Health Insurance Education Series:
Transitioning Health Insurance Benefits to Adulthood

MAY 2024

[Logo: Division of Specialized Care for Children]
Every participant must choose a language audio channel via the Interpretation button at the bottom of the screen.

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La interpretación está desactivada si permanece en el audio original. El intérprete no podrá oírle hablar, por lo que no será traducido. Debes elegir un canal.
Information will be presented in English. If you selected Spanish as your language, information will be translated verbally.

The slides are in English. The Spanish version of all materials are found on the DSCC website.

https://dscc.uic.edu/family-education-webinars/

We are recording this presentation. The recording will be posted on the website.

Do not share any personal information.
Captioning is available for this presentation.

All attendees are muted. Use the “Raise Hand” button or use the “Q&A” button to ask a question.

The chat has been turned off.
About the Presenters

DSCC Benefits Management & Research Unit Team
Works with the DSCC care coordination teams to help solve insurance problems.

Presenters
- Brittani Provost
- Yariela Ramirez-Beccue
- Amy Edwards
Agenda

DSCC Overview

Planning for insurance options
- Medicaid
- Medicare
- Private Insurance

Resources

Questions
Our Vision and Mission

Vision

» Children and youth with special healthcare needs (CYSHCN) and their families will be the center of a seamless support system that improves the quality of their lives.

Mission

» We partner with Illinois families and communities to help CYSHCN connect to services and resources.
What is Health Insurance?

- May also be called medical insurance or healthcare insurance
- Help pay for some or all your medical expenses
- Protect someone from unexpected, high medical costs
- You may have to pay a monthly premium payment or other out of pocket costs
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Importance of Planning Ahead

- Keeping insurance benefits as an adult is important
- Insurance may change as a child to an adult
- Criteria to qualify for benefits may change
- You may have different coverage options
- Understanding your insurance benefits is key to using them
Understanding Your Insurance Is Key

- Learn how about insurance and how it works
- Know the benefits for your plan
- Know and use your insurance network

Follow Insurance Rules
- Get prior approvals
- Get referrals
- Use in-network providers when required

- Review denials and appeals if needed
Types of Health Insurance

Public or Government Insurance
- Medicaid
- Medicaid Managed Care Plans
- Medicare

Private Insurance Plans

TRICARE – Health insurance for someone who is active in the U.S. military

Campus Health Plan (for college students)

Other limited benefit plans
- Prescription
- Vision
- Dental
A child can remain on their parent’s private insurance plan through age 26. Age 30 for military insurance.

It is possible for a disabled adult child to remain on their parent's private insurance plan after they turn 26.

Different insurances and employers have different criteria to stay on after age 26. You must talk to your insurance plan or employer.
All Kids medical coverage ends the last day of the month when a child turns 19 years old.

Apply for Adult Medicaid a month or two before you turn 19.

Medicaid will decide if you qualify. Medicaid must decide within 45 days.

They will send you a letter with the decision.
Adult Medicaid Programs

→ ACA Adult Medicaid
→ Aid to the Aged, Blind, and Disabled (AABD)
→ DCFS
→ Health Benefits for Workers with Disabilities (HBWD)
Adult Medicaid Programs

- Family Care
- Moms and Babies
- Coverage for Immigrant Adults (41-64)
- Coverage for Immigrant Seniors (65+)
ACA Adult Medicaid

Medicaid for adults ages 19 to 64.

Must meet family monthly income limits. Income limit is 138 percent of federal poverty level.

- Example: for a family size of 1, 138 percent of the federal poverty level is about $20,120 per year.

Must be a U.S. citizen or meet certain requirements for non-citizens

There are no copays, coinsurance, deductibles, or premiums for this program.

Aid to the Aged, Blind, and Disabled (AABD)

- Medical coverage for individuals who are blind, individuals with disabilities, or are 65 years or older.
- Must be a U.S. citizen or meet certain requirements for non-citizens.
- Must meet family monthly income limits. Income limit is 100 percent of federal poverty level.
- There is also an asset limit of $17,500 for a single person or couple. It used to be $2,000 before 2023.
- There are no copays, coinsurance, deductibles, or premiums for this program.

The person applying for adult Medicaid needs to apply as the head of household. If they are a dependent on someone else’s tax return, regardless of their age, the income of all household members must be included on the application. If their parent’s income makes them ineligible for Medicaid, but they have SSI, their application will be processed as a disabled adult child.
What to do if someone needs assistance with completing their application

» Healthcare Power of Attorney

What to do if someone is unable to complete and/or sign their own application

» Certification for Surrogate for Decision Making
» Guardianship
Approved Representative

Someone can act on your behalf

Choosing someone to talk with HFS about your case and information.

» HFS Personal Representative designation

Choosing someone to talk with DHS about your case and information.

» DHS Approved Representative designation
Each year, Medicaid checks to make sure that each member qualifies for Medicaid.

They did not complete these reviews when the public health emergency for COVID-19 started. These reviews are being completed again each year.

Each family case may have a different redetermination time each year. You should check your mail and pay attention to any letters from Medicaid.

Medicaid checks residency, income, and other requirements.
Medicaid Coverage Changes

- Most coverage for Medicaid stays the same for a child to an adult.
- After age 19, a prior approval is required if you get more than 4 prescription medications.
- At age 21, some coverage changes for benefits like dental care.
Supplemental Security Income (SSI)

SSI is a Federal program that provides monthly payments to people who have low income and few resources.

A program for those who are 65 or older, as well as for those of any age, including children, who are blind or who have disabilities.

Financial benefit based on financial need.

No medical benefit and does not mean you qualify for Medicaid in the state of Illinois.
SSI Eligibility

- Be deemed disabled by Social Security
- U.S. Citizen or meet requirements for a non-citizen
- Resident of the U.S. or one U.S. territory.
- Must file for any other benefits you could qualify for
- Have limited income and resources
- Either not working or working, but not performing Substantial Gainful Activity (SGA).
Redetermining SSI Benefits for Adulthood

- You must meet two main requirements to be redetermine for SSI
  - Qualify for financial assistance through SSI
  - The monthly payment is appropriate for your financial situation

- Social Security reviews your information:
  - Income
  - Resources
  - Living Arrangements

- [Adult Impairment Listings for Social Security Disability Evaluation](#)
SSDI is a program that provides insurance payments to people who are no longer able to work because of a significant disability.

Financial benefit based on work credit history.

Getting SSDI benefits does not mean you will qualify for Medicaid.
SSDI Eligibility

Be deemed disability by Social Security

U.S. Citizen or meet requirements for a non-citizen.

Resident of the U.S. or one U.S. territory.

Must have 40 credits (10 years of work) or draw off a parent’s work record
Medicare is a federal program. This means it is run by the U.S. government.

Who can get Medicare?

- U.S. citizens or legal residents. If you are a legal permanent resident, you may have some limits with your Medicare.
- Individuals ages 65 or older.
- Adults and children under age 65 if they have:
  - A certain disability (and must get Social Security Disability Insurance for 24 months)
  - End-Stage Renal Disease
  - ALS – Amyotrophic lateral sclerosis
  - For a list of qualifying disabilities for someone under age 65, go to SSA Disability Listings
Medicare is not a program that disabled young adults apply for.

Must receive SSDI for 24 months before they are eligible for Medicare.

Most often drawing off their parent’s work history and what they have paid into.

Contact Social Security to know when someone will be eligible for Medicare.
Medicare Coverage

- Part A – Hospital Insurance
- Part B – Medical Insurance
- Part C – Medicare Advantage Plans
- Part D – Prescription Drug Coverage
What is Not Covered by Medicare?

- Most dental care and dentures
- Eye examinations related to prescribing glasses
- Hearing aids and exams for fitting them
- Visit https://www.medicare.gov/coverage to check coverage
Help With Medicare Costs

You may have out of pocket costs for premiums

Medicare Savings Programs
  » Through Department of Human Services
  » Helps with Part A and/or B premium based on income

Extra Help
  » Through Social Security Administration
  » Helps with Part D premiums for medications
Medicare Fact Sheet

Medicare is federal health insurance run by the Social Security Administration. You must be a U.S. citizen or legal resident residing in the United States, for five continuous years to qualify for Medicare.

Someone qualifies for Medicare if they are one of the following:
- Age 65 or older
- Any age with End-Stage Renal Disease (ESRD)
- Under age 65 with certain disabilities (Amyotrophic Lateral Sclerosis, also known as ALS or Lou Gehrig’s disease) or people with a qualifying disability who have received Social Security Disability Insurance for 24 months.

Medicare Enrollment and Contacts
- You are automatically enrolled if you are already getting Social Security Disability Insurance benefits for 24 months.
- If you are not receiving Social Security benefits, you must enroll yourself in Medicare with Social Security four months before your 65th birthday.
- Call the Social Security Administration at (800) 772-1213 or Medicare at (800) 633-4227 or the Illinois Senior Help Line at (800) 252-8966.
- To find a local Social Security office, visit www.ssa.gov/locator/.

Medicare and Other Insurance
- If you have private insurance, Medicare is often secondary. It depends on some factors of how you get your private insurance. Talk to your private insurance and Medicare about coordination of benefits.
- If you have Medicaid, Medicare is primary coverage. Medicaid will pay second.

Medicare Savings Program
- The state of Illinois will help people with limited income and resources pay Medicare costs, which include Medicare premiums, deductibles, and coinsurance.
- You can apply for the Medicare Savings Program through the Department of Human Services (DHS) online at ABE.ILLINOIS.GOV. You can also call the DHS Helpline at (800) 843-6154 or visit a local DHS office. To find the nearest office, visit the DHS Office Locator at www.dhs.state.il.us.

Extra Help Program
- The Social Security Administration will help some people with limited resources and income pay for Part D prescription drug costs. This includes premiums, annual deductibles, and prescription copayments.
- Apply by contacting the Social Security Administration.

Medicare Coverage and Costs

Part A - Hospital Insurance
- Inpatient hospital care
- Skilled nursing facility (SNF) care
- Hospice care
- Home health care
- Blood work/transfusion inpatient

Part A may have a small premium, but in most cases, recipients don’t have to pay a premium.

Part B - Medical Insurance
- Outpatient care
- Home health care
- Durable medical equipment (DME)
- Preventive services
- Ambulance
- Mental health

Part B requires a premium of around $170-180 a month.

Part C - Medicare Advantage Plans
- Medicare Advantage Plans are plans from private companies that are approved by Medicare. These plans include Part A, Part B, and usually Part D coverage together as one plan.
- The member must use providers in the plan’s network.
- Plans may have lower out-of-pocket costs than Original Medicare but will have a higher monthly premium.
- Plans may offer some extra benefits that Original Medicare doesn’t cover — like vision, hearing, and dental services.

Part C plans can vary in costs. There is usually a high monthly premium.

Part D - Prescription Drug Coverage
- Helps cover prescription drugs.
- Medicare-approved private insurance companies run Part D plans.
- If Medicare is primary and Medicaid is secondary, Medicaid cannot pay for medications covered by Medicare.

Part D has a premium of around $30-60 a month depending on the plan selected.
You can get private insurance if a job offers it to you, your spouse, or through a parent.

- Children can stay on their parent’s insurance through age 26.

Not all jobs offer private insurance

You may have only one plan option or many different options.

Keep in mind that you can usually only sign up for insurance plans or make changes to your plan during open enrollment periods.

- Special occasions like getting married, or the birth or adoption of a child may also allow you to make changes.
The Marketplace is a website where you can get health insurance.

You can only sign up for insurance on the Marketplace during the open enrollment period each year. Unless you have a special enrollment period.

If you are offered insurance another way, like through your job, you may not be eligible to get a plan this way. Having other coverage options will also affect your eligibility for cost savings on Marketplace premiums.

Illinois website is getcovered.illinois.gov or you can go to healthcare.gov.
This chart summarizes the common insurance plans and how they work.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>HMO</th>
<th>PPO</th>
<th>OAP</th>
<th>EPO</th>
<th>POS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does it stand for?</td>
<td>Health Maintenance Organization</td>
<td>Preferred Provider Organization</td>
<td>Open Access Plan</td>
<td>Exclusive Provider Organization</td>
<td>Point-of-Service</td>
</tr>
<tr>
<td>Primary Care Physician (PCP) Required</td>
<td>✅</td>
<td>❌</td>
<td>❌</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Referral to specialty care required</td>
<td>✅</td>
<td>❌</td>
<td>❌</td>
<td>✅</td>
<td>❌</td>
</tr>
<tr>
<td>Out-of-Network Coverage</td>
<td>❌</td>
<td>✅</td>
<td>✅</td>
<td>❌</td>
<td>✅</td>
</tr>
<tr>
<td>Costs</td>
<td>$</td>
<td>$$$$</td>
<td>$ - $$$</td>
<td>$</td>
<td>$$$$</td>
</tr>
<tr>
<td>Provider Network</td>
<td>LIMITED &amp; SMALL</td>
<td>OPEN &amp; LARGE</td>
<td>VARIES BY TIER</td>
<td>LIMITED &amp; SMALL</td>
<td>VARIES</td>
</tr>
<tr>
<td>Which coverage fits your needs</td>
<td>Can only use in-network providers</td>
<td>Has in and out-of-network benefits</td>
<td>Has in and out-of-network benefits</td>
<td>Can only use in-network providers</td>
<td>Coverage combines parts of HMO and PPO</td>
</tr>
<tr>
<td></td>
<td>Cost is lower</td>
<td>Cost is higher</td>
<td>Cost is low in Tier 1 and higher in Tier 3</td>
<td>Cost is lower</td>
<td>Some flexibility</td>
</tr>
<tr>
<td></td>
<td>Network is more limited</td>
<td>More flexible</td>
<td>Very flexible</td>
<td>Network is more limited</td>
<td>A little higher cost</td>
</tr>
</tbody>
</table>
Many schools require students to have insurance to enroll in the institution

Students may be able to purchase insurance benefits from their university

- Eligibility may be based on student status if they are a part-time or full-time student
- Refer to the University Health Services or Admissions office at your school to discuss what health insurance options they provided.
- You should check with your current medical providers to see if they are in-network with the college plan(s)
- Some college plans may not cover you while school is not in session (i.e., summer and winter breaks, etc.)
Resource Links

- DSCC Transition Tools
- Social Security Publications
- Illinois Attorney General - Health Care Bureau
- Illinois Department of Insurance - Consumer Health Insurance
- Illinois Private Health Insurance Marketplace
- Senior Health Insurance Program
- Medicare Website
- Illinois Medicaid – Healthcare & Family Services
- Patient Advocate Foundation Resource Library
- DSCC Resource Library – Medical/Health
- DSCC Guardianship and Alternatives Resources
Summary

- It is important to start early and plan when transitioning health insurance benefits to adulthood.
- Some benefits or programs may change from a child to adult.
- You should be aware of all the different insurance options and what is the best fit for you.
We have saved some time for questions.

Please use the **Q&A button** box if you have questions. You can also use the **Raise Hand** button and we will unmute you.
Thank you for participating in our training today. We hope you found it helpful!

We will email the link to the website. All materials and recordings will be posted at https://dscc.uic.edu/family-education-webinars/.

Please complete the survey at the end of the training. Your thoughts are very helpful and important.

We also would like to know any other topics you would like more training on.
This training is part of a series of trainings called “Health Insurance Education.”

You can review this recording and materials for the other two trainings on our website.

- March: Social Security Benefits
- April: Medicaid Denials
- May: Transitioning Health Insurance to Adulthood

Visit https://dscc.uic.edu/family-education-webinars/
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