

Health Insurance Education Series: Transitioning Health Insurance Benefits to Adulthood

MAY 2024



UNIVERSITY OF
ILLINOIS CHICAGO

**Division of Specialized
Care for Children**

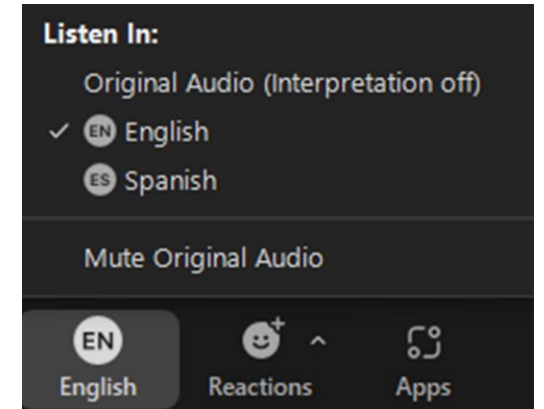
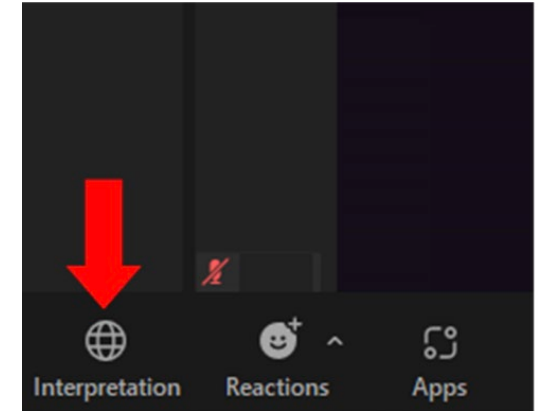
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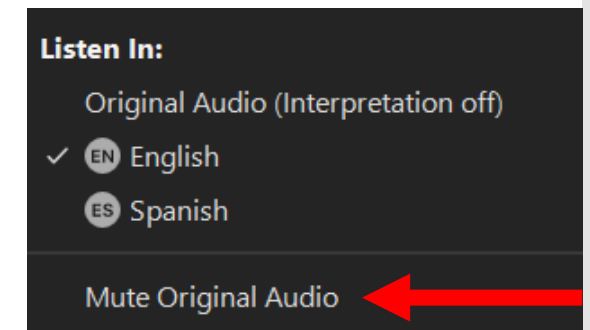
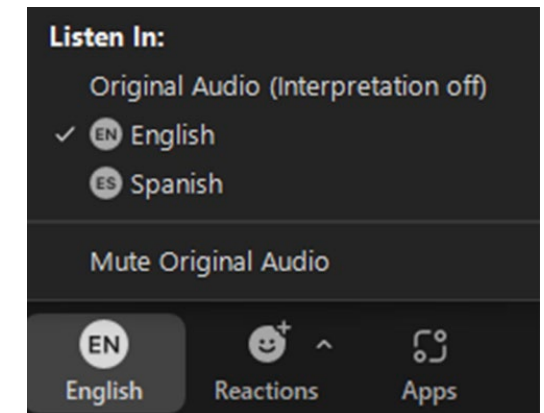
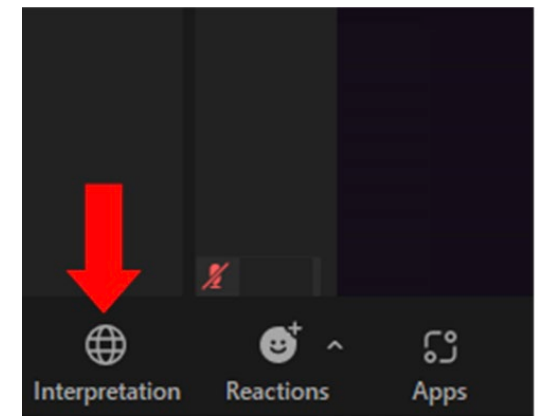
Accesibilidad al Idioma



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Housekeeping



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://dsccl.uic.edu/family-education-webinars/>



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



Do not share any personal information.

Housekeeping



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.



Chat



Raise Hand



Q&A



Show Captions



Resources

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



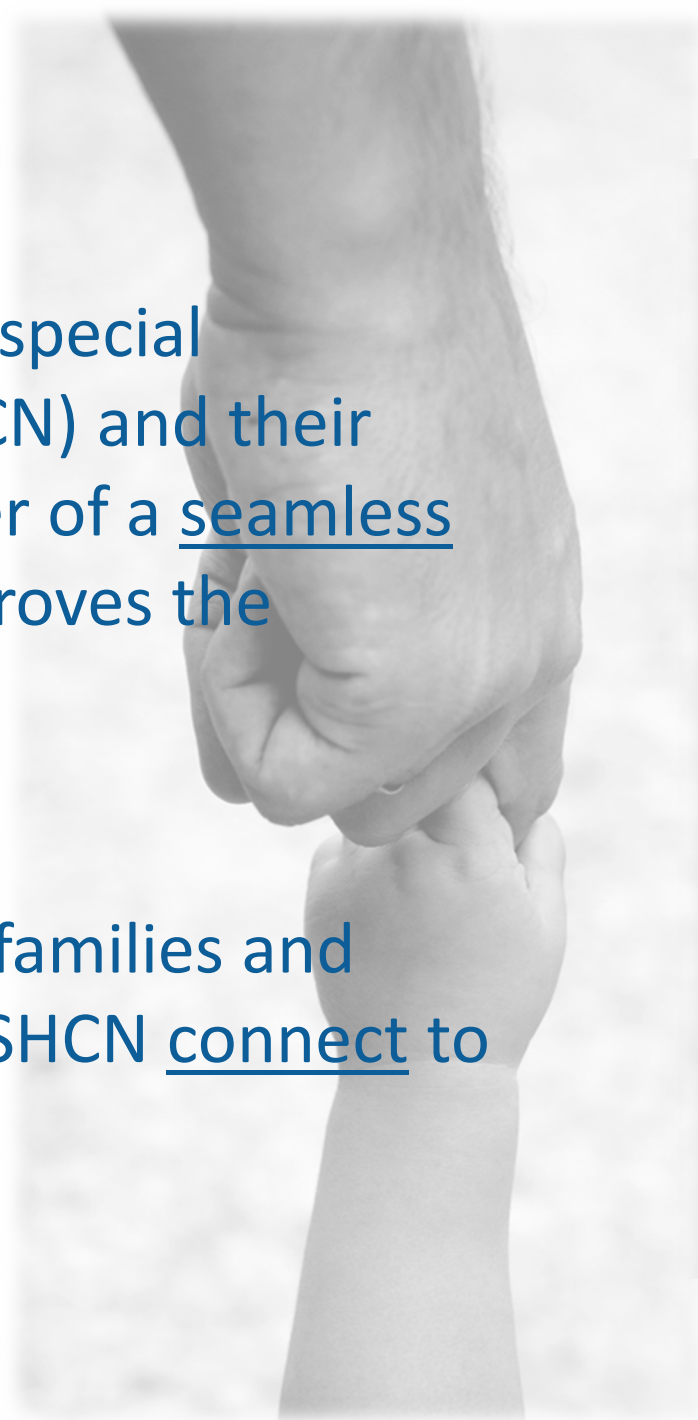
Vision

- » 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

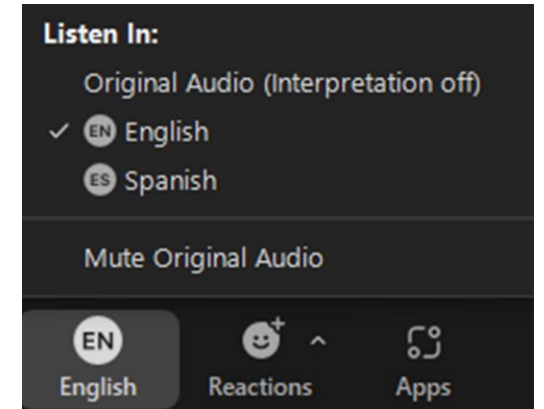
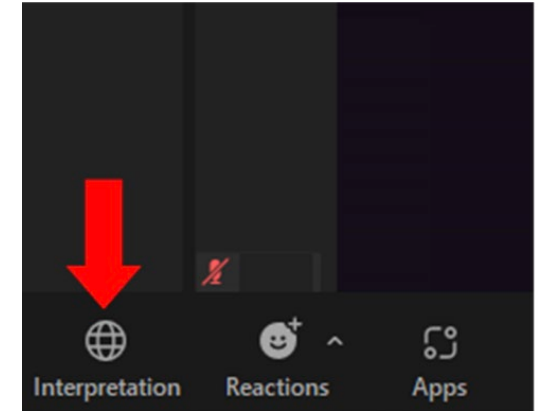
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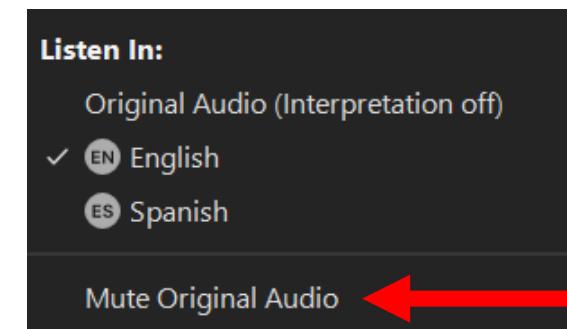
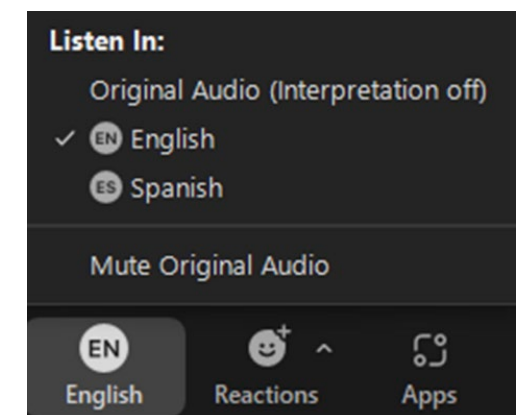
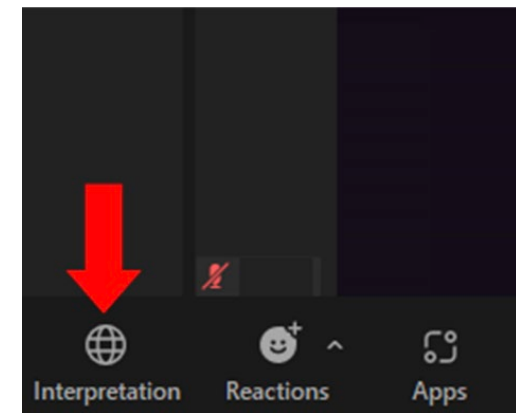
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Importance of Planning Ahead



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

Staying on a Parent's Insurance Plan



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 Assist to Adult Medicaid



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.

Adult Medicaid Application



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.

Adult Medicaid Application



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

Medicaid Redetermination



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

Social Security Disability Insurance (SSDI)



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



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 For A Disabled Young Adult



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.
- Visit www.ssa.gov or www.medicare.gov.
- 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 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 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 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 not pay for medications covered by Medicare.

Part D has a premium of around \$30-60 a month depending on the plan selected.

Private Insurance - Employer



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.

Private Insurance - Marketplace



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](https://www.getcovered.illinois.gov) or you can go to [healthcare.gov](https://www.healthcare.gov).

Plan Comparison Chart



This chart summarizes the common insurance plans and how they work.

Plan Type	HMO	PPO	OAP	EPO	POS
What does it stand for?	Health Maintenance Organization	Preferred Provider Organization	Open Access Plan	Exclusive Provider Organization	Point-of-Service
Primary Care Physician (PCP) Required	✓	✗	✗	✓	✓
Referral to specialty care required	✓	✗	✗	✓	✗
Out-of-Network Coverage	✗	✓	✓	✗	✓
Costs	\$	\$ \$ \$	\$ - \$ \$	\$	\$ \$
Provider Network	LIMITED & SMALL	OPEN & LARGE	VARIABLES BY TIER	LIMITED & SMALL	VARIABLES
Which coverage fits your needs	<ul style="list-style-type: none"> ✓ Can only use in-network providers ✓ Cost is lower ✓ Network is more limited 	<ul style="list-style-type: none"> ✓ Has in and out-of-network benefits ✓ Cost is higher ✓ More flexible 	<ul style="list-style-type: none"> ✓ Has in and out-of-network benefits ✓ Cost is low in Tier 1 and higher in Tier 3 ✓ Very flexible 	<ul style="list-style-type: none"> ✓ Can only use in-network providers ✓ Cost is lower ✓ Network is more limited 	<ul style="list-style-type: none"> ✓ Coverage combines parts of HMO and PPO ✓ Some flexibility ✓ A little higher cost

College or University Insurance



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

Questions



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.



Chat



Raise Hand



Q&A



Show Captions



Resources

Thank you!

Survey



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://dsccl.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.

Future Webinars



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



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