

Coordinating Stand Alone Medicare D Plans for Illinois Cares Rx in 2010

AARP Medicare Rx Saver

Enrollment and Customer Service:
(877) 710-5083; (877) 730-4192 (TTY)

First-Health Part D – Premier

Enrollment and Customer Service
(866) 865-0662; (800) 716-3231 (TTY)

WellCare Classic

(888) 550-5252; (888) 816-5252 (TTY)

SilverScript Value

Enrollment: (866) 634-6557;
(866) 552-6288 (TTY)
Customer Service: (866)-235-5660;
(866) 236-1069 (TTY)

Humana Value

888-445-8678; 800-833-3301 (TTY)

Coordinating MA Plans for Illinois Cares Rx in 2010

The following companies offer many Medicare Advantage plans that coordinate with Illinois Cares Rx. Contact the company about which of their plans coordinate with Illinois Cares Rx. When you enroll, tell the plan you are an Illinois Cares Rx member. Medicare Advantage plans may be available only in certain counties.

Erickson Advantage

Enrollment: (800) 704-7839
Customer Service: (866) 314-8188
(888) 685-8480(TTY) or 711

Essence Healthcare

Customer Service and Enrollment
(866) 597-9560;(866) 597-9561 (TTY)

HealthSpring

Customer Service (888) 588-4827
(866) 206-5565 (TTY)

HealthSpring

Customer Service: (888) 588-4827;
(866) 206-5565 (TTY)
Enrollment: (888) 886-1993;
(866) 206-5565 (TTY)

Humana

Customer Service and Enrollment:
(888) 445-8678; (800) 833-3301(TTY)

Group Health Plan, Inc. (GHP)

Enrollment: (877) 409-8047;
(877) 231-0573 (TTY)
Customer Service: 800-533-0367;
(877) 231-0573 (TTY)

Health Alliance Medical Plans

Customer Service and Enrollment
(800) 965-4022; (866) 883-8551 (TTY)

UnitedHealth Group Evercare

Enrollment: (800) 905-8671
Customer Service: (877) 702-5110
(888) 685-8480 (TTY) or 711

AARP/SecureHorizons by United Healthcare

Enrollment: (800) 577-5623
Customer Service: (800) 643-4845
(888) 685-8480 (TTY) or 711

Personal Care Advantra

Customer Service and Enrollment:
(866) 784-4916; (866) 784-4931(TTY)

WellCare

Enrollment: 866-334-6876, Option 4
877-247-6272 (TTY)
Customer Service: 866-334-6876
877-247-6272 (TTY)



2010 Medicare Information

Part A Deductible	\$1,100.00
Part A Copayment (Days 61-90)	\$275.00
Lifetime Reserve Copayment (Days 91-150)	\$550.00
Skilled Nursing Facility Copayment (Days 21-100)	\$137.50
Part A Monthly Premium (paid in 29 quarters or less)	\$461.00
Part A Monthly Premium (paid in 30 - 39 quarters)	\$254.00
Part B Annual Deductible	\$155.00
Part B Monthly Premium *	\$96.40

*The 2010 Part B monthly premium will be higher for individuals with an annual income higher than \$85,000; new enrollees in 2010; people who do not have premiums withheld from SSA benefit; and people who qualify for Medicare & Medicaid and have Part B premium paid by Medicaid.

SHIP 1-800-548-9034



1-800-548-9034

TDD# 217/524-4872

2010 Medicare (Part A): Hospital Insurance			
Service	Benefit	Medicare Pays	You Pay
Hospitalization Semi-private room and board, general nursing, inpatient drugs and miscellaneous hospital services and supplies <i>(You begin a new Part A benefit period after you have been home for 60 consecutive days.)</i>	First 60 days	All but \$1,100.00	\$1,100.00
	61st to 90th day	All but \$275.00 a day	\$275.00 a day
	Lifetime Reserve Days		
	91st to 150th day (these 60 reserve days may be used only once in your lifetime)	All but \$550.00 a day	\$550.00 a day
	Beyond 150 days	Nothing	All Costs
Skilled Nursing Facility Care (SNF)* (Custodial care not covered)	First 20 days	Full cost of services	Nothing
	21st day through 100th day	All but \$137.50 a day	\$137.50 a day
	Beyond 100 days	Nothing	All costs
Home Health Care (After a prior hospital stay; up to 100 visits)	Visits limited to medically necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	Nothing
Hospice Care Available to terminally ill	Unlimited renewable benefit period	All but limited costs for outpatient drugs and inpatient respite care	\$5.00 for each outpatient prescription drug and 5% of Medicare approved amount for respite care

*Beneficiary must be hospitalized under Part A hospital coverage for at least **three consecutive days** for the same illness prior to admission to the Medicare-approved SNF.

2010 Medicare (Part B): Medical Insurance

Service	Benefit	Medicare Pays	You Pay
Medical Expenses	Physician's services, some diagnostic tests, physical and speech therapy, ambulance, etc.	80% of approved amount (after \$155.00 deductible) 55% of approved amount for out-patient treatment of mental illness	\$155.00 deductible* plus 20% of approved amount (plus any charge above approved amount)** 45% of approved amount on out-patient mental illness claims
Home Health Care	Visits limited to medically necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	Nothing
Outpatient Hospital Services	Medically necessary treatment such as outpatient surgery, diagnostic procedures, emergency room, etc.	A set amount for each specific procedure	Subject to deductible plus copayment or coinsurance for each procedure
Durable Medical Equipment (DME)	Medically necessary equipment and supplies such as walkers, wheel chairs, hospital beds, etc.	80% of approved amount (after \$155.00 deductible)	20% of approved amount plus \$155.00 deductible, plus charges above approved amount unless supplier accepts assignment

* Once you have had \$155.00 of expenses for covered services, the Part B deductible is met for the rest of the calendar year.

** You pay for charges higher than the amount approved by Medicare unless the doctor or supplier agrees to accept Medicare's approved amount as payment in full (accepts assignment). Excess charges for physician services cannot exceed 15% of the Medicare approved amount.

Medicare Part D pays for outpatient prescription drugs you can take on your own. However, Medicare Part A or B helps pay for certain oral anti-cancer drugs, and immunosuppressive drugs taken after an organ transplant.

Note: The Part B monthly premium is \$96.40 in 2010 for the majority of individuals. The premium is \$110.50 for new enrollees in 2010; people who do not have premiums withheld from SSA benefit including those who qualify for Medicare/Medicaid and have their Part B premium paid by Medicaid. In addition, beneficiaries who have an income greater than \$85,000 may experience monthly Part B premiums anywhere from \$154.70 to \$353.60.

Understanding Medicaid

Medicaid is a jointly Federal and state funded program that covers medical expenses for low income and low asset persons who are:

- aged (65+), blind, or disabled,
- Illinois residents, and
- US citizens or qualified immigrants.

Regular Medicaid *	Income up to \$903 monthly for 1 (\$1214 for 2) Assets up to \$2000 for 1 (\$3000 for 2)	Full range of medical services with \$1 to \$3 co-pays for medical services and prescriptions
Spenddown Medicaid *	Income over \$903 for 1 (1214 for 2) or Assets over \$2000 for 1 (\$3000 for 2)	Medical card only after monthly spenddown has been met; \$1 to \$3 co-pays after the spenddown is met.

Limited income individuals with Medicare may also be eligible for help to pay Medicare expenses through the **Medicare Savings Programs (MSP)**.

QMB Qualified Medicare Beneficiary	SLIB Specified Low-Income Medicare Beneficiary	QI-1 Qualified Low-Income Medicare Beneficiary
This program is for someone who has Medicare Part A and has limited assets and income at or below 100% of the Federal Poverty Level (FPL). QMB pays the Medicare Part B premium and covers Medicare deductibles and coinsurance	This program is for someone who has Medicare Part A & B and who has limited assets and income between 100% of the FPL and 120% of the FPL. The SLIB payment covers Part B monthly premiums.	This program is for someone who has Medicare Part A & B and who has limited assets and income between 120% of the FPL and 135% of the FPL. The QI-1 payment covers Part B monthly premiums.
2009 monthly income limits*: <ul style="list-style-type: none"> • \$903 Individual • \$1,214 Couple 	2009 monthly income limits*: <ul style="list-style-type: none"> • 1,083 Individual • \$1,457 Couple 	2009 monthly income limits*: <ul style="list-style-type: none"> • \$1,218 Individual • \$1,639 Couple
2009 Asset Limit: <ul style="list-style-type: none"> • \$4000 Individual • \$6000 Couple 2010 Asset Limit <ul style="list-style-type: none"> • \$8100 Individual • \$12910 Couple 	2009 Asset Limit: <ul style="list-style-type: none"> • \$4000 Individual • \$6000 Couple 2010 Asset Limit <ul style="list-style-type: none"> • \$8100 Individual • \$12910 Couple 	2009 Asset Limit: <ul style="list-style-type: none"> • \$4000 Individual • \$6000 Couple 2010 Asset Limit <ul style="list-style-type: none"> • \$8100 Individual • \$12910 Couple

*a \$25 income disregard is allowed to each person who has income plus earned income deductions (so you may be able to add \$25 to the above figures and still qualify the individual for the program)

File for Medicaid or MSP with your local DHS Family Community Resource Center. Medical applications can be downloaded at www.hfs.illinois.gov/medicalforms/. The 2378H is for Medicaid with or without MSP. The **2378M** is for applying for **MSP only**. They can be mailed to your local DHS office. Locate your DHS office at www.dhs.state.il.us