



Illinois Department on Aging
 PO Box 19003
 Springfield, Illinois 62794-9003

2008
Form IL-1363
 Application Booklet

Seniors or Persons with Disabilities
Apply on Form IL-1363

for

Illinois Cares Rx

a Circuit Breaker grant

a license plate discount



Remember:
*You must file
 each year!*



**Get
 your
 benefits
 fast!**

File on the Internet

at www.cbrx.il.gov

Illinois Cares Rx qualifications,
 see page 7.

Where can you go for help?
 See pages 31-32.

Postmark deadline for filing is
 December 31, 2009.

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When may you expect to receive your benefits?

? When may you expect to receive your grant?
Applications filed on the Internet are processed faster. If you file on the Internet, we will issue your grant in approximately 3 weeks. If you send us your completed Form IL-1363 early in the year, we will issue your grant in three to four months. If you send us your completed Form IL-1363 after May 1, we will issue your grant in approximately 10 weeks.

Note ➔ Processing will be delayed if we need to request additional information from you.

? When may you expect your prescription drug benefits to begin?
 If you are applying for the first time, your prescription drug benefits will begin within approximately 6 weeks following **approval** of your application.

If you are applying for a renewal card, your benefits will begin January 1, 2010.

Note ➔ Processing will be delayed if we need to request additional information from you.

? What discount may you expect for your vehicle’s license plates?
 If your Form IL-1363 is approved, you will receive a notice from the Illinois Secretary of State that you have qualified for a \$54 license plate discount. You should keep this notice for renewing your plates. You may only use the discount for one vehicle per household. For contact information, see the back cover.

Postmark deadline for filing is December 31, 2009.

SECTION D: Does your total income allow you to file this application? See instructions.

25 Write household size (add the number of persons on Lines 2 and 9, and on Schedule B, Line 9). **25**

SECTION E: Tell us about the Illinois property tax or rent you paid in 2008.

26 Property tax you paid or was payable in 2008 (total of both installments)..... **26**

27 Mobile home tax you paid in 2008 (yearly total). **27**

28 Rent you paid in 2008 (yearly total). Does your rent include food? **yes** **no** **28**

a To whom did you pay rent in 2008?

Name _____ Phone (_____) _____ - _____

Address _____ City _____ State _____ ZIP _____

b How many months did you rent here in 2008? **b** _____  Attach page if other rentals.

Note **Do not** include amounts paid by a "Section 8" program.
If you now live in public housing, but last year lived in private housing, see the instructions for Line 28.

29 Nursing, retirement, or shelter care home charges you paid in 2008 (yearly total)..... **29**

a To whom did you pay nursing, retirement, or shelter care home charges in 2008?

Name _____ Phone (_____) _____ - _____

Address _____ City _____ State _____ ZIP _____

b How many months did you live here in 2008? **b** _____  Attach page if other charges.

Note **Do not** include amounts paid by Human Services.

STOP Sections F, G and H should only be filled out if you are requesting Illinois Cares Rx benefits or the monthly rebate. (If "no," go to Section I.)

SECTION F: For your Illinois Cares Rx benefits or monthly rebate. See instructions.

30 Are you a U.S. citizen or qualified noncitizen?
Note You may still get some drug coverage, a grant, and a license plate discount even if no box is checked above.

31 Are you currently eligible for Medicare Part A and/or Part B for your hospital or doctor expenses? **yes** **no**
(If "no," go to Line 32.)

a If "yes," print the name and claim number as it appears on your red, white and blue Medicare card or Railroad Retirement card.

First name Last name Claim number

b If you are already enrolled in a Medicare Part D plan, what is the name of your plan?

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 AARP Medicare Rx Preferred | <input type="checkbox"/> 6 Group Health Plan (GHP) | <input type="checkbox"/> 11 SecureHorizons by United Healthcare |
| <input type="checkbox"/> 2 Essence | <input type="checkbox"/> 7 Health Alliance Medical Plans | <input type="checkbox"/> 12 SilverScript |
| <input type="checkbox"/> 3 Erickson | <input type="checkbox"/> 8 HealthSpring | <input type="checkbox"/> 13 UnitedHealth Rx Basic |
| <input type="checkbox"/> 4 Evercare | <input type="checkbox"/> 9 Humana | <input type="checkbox"/> 14 WellCare Classic |
| <input type="checkbox"/> 5 First Health Part D — Premier | <input type="checkbox"/> 10 PersonalCare | <input type="checkbox"/> 15 Other: _____ |

c Do you have HIV/AIDS? **yes** **no** See instructions for added "wrap around" benefits.

(Section F continued.)

32 You can choose to receive a \$25 monthly rebate **instead of** help paying for prescriptions.

a Do you have private, creditable health insurance, Veterans Administration (VA) benefits, or a non-coordinating Medicare Part D plan that pays for prescription drugs? **yes** **no** (If “no,” go to Section G.)

b Do you want a \$25 monthly rebate **instead of** help paying for prescriptions? **yes** **no**

Note Do not mark “yes” if you are receiving prescriptions through a coordinating Medicare Part D plan listed in Line 31b. If you are enrolled in one of these plans, Illinois Cares Rx will help pay for your prescriptions.

SECTION G: For your spouse’s Illinois Cares Rx benefits or monthly rebate. See instructions.

33 Is your spouse a U.S. citizen or qualified noncitizen?

Note Your spouse may still get some drug coverage even if no box is checked above.

34 Is your spouse currently eligible for Medicare Part A and/or Part B for his or her hospital or doctor expenses? **yes** **no** (If “no,” go to Line 35.)

a If “yes,” print the name and claim number as it appears on your spouse’s red, white and blue Medicare card or Railroad Retirement card.

First name	Last name

Claim number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b If your spouse is already enrolled in a Medicare Part D plan, what is the name of your spouse’s plan?

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 AARP Medicare Rx Preferred | <input type="checkbox"/> 6 Group Health Plan (GHP) | <input type="checkbox"/> 11 SecureHorizons
by United Healthcare |
| <input type="checkbox"/> 2 Essence | <input type="checkbox"/> 7 Health Alliance
Medical Plans | <input type="checkbox"/> 12 SilverScript |
| <input type="checkbox"/> 3 Erickson | <input type="checkbox"/> 8 HealthSpring | <input type="checkbox"/> 13 UnitedHealth Rx Basic |
| <input type="checkbox"/> 4 Evercare | <input type="checkbox"/> 9 Humana | <input type="checkbox"/> 14 WellCare Classic |
| <input type="checkbox"/> 5 First Health Part D
— Premier | <input type="checkbox"/> 10 PersonalCare | <input type="checkbox"/> 15 Other: _____ |

c Does your spouse have HIV/AIDS? **yes** **no** See instructions for added "wrap around" benefits.

35 Your spouse can choose to receive a \$25 monthly rebate **instead of** help paying for prescriptions.

a Does your spouse have private, creditable health insurance, Veterans Administration (VA) benefits, or a non-coordinating Medicare Part D plan that pays for prescription drugs? **yes** **no** (If “no,” go to Section H.)

b Does your spouse want a \$25 monthly rebate **instead of** help paying for prescriptions? **yes** **no**

Note Do not mark “yes” if your spouse is receiving prescriptions through a coordinating Medicare Part D plan listed in Line 34b. If your spouse is enrolled in one of these plans, Illinois Cares Rx will help pay for his or her prescriptions.

SECTION H: For your or your spouse's Illinois Cares Rx benefits or monthly rebate.

If you or your spouse want help paying for drugs or a monthly rebate, failure to complete this section will delay the processing of your application.

36 Do you, your spouse (if married and living together), or both of you own any of the following items:

- Bank accounts (checking, savings and certificates of deposit);
- Stocks, bonds, savings bonds, mutual funds, individual retirement accounts and similar investments;
- Real estate (other than your home); **or**
- Any other cash at home or elsewhere?

yes no

If "yes,"

a Single: Is the total value of the items listed above worth more than \$12,510? yes no

b Married and living together: Is the total value of the items listed above worth more than \$25,010? yes no

Note If you answered "no" on Line 36, Line 36a or 36b, you **must** complete Schedule C.

SECTION I: For the People with Disabilities Ride Free Transit Card. See instructions.

Complete this section only if you or your spouse want to apply for the People with Disabilities Ride Free Transit Card.

37 Yes, I want to apply for the Transit Card.

38 Yes, my spouse wants to apply for the Transit Card.

SECTION J: Sign below.

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois permission to get records from anyone concerning information on this form. As permitted by law, and subject to revocation, I authorize disclosure of the following information to, by, and between the Illinois Department on Aging and the Illinois Department of Healthcare and Family Services for the Circuit Breaker/Illinois Cares Rx Programs: (1) citizenship, identification, and HIV/AIDS status information maintained by the Illinois Department of Public Health; (2) tax return information maintained by the Illinois Department of Revenue; (3) citizenship and identification information maintained by the Illinois Secretary of State; and (4) identification information for ride programs offered by mass transit authorities, for the limited purposes of confirming my eligibility for applicable benefits and related outreach enrollment efforts through the end of the appropriate audit period. If resource availability permits, I also authorize the state of Illinois to apply on my behalf for any federal drug benefits I may be eligible to receive under the Medicare program. I assign to the state of Illinois my right to any benefits, including reimbursement, under any private plan of assistance, public assistance program, insurance plan, or from any liable third party, for prescription drugs that I receive through the Illinois Cares Rx program. I also agree that if I receive any such payments or other payments or benefits under the programs on this form in error, or that I was not entitled to, I will repay them to the state of Illinois. I authorize release of medical and pharmaceutical records for audit and verification purposes, and exchange of health care information between any drug utilization review service authorized by the state of Illinois and any of my physicians and pharmacists to the extent necessary for the operation of a drug utilization review service.

39 _____ **41** _____
Claimant's signature Date Preparer's name (Please print or type.) Phone number

40 _____
Spouse's signature (If living together) Date

<i>Official use only</i>					
SHAP			County/Sub-Area Code		

If applying for ALL Form IL-1363 benefits, including Illinois Cares Rx, mail to:
CIRCUIT BREAKER/ILLINOIS CARES RX
ILLINOIS DEPARTMENT ON AGING
P.O. BOX 19022
SPRINGFIELD, IL 62794-9022

If ONLY applying for a grant, license plate discount and/or the free ride, mail to:
CIRCUIT BREAKER
ILLINOIS DEPARTMENT ON AGING
P.O. BOX 19003
SPRINGFIELD, IL 62794-9003

**Postmark
deadline for filing
is Dec. 31, 2009.**

If you need assistance, 1) visit www.cbrx.il.gov on the Internet, 2) find a local agency serving seniors by calling the Senior HelpLine at **1-800-252-8966**, or 3) call us at **1-800-624-2459** or **1-888-206-1327 (TTY)**.

Qualifications

Apply for benefits on Form IL-1363 if you meet the following requirements:

Age:

- You must be 65 years of age or older before January 1, 2009; or
- You must become 65 years of age during 2009 (benefits become available after you turn 65; your Circuit Breaker grant will be prorated based on the number of months you were 65 in 2009); or
- You must be 16 years of age or older before January 1, 2009, and totally disabled; or
- You must be a widow or widower who was 63 or 64 years of age before the death of your spouse, if your spouse was receiving or eligible to receive Form IL-1363 benefits. However, you will not be eligible to receive Illinois Cares Rx until you reach age 65.

Residency/Citizenship:

- You must live in Illinois at the time you file your application; and
- You must continue to be a resident of Illinois to receive Illinois Cares Rx; and
- You must have lived in an Illinois residence in 2008 that was subject to property or mobile home tax to be eligible for a Circuit Breaker grant.
- You must be a U.S. citizen or qualified noncitizen for Illinois Cares Rx Plus. There is no citizenship requirement for the other Form IL-1363 benefits.

Income limit for Circuit Breaker grant and license plate discount:

- Your* total income (see page 18) in 2008 must be less than
 - **\$22,218** if filing an application for yourself only; or
 - **\$29,480** if filing an application for yourself and your spouse*, or yourself and one qualified additional resident; or
 - **\$36,740** if filing an application for yourself, your spouse* and at least one qualified additional resident, or yourself and at least two qualified additional residents.

Income limit for Illinois Cares Rx Plus:

- Your* total income (see page 18) in 2008 must be less than
 - **\$23,903** if filing an application for yourself only; or
 - **\$32,177** if filing an application for yourself and your spouse*, or yourself and one qualified additional resident;

Income limit for Illinois Cares Rx Basic:

- Your* total income (see page 18) in 2008 must be less than
 - **\$25,532** if filing an application for yourself only; or
 - **\$33,877** if filing an application for yourself and your spouse*, or yourself and one qualified additional resident; or
 - **\$42,220** if filing an application for yourself, your spouse* and at least one qualified additional resident, or yourself and at least two qualified additional residents.

If your 2008 income was over the limits for Illinois Cares Rx Plus/Basic, see “Projecting your income” in the instructions for Section D on page 18.

Note A qualified additional resident will **not** receive help paying for prescription drugs under Illinois Cares Rx. However, this person may be eligible to receive prescription drug benefits if he or she files a separate 2008 Form IL-1363 in his or her name. A person cannot file a separate Form IL-1363 and also be listed as a qualified additional resident on another application for the same year.

Note Individuals with Medicare must apply for “extra help” and be in a coordinating Medicare Part D plan to receive Illinois Cares Rx “wrap around” drug benefits.

Deadline

Form IL-1363 must be postmarked on or before December 31, 2009. File earlier to get your benefits sooner.

*You must include your spouse's income (if married and living together). Do not include income of a qualified additional resident.



How to estimate your Circuit Breaker Property Tax Grant

How much will your grant be?
Your grant is figured by a formula using the amount you paid in property tax or mobile home tax for your place of residence (where you lived in 2008) and the amount of your total income.

Renters and nursing, retirement, or shelter care home residents: If you lived in a residence that was subject to property tax, your grant is figured using a percentage of the amount you paid in rent or nursing home charges.

Step 1

Determine your total income on Line 23 of your Form IL-1363. Then find the next higher figure under "Household Income" (Item 1) across the top of the **Grant Estimate Chart** below.

Step 2

If you were a homeowner: Find the amount written on Line 26 of your Form IL-1363. Then find the next lower figure using the "Property Tax" column (Item 2) on the left side of the chart.

If you were a renter: Find the amount written on Line 28 of your Form IL-1363. Then find the next

lower figure using the "Rent" column (Item 3) on the left side of the chart.

If you were in a nursing, retirement, or shelter care home: Divide the amount written on Line 29 of your Form IL-1363 by 4. Then find the next lower figure using the "Rent" column (Item 3) on the left side of the chart.

Step 3

Find the point on the chart where the column and row come together. This figure is your estimated grant with a few exceptions. For example, your grant will be reduced if you

- received more than \$55 per month of cash assistance in the aged, blind, and disabled categories (see page 16, Line 17 instructions). For each month that you received more than \$55 per month of cash assistance in the aged, blind, and disabled categories, you are ineligible for a grant for that month.
- become 65 years of age during 2009. Your grant will only be calculated for the months you are 65.
- indicate your rent includes food.

Grant Estimate Chart

		Item 1 Household Income (Line 25) - Find the next highest figure (round up)																	
		\$0	2,000	4,000	6,000	8,000	10,000	12,000	14,000	16,000	18,000	20,000	22,000	24,000	26,000	28,000	30,000	33,000	Less than 36,740
Item 2 Property Tax	Item 3 Rent (Yearly)																		
75	300	75	5																
205	820	205	135	65															
335	1,340	335	265	195	125	55													
465	1,860	465	395	325	255	185	115	45											
595	2,380	595	525	455	385	315	245	160	70	35									
725	2,900	700	610	520	430	340	250	160	70	70	70	25							
855	3,420	700	610	520	430	340	250	160	70	70	70	70	70	15					
985	3,940	700	610	520	430	340	250	160	70	70	70	70	70	70	70	5			
1,115	4,460	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	65		
1,245	4,980	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	70	70	70
1,375+	5,500+	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	70	70	70

Note Use the last line of this chart to estimate your grant for any amount of property tax paid that is more than \$1,375 or rent paid that is more than \$5,500.



Help paying for prescription drugs

? Who may get Illinois Cares Rx prescription drug benefits?

A claimant or claimant's spouse who meets the qualifications on page 7 and applies may get Illinois Cares Rx prescription drug benefits. The information on your Form IL-1363 application will determine your prescription drug benefits.

Each person approved for Illinois Cares Rx prescription drug benefits will get a card. Persons eligible for Medicare who want to receive "wrap around" benefits must be enrolled in a coordinating Medicare Part D plan. In addition to the Illinois Cares Rx card, you will receive an identification card from your Medicare Part D plan.

? What drugs are covered?

Illinois Cares Rx Basic covers prescription drugs used in the treatment of 11 diseases: Alzheimer's, arthritis, cancer, diabetes (including insulin, syringes and needles), glaucoma, heart disease and its related conditions, HIV/AIDS (if you have Medicare), lung disease and smoking-related illnesses, multiple sclerosis, osteoporosis and Parkinson's. **Illinois Cares Rx Plus** covers almost all prescription drugs.

? How does Illinois Cares Rx work with Medicare Part D?

If you are found eligible for Illinois Cares Rx, you will receive a blue Illinois Cares Rx card. You may use your Illinois Cares Rx card at a participating pharmacy for Medicare Part D excluded drugs. For most of your prescriptions, you will need to present your identification card from your Medicare Part D plan at a network pharmacy. You must follow your coordinating Medicare Part D plan's drug formulary.

If you are enrolled in a coordinating Medicare Part D plan, your co-payments for covered medications will be \$2.40 for generic drugs, \$6.00 for preferred brand name drugs, and \$15 for non-preferred brand name or specialty drugs. If you have a diagnosis of HIV/AIDS, your co-payments for the entire calendar year will be \$2.40 for generic drugs and \$6.00 for brand name drugs on the AIDS Drug Assistance

Program (ADAP) formulary that are also on the coordinating Medicare Part D plan's formulary.

After \$2,700 in benefits has been paid on your behalf, you must pay your co-payment plus 20 percent of the cost of each prescription. After \$6,153.75 in prescription drug costs, your share of costs will drop to 5 percent.

For prescription medications not covered under the Illinois Cares Rx Basic program, you will receive the basic Medicare benefit but your co-payments may be higher. You will not receive the "wrap around" benefit on these drugs.

? How does Illinois Cares Rx work without Medicare Part D?

If you are found eligible for Illinois Cares Rx, you will receive a blue Illinois Cares Rx card. Present this card at a participating pharmacy.

You must follow the Illinois Cares Rx drug formulary. The Illinois Cares Rx preferred drug list is available at www.cbrx.il.gov on the Internet. Remember, not all drugs listed on the preferred drug list are covered under the Illinois Cares Rx Basic benefit.

Prior approval may be required for some prescription medications. Your pharmacy or doctor's office may call to request prior approval of a non-preferred drug. If the request is approved, your pharmacy will be able to fill your prescription within 24 hours. If the request is denied, you will receive a denial letter in the mail. You have the right to appeal the denial of a prior approval request.

Co-payments for covered medications will be \$2.40 for generic drugs and \$6.00 for brand name drugs. For brand name drugs when a generic drug is available, you will also be required to pay the difference in price. For Illinois Cares Rx Basic members, if a medication is not covered, you will not receive any coverage for that prescription.

After \$1,750 in benefits has been paid on your behalf, you must pay your co-payment plus 20 percent of the cost of each prescription for the remainder of the calendar year.



How the federal and state prescription drug programs work

- ?** Who is eligible for Medicare Part D? Medicare Part D is available to anyone who has Medicare Part A and/or Part B. For more information about Medicare Part D, call Medicare at 1-800-MEDICARE (1-800-633-4227 or 1-877-486-2048 TTY) or visit www.medicare.gov on the Internet.
- ?** What Medicare Part D plan must you be in to receive “wrap around” benefits?
In order to receive the Illinois Cares Rx “wrap around” benefit, you must be in a coordinating Medicare Part D plan. See pages 12 and 13 for the plan contact information. The stand-alone Medicare Part D plans coordinating with Illinois Cares Rx are AARP Medicare Rx Preferred, First Health Part D — Premier, Humana PDP Standard, SilverScript Value, United Health Rx Basic and WellCare Classic. The companies with Medicare Advantage plans coordinating with Illinois Cares Rx are Essence, Group Health Plan (GHP), Health Alliance Medical Plans, HealthSpring, Humana, PersonalCare Insurance of Illinois, Inc., UnitedHealthcare (including SecureHorizons, Evercare and Erickson), and WellCare. Medicare Advantage plans may be available in only certain counties in the state.
If you are enrolled in a coordinating Medicare Part D Plan or Medicare Advantage plan, Illinois Cares Rx will pay your monthly drug premium (excluding any late enrollment penalty) and help pay your Medicare Part D cost sharing.
- ?** What if you do not have Medicare? If you do not have Medicare, you can still receive drug coverage from Illinois Cares Rx.
- ?** When can you enroll in a Medicare Part D plan?
Medicare’s annual open enrollment period is November 15 through December 31. During the open enrollment period, you may join or switch to a different Medicare Part D plan. As a member of Illinois Cares Rx, you have an annual Special Enrollment Period to join a Medicare Part D plan for the first time or to change plans.
- ?** Can you enroll in a Medicare Part D plan on your own?
Yes. You may contact one of the coordinating Medicare Part D plans to enroll. If you have enrolled on your own, you can let us know by answering Line 31b for you and 34b for your spouse. If you are not receiving “wrap around” benefits, you should call the Health Benefits Hotline at 1-800-226-0768 (1-877-204-1012 TTY) or the Senior HelpLine at 1-800-252-8966 (1-888-206-1327 TTY).
- ?** Do you have to switch Medicare Part D plans each year?
No. If you are enrolled in a Medicare Part D plan and you are satisfied with your benefits, you do not need to change.
- ?** How do you switch to a different coordinating Medicare Part D plan?
To switch to a different Medicare Part D plan coordinating benefits with Illinois Cares Rx, contact the Medicare Part D plan you wish to join and identify yourself as an “Illinois Cares Rx member.” **Do not call the plan you are currently in to switch or disenroll.**
- ?** What is the Medicare Part D late enrollment penalty?
If you do not join a Medicare Part D plan when first eligible and you do not have creditable drug coverage, you may incur a late enrollment penalty when you join later. The penalty is at least 1 percent of the average national premium for each month of delay in addition to your monthly premium. Illinois Cares Rx will not pay any late enrollment penalty.
- ?** What is Medicare’s “Extra Help”?
Medicare’s “extra help,” sometimes called the low-income subsidy (LIS), offers financial assistance with Medicare Part D drug costs for qualifying individuals with limited income and resources.

How the federal and state prescription drug programs work

- ❓ Who should apply for “Extra Help”?
In order to receive Illinois Cares Rx coverage, you must apply for “extra help.” Even if you do not qualify for “extra help,” you may still be eligible for Illinois Cares Rx. If you currently have “extra help” you do not need to reapply unless notified by the Social Security Administration to do so.
- ❓ How do you apply for “Extra Help”?
To apply for “extra help,” contact the Social Security Administration at 1-800-772-1213 or 1-800-325-0778 (TTY) or at www.socialsecurity.gov on the Internet.
- ❓ What is the Medicare Savings Program (MSP)?
If you have limited income and assets, MSP may help pay some or all of your Medicare Part A and/or Part B premiums and may pay deductibles and coinsurance. These programs are known as QMB, SLMB and QI-1.
- ❓ How do you apply for the MSP?
Visit your local Illinois Department of Human Services (DHS) Family Community Resource Center (FCRC) and a caseworker will help you apply for MSP. You will need a copy of your Medicare card or a letter describing your Medicare eligibility. For more information, call the DHS Helpline at 1-800-843-6154 or 1-800-447-6404 (TTY).
- ❓ What benefits does MSP provide?
If you qualify for MSP, not only will the state help pay some or all of your Medicare Part A and Part B costs; but as a participant in MSP, you automatically qualify for “extra help” with your Medicare Part D drug costs. This means you will pay no Medicare Part D premium and have low Medicare Part D co-payments. Most importantly, you will not experience a coverage gap or “donut hole.”

Illinois Cares Rx Rebate

- ❓ What is the Illinois Cares Rx rebate?
The Illinois Cares Rx rebate is a \$25 monthly check that you may choose to receive **instead of** help paying for prescriptions.
- ❓ Who qualifies for the Illinois Cares Rx rebate?
You (or your spouse) may qualify for the Illinois Cares Rx rebate if:
- you are approved for Illinois Cares Rx Basic or Plus drug coverage, **and**
 - you have private, creditable health insurance that includes prescription drug coverage, **or**
 - you have Veterans Administration benefits that you use to obtain your prescriptions, **or**
 - you are enrolled in a **non-coordinating** Medicare Part D plan or Medicare Advantage plan without full “extra help.”
- You must maintain this other prescription drug coverage as long as you receive the Illinois Cares Rx rebate. If your prescription coverage ends for any reason, call the Health Benefits Hotline toll-free at **1-800-226-0768**.
- ❓ Who does not qualify for the Illinois Cares Rx rebate?
You **do not** qualify for the Illinois Cares Rx rebate if:
- you have full Medicaid benefits,
 - you are enrolled in a coordinating Medicare Part D plan and need “wrap around” benefits under Illinois Cares Rx, **or**
 - you are eligible for full “extra help” through the Social Security Administration and are receiving these benefits through any Medicare Part D plan.
- ❓ Can you get both the prescription drug coverage and the rebate under the Illinois Cares Rx program?
No. You can have either drug coverage or the rebate, **but not both**.



Coordinating Medicare Prescription Drug Plans

Stand-alone Plans Coordinating with Illinois Cares Rx in 2009

COMPANY NAME and TELEPHONE	PLAN NAME — Available Statewide
First Health 1-866-865-0662, TTY: 1-800-716-3231	<ul style="list-style-type: none"> • First Health Part D – Premier (S5768-042)
Humana 1-888-445-8678, TTY: 1-800-833-3301	<ul style="list-style-type: none"> • Humana PDP Standard (S5884-075)
SilverScript Enrollment: 1-866-634-6557, TTY: 1-866-552-6288 Customer Service: 1-866-235-5660, TTY: 1-866-236-1069	<ul style="list-style-type: none"> • SilverScript (S5601-034)
United Healthcare Insurance Company, Inc. AARP Enrollment and Customer Service: 1-877-710-5083, TTY: 1-877-730-4192 UnitedHealth Rx Basic Enrollment and Customer Service: 1-877-259-0490, TTY: 1-877-730-4203	<ul style="list-style-type: none"> • AARP Medicare Rx Preferred (S5820-016) • UnitedHealth Rx Basic (S5921-082)
WellCare Health Plans Enrollment and Customer Service: 1-888-550-5252, TTY: 1-888-816-5252	<ul style="list-style-type: none"> • WellCare Classic (S5967-154)

Medicare Advantage Plans Coordinating with Illinois Cares Rx in 2009 (Medicare Advantage plans may be available only in certain counties.)

COMPANY NAME AND TELEPHONE	PLAN NAME
Essence 1-866-597-9560, TTY: 1-866-597-9561	<ul style="list-style-type: none"> • Essence Advantage (H2610-005) • Essence Advantage Plus (H2610-006) • Essence Advantage Special Needs (H2610-010)
Evercare and Erickson Evercare Premium/Enrollment: 1-800-617-1014, TTY: 1-888-685-8480 Evercare Customer Service: 1-877-702-5110 Erickson Premium/Enrollment: 1-800-617-1014, TTY: 1-888-685-8480 Erickson Customer Service: 1-866-314-8188	<ul style="list-style-type: none"> • Evercare DH (H2654-024) • Evercare MH (H2654-026) • Evercare IH-POS (H3887-001) • Evercare DH-POS (H3887-002) • Evercare MH-POS (H3887-005) • Erickson Advantage Signature with Drugs (H3435-001) • Erickson Advantage Champion (H3435-003)
Group Health Plan (GHP) Enrollment: 1-866-557-8753, TTY: 1-877-486-2048 Customer Service: 1-800-533-0367, TTY: 1-877-231-0573	<ul style="list-style-type: none"> • Advantra Option 1 (H2663-006) • Advantra Option 2 (H2663-002) • Advantra Option 3 (H2663-012) • Advantra Extra 1 (H2663-008) • Advantra Extra 2 (H2663-009) • Advantra Extra 3 (H2663-010) • Advantra Extra 4 (H2663-011) • Gold Advantage Option 1 (H2663-005) • Gold Advantage Option 2 (H2663-007)

Coordinating Medicare Prescription Drug Plans

(Medicare Advantage Plans continued.)

COMPANY NAME AND TELEPHONE	PLAN NAME
HealthSpring Enrollment: 1-888-886-1993 TTY: 1-800-391-9806 Customer Service: 1-888-588-4827 TTY: 1-866-206-5565	<ul style="list-style-type: none"> • HealthSpring Healthy Advantage Basic Rx POS (H1415-022)
Health Alliance Medical Plans Enrollment and Customer Service: 1-800-965-4022 TTY: 1-866-883-8551	<ul style="list-style-type: none"> • Health Alliance HMO 20 Rx (H1463-003) • Health Alliance PPO 10 Rx (H1417-002) • Health Alliance PPO 30 Rx (H1417-004) • Health Alliance PPO Basic Rx (H1417-008)
Humana Enrollment and Customer Service: 1-888-445-8678, TTY: 1-800-833-3301	<ul style="list-style-type: none"> • Humana Gold Plus HMO (H1406-013) • Humana Gold Plus HMO (H1406-022) • Humana Gold Plus HMO (H1406-024) • Humana Gold Plus HMO (H1468-007) • Humana Choice PPO (H1418-007) • Humana Choice PPO (H5525-004) • Humana Gold Choice PFFS (H1804-137) • Humana Gold Choice PFFS (H1804-138) • Humana Gold Choice PFFS (H1804-286)
PersonalCare Insurance of Illinois, Inc. Enrollment and Customer Service: 1-866-784-4916 TTY: 1-866-784-4931	<ul style="list-style-type: none"> • Advantra Silver PPO (H7301-002) • Advantra Gold PPO (H7301-001)
SecureHorizons by United Healthcare Premium/Enrollment: 1-800-617-1014, TTY: 1-888-685-8480 Customer Service: 1-800-643-4845, TTY: 1-888-685-8480	<ul style="list-style-type: none"> • AARP MedicareComplete (H2654-004) • AARP MedicareComplete Choice (H5507-001) • AARP MedicareComplete Plan 1 (H4456-010)* • AARP MedicareComplete Plan 2 (H4456-015)* • AARP MedicareComplete Plan 3 (H4456-017)* <p><i>*The above three Plans (H4456010, H4456015, and H4456017) will not coordinate with Illinois Cares Rx on January 1, 2009, but will do so at some point during 2009 — approximately mid-year. When these plans become coordinating plans, they will offer the Illinois Cares Rx wrap-around benefit. Until that time, members enrolled in these plans can continue to get the Illinois Cares Rx Rebate.</i></p> <ul style="list-style-type: none"> • AARP MedicareComplete Plus Plan 1 (H2654-013) • AARP MedicareComplete Plus Plan 1 (H3887-003) • SecureHorizons Medicare Direct Rx Plan (H5435-023)
WellCare Enrollment: 1-866-334-6876, Option 4, TTY: 1-877-247-6272 Customer Service: 1-866-334-6876 TTY: 1-877-247-6272	<ul style="list-style-type: none"> • WellCare Choice (H1416-002) • WellCare Select (H1416-003), (H1416-013), (H1416-017) • WellCare Access (H1416-007) • WellCare Value (H1416-009), (H1416-014), (H1416-018) • WellCare Rx (H1416-019), (H1416-020), (H1416-021)