

IMPORTANT! The 2018 Illinois Marketplace Open Enrollment period is from **November 1, 2017 – December 15, 2017**

The 2018 Illinois Marketplace Open Enrollment period has begun! Please be aware that Humana will not be participating in the Insurance Marketplace and other carriers will not be offering the same plans for 2018. The Illinois Department of Public Health's Medication Assistance (MAP) and Premium Assistance (PAP) programs are committed to ensuring all participants have coverage for their formulary medications and approved Marketplace Health Insurance plans.

The following Illinois Marketplace plans are eligible assistance through the Premium Assistance Program (PAP):

Any SILVER level plan from the following carriers:

- Ambetter\Celtic Insurance
- Blue Cross Blue Shield of Illinois
- Cigna
- Health Alliance

IMPORTANT! Enrollments **MUST** be completed by December 15th for January 1st start date.

IDPH has once again partnered with [American Exchange](#) to assist participants, Medical Case Managers, and Medical Benefits Coordinators in making educated choices regarding Illinois Marketplace Health Insurance, Medicare Part C/D, and Medicare Supplemental plan enrollments.

Enrolling with American Exchange is **NOT** mandatory. Participants can enroll directly through GetCovered.Illinois.gov if they prefer. The Department has worked with American Exchange to streamline the enrollment process for a better participant experience in 2018.

IMPORTANT! Participants are required to submit a copy of their 2018 insurance enrollment paperwork to the Department **regardless** if you enroll with American Exchange or self-enroll with Get Covered Illinois.

Some of the 2018 insurance plans, formularies and covered physician networks have changed or are no longer available. It is **CRITICAL** that participants understand the information outlined in this document and reach out to your Medical Case Manager, Medical Benefit Coordinator, and/or American Exchange if you need enrollment assistance.

IMPORTANT! There are **NO CHANGES** permitted this year once you make your 2018 plan selection. **Remember**, Open Enrollment is shortened this year and is only from November 1-December 15, 2017.

Once the Program receives your 2018 enrollment information, an Authorization to Disclose Health Information for your insurance carrier will be mailed to you. Once you have received your insurance cards, the Program requests that this form be completed and submitted with a copy of your new 2018 premium invoice and insurance cards.

Participants are still required to submit updated premium invoices every 6 months with their program renewal as well as if there is a balance or carry over amount due. It is the participant's responsibility to submit updated documentation to the Department when there are changes to the insurance plan's premium or plan information. Authorizing the Department to make inquiries regarding premium payments to your insurance carrier does not replace the requirement for updated documentation.

If there are any questions about the information in this document, please contact:

Department Hotline: 800-825-3518

Fax: 217-785-8013

Email: DPH.ADAPFAX@Illinois.gov (please note this is not an encrypted email address)

IMPORTANT!

- The Department requests that all MAP/PAP participants **DO NOT** allow the Illinois Marketplace to auto-enroll them into a plan this year.
- *GOLD* and *BRONZE* plans will **NOT** be eligible for premium assistance during the 2018 plan year.
- The Medication and Premium Assistance Programs are **Payers of Last Resort**. Failure to enroll in an approved benefit/insurance plan (e.g. Medicaid, Medicare, Marketplace Insurance Plan, employer plan, COBRA; or some other commercial insurance plan) may impact your future eligibility for our services.
- All program participants must continue to reapply every 6 months. Failure to do so may result in termination of assistance. The Department is **NOT** responsible for loss of coverage.
- The Premium Assistance Program can only pay for insurance plans that have **CVS Caremark Specialty Pharmacy, the Department's contracted pharmacy, in network, AND the plan must accept 3rd party payments.**
- The Premium Assistance Program can only pay for premiums if all formulary medications are **FILLED and DISPENSED** by CVS Caremark Specialty Pharmacy. If participants do not receive all their formulary medications filled by CVS Caremark Specialty Pharmacy, the Department is **PROHIBITED** from paying for any insurance premiums, as mandated by the Federal Government. (i.e., Medical/Prescription Drug/Dental/Vision).
- Due to market trends, the Department has made adjustments to the previous program limit of \$750 a month. **All participants should enroll in a Silver level plan to maximize cost sharing reductions.** If enrolled in a plan or combination of plans whose total monthly premiums are over \$750, participants may be contacted by the Department to pay the amount over \$750.
- Participants **MUST** select the **"ADVANCE PREMIUM TAX CREDIT"** when enrolling in a plan through the Illinois Insurance Marketplace.
- The Premium Assistance Program can pay for dental and vision plans as long as participants are also enrolled in an eligible prescription drug program. **There will be no exceptions for this provision.**

IMPORTANT! As of 10/26/2017 the Department has made payments on Marketplace plans for through December 2017. **No further payments will be made with 2017 plan rates, if you do not submit your 2018 Open Enrollment documentation by December 16th 2017, no further payments will be made and your 2018 plan will not be activated.**