



## Planning for Health Insurance as an Adult

It is important to start planning early for adult health insurance. Many patients may lose insurance benefits once they are adults. It is never too early to start planning.

- Teens and young adults should know the name of their insurance provider and contact information.
- Remember that even if you were eligible for some programs as a child, it is not guaranteed that you will still be eligible as an adult. For example, the disability requirements are defined differently for children and adults.
- Contact your current health insurance provider to find out how long you can remain covered. For private insurance, this may depend on your age, disability, medical condition, and whether or not you will remain a dependent.
- Talk with your family, school, and medical team about your plans for the future. These plans may have an impact on what types of insurance options are available to you. For example, if you plan to go to school or work, you may be able to get insurance through these places.
- The hospital social workers can provide information on insurance options. They can also give you resources for legal/advocacy support if you are denied insurance.
- If you lose your insurance, speak with your medical team for referrals to health care clinics that see uninsured patients.
- If you lose your insurance, you may be eligible for financial support for your medications through prescription programs, such as [www.needymeds.org](http://www.needymeds.org)
- There are many organizations that may help families pay for medical equipment and emergency funding if you have a certain medical condition. Some have patient-assistance programs; these programs sometimes help pay for insurance premiums. Social workers can help refer families.
- Examples: Patient Services Incorporated (<https://www.patientservicesinc.org>) or the HealthWell Foundation (<https://healthwellfoundation.org>) may help pay insurance premiums for certain medical conditions.

Information on health insurance options can be found on these government web sites:

<http://www.healthcare.gov> (English)

<http://www.cuidadodesalud.gov> (Spanish)



## **Insurance Options** **All Kids/Family Care**

866-255-5437

[www.illinois.gov/hfs/MedicalPrograms/AllKids/pages/default.aspx](http://www.illinois.gov/hfs/MedicalPrograms/AllKids/pages/default.aspx)

- Offers all Illinois children comprehensive healthcare that includes doctor's visits, hospital stays, prescription drugs, vision care, dental care and some medical devices.
- All Kids coverage is also called Medicaid/Public Aid/Medical Card.
- Some parents pay monthly premiums for the coverage based on family size and income through Family Care Plan.
- Parents of children under 18 years old who meet the income requirements of the Family Care Plan may be eligible to receive health insurance coverage for themselves.

### **Eligibility:**

All Kids covers children from birth up until their 19th birthday and pregnant women.

Children over 200% FPL (Federal Poverty Level) must also meet uninsured requirement. See website for details.

FAQs. Visit: <https://www.illinois.gov/hfs/MedicalPrograms/AllKids/pages/default.aspx> for All Kids income standards and premiums. Immigration status of the child does not affect eligibility.

Receiving All Kids as a child either with or without Supplemental Security Income (SSI) is NOT a guarantee that the patient will qualify to receive Medicaid as an adult.

## **Illinois Adult Medicaid**

800-843-6154

<http://www.dhs.state.il.us>

- Medicaid is a federal/state funded and administered needs based health insurance program for people 65 and older, blind or with a permanent disability.
- Eligibility for Medicaid is based on income and assets, proof of disability (SSI Standards for adults), and citizenship/ immigration requirements.
- If a child received Medicaid, there is NO guarantee that she or he will receive Medicaid as an adult.
- Each transitioning adult must independently meet the adult requirements after age 19.

**Eligibility:** For adults to get Medicaid, they must fit into one of these categories:

- Blind in both eyes; or disabled (according to the SSA definition of disability; needs to have accompanying medical records)
- Pregnant or Parent of a Child under age 19



- Be diagnosed with cervical or breast cancer

IN ADDITION, they must meet income and asset limits and citizenship/immigration requirements.

Under the Affordable Care Act (ACA), adults age 19-64 who were not previously eligible for coverage under Medicaid can now receive medical coverage. Individuals with income up to 138 percent of the federal poverty level (monthly income of \$1,366/individual, \$1,845/couple) can be covered.

If you are married, your assets combined with your spouse's assets must be equal to or less than \$3,000.



### **Health Benefits for Workers with Disabilities**

800-226-0768

<https://www.illinois.gov/hfs/MedicalPrograms/hbwd/Pages/default.aspx>

The goal of this program is to help people with disabilities work and receive full Medicaid healthcare benefits.

Unlike other Medicaid programs, HBWD allows enrollees to have up to \$25,000 in assets.

Depending on income, enrollees pay a monthly premium based on their income range to receive comprehensive healthcare coverage. Visit the website for premium costs.

### **Eligibility:**

Individuals who meet the disability requirements (under SSI) and are age 16 or older and working.

### **Medicare**

[www.ssa.gov](http://www.ssa.gov)

800-772-1213

- Medicare is a federally funded health insurance program.
- Is likely a good option for those who qualify.
- Medicare can be used in any state.
- More providers accept Medicare than Medicaid.

**Eligibility:** Medicare is available to people at any age with certain medical conditions including:

Amyotrophic Lateral Sclerosis (aka ALS, Lou Gehrig's Disease)

Renal Dialysis for End Stage Renal Disease

Or at any age once you have received Social Security Disability Insurance (SSDI) checks for 24 months

On your own work record

On the work record of a deceased, disabled or retired parent;

If you are 65 years old on SSA Retirement, SSI or as a Federal Employee.

### **Private Insurance: Group Plans**

- Many children and adults may have private insurance from a parent's employer plan.
- Federal law now requires group insurance plans to offer coverage up to age 26 for all dependents
- Illinois extends this to age 30 for dependents who are military veterans.
- Illinois also requires coverage for a child who has attained the limiting age (26) under the policy if:
  - The child continues to be incapable of sustaining employment
  - Is dependent on his or her parents or other care providers for lifetime care and supervision
  - Applies to individual and group insurance policies and to individual and group HMO contracts



- To prove that a child is an adult-dependent disabled child, it must be shown that:
- The parent/guardian provides more than 50% of the yearly living expenses
- The child is claimed as a dependent on the parent/guardian's tax returns: subject to annual review.
- Speak with the insurance company to find out how long children will be covered under plan.
- Adult patients who plan to work will need to check with their employer about group insurance options. Group insurance options cannot deny coverage based on pre-existing conditions.

### **Private Insurance: Individual Plans**

Individuals may buy an individual insurance plan (example. Aetna, Blue Cross Blue Shield).

Since the ACA (Affordable Care Act) you cannot be excluded from coverage due to a pre-existing condition.

For Health Care Exchange plans please go to:

<https://getcovered.illinois.gov/en>

Be sure to look at each plan carefully regarding what the covered benefits are. There are navigators available to assist.

**Private insurance** plans may also be very expensive.

Contact the specific insurance provider for details.

### **College/University Insurance**

Students who meet the eligibility may purchase insurance benefits from their university based on various plans and premiums.

- Many schools require students to have insurance in order to enroll in the institution.
- Eligibility may be based on student status (part time/full time student).
- Most community colleges offer an insurance plan.
- Chicago City Colleges do NOT offer insurance.
- When choosing a health plan, check with your current providers to see if they accept the insurance from your school.
- Refer to the University Health Services or Admissions office in your institution to discuss health insurance options provided by the school.
- Some college plans may not cover you while school is not in session (summer and winter breaks etc.)



### **Illinois Healthcare Portal Special Programs**

<https://www.illinois.gov/hfs/MedicalClients/health/Pages/special.aspx>

The Healthcare Portal's Special Programs Page helps to ensure that people with special needs and their families get the information they need to take advantage of the services the State of Illinois has to offer.

### **Illinois Comprehensive Health Insurance Plan (ICHIP)**

866-851-2751

[www.chip.state.il.us](http://www.chip.state.il.us)

- ICHIP stands for Illinois Comprehensive Health Insurance Plan.
- ICHIP is a health insurance plan for Illinois residents:
- Who have been denied private medical insurance
- For whom other policies are too expensive to pay
- Premiums vary based on age and location, however can be costly. Visit website for more information.
- Everyone is eligible. No one is denied due to pre-existing condition.

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