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To: All Program Participants

October 15, 2018

From: Dr. Jeffrey Maras, Administrator

RE: 2019 Illinois Off-Marketplace Open Enrollment **November 1, 2018 – December 15, 2018**

Dear Participant:

You are receiving this letter because you are currently enrolled in either the Illinois Department of Public Health's Medication Assistance Program or the CARE Services Program. The Illinois Department of Public Health strongly encourages you to enroll in health care coverage for 2019. You are able to enroll in an insurance plan between **November 1, 2018 and December 15, 2018**. **Remember**, the Program can only assist with premium payments on **SILVER** level plans. The insurance providers listed below offer plans that can be purchased outside of the Marketplace for those participants who are not eligible to enroll through the Marketplace.

SILVER level plans from the following insurance providers:

- Blue Cross Blue Shield of Illinois
- Health Alliance

***IMPORTANT!** Enrollments **MUST** be completed by December 15th for January 1st start date.

How to Enroll:

1. Gather a list of the following to prepare for your 2019 Off-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
 - ✓ Piece of mail such as government mail, phone or utility bill with my current address
 - ✓ List of medications, primary care physicians, specialists, and clinics/hospitals
2. Enroll in your selected Benefit Plan:
 - a. Short Term Insurance Plans and Association Health Plans **are not** eligible for Premium Assistance.
 - b. If you are currently enrolled in or offered insurance through **COBRA** you must enroll in another form of insurance using the options on the back side of this letter if you would like to continue Premium Assistance. COBRA plans are no longer eligible for Premium Assistance.
3. **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.
4. **Confidential Fax:** 217-785-8013 or **Email:** DPH.ADAPFAX@Illinois.gov a copy of your 2019 Insurance cards and Premium invoice with Member ID, Billing ID, the new 2019 premium, and the mailing address.

Please Note:

- 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.
- **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.**

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: Contact these insurance carriers directly. Both these carriers offer plans outside of the Marketplace. You must contact the carrier directly and speak to a sales associate directly.

- Health Alliance – (866) 247-3296
- Blue Cross Blue Shield – (866) 514-8044

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 (If you filed a Tax Return)
- Pay Stubs or checks from my job dated within the last 90 days (if you are currently working)
- 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 _____.