette, Jersey, Macoupin, Madison, Marion, Monroe, Randolph, St. Clair, Washington	618-825-4483 Gary.gasawski@co.st-clair.il.us
Jackson County Health Department	Alexander, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, Wabash, Wayne, White, and Williamson	618-684-3143 (Ext. 301) dawnnaf@jchdonline.org
Champaign-Urbana Public Health District	Champaign, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Ford, Iroquois, Jasper, Kankakee, Lawrence, Livingston, Richland, and Vermillion	217-531-4316 skilian@c-uphd.org
AIDS Foundation of Chicago	DuPage, Grundy, Kane, Kendall, Lake, McHenry and Will	847-782-4052 fgonzalez@catholiccharities.net 847-782-4231 jclark@catholiccharities.net 630-264-1819 estherh@odhcil.org
	Cook	312-784-9071 mfrahm@aidschicago.org 312-784-9085 evillanueva@aidschicago.org 312-784-9075 rmurga@aidschicago.org

OPTION 2: Enroll online at www.getcoveredillinois.gov or (866) 311-1119.

ACA Passport for Enrollment Assistance Coordination with IDPH

Bring this form and all documentation listed below to your appointment with your Medical Benefits Coordinator or Medical Case Manager. You can also use this form if you are self-enrolling over the phone or through the [Get Covered Illinois](#) website.

Your Name: _____ DOB: _____

Documents to bring to my appointment for ACA Enrollment:

- State ID or other form of identification with my picture
- 2017 Tax forms- Federal 1040
- 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.
- List of medications, physicians, specialist, and clinics\hospitals you use

MY MEDICATIONS:

1.	5.
2.	6.
3.	7.

My primary care provider is: _____ at
_____ clinic/hospital.

My specialist physician is: _____ at
_____ clinic/hospital.

Other specialist I see: _____ at
_____ clinic/hospital.

My psychiatrist is: _____ at
_____ clinic/hospital.

I currently use the following local pharmacy: _____.

If I became really sick, I would like to go to what hospital _____.