



How to Get Affordable
Health
Care

in CHICAGO

Compiled by The Artists Health Insurance Resource Center | www.ahirc.org | 2010 – 2011





about

The Artists Health Insurance Resource Center

The **Artists Health Insurance Resource Center** was created in 1998 by **The Actors Fund**, with a grant from the National Endowment for the Arts, to help people in entertainment and the arts find affordable health care coverage. With in-person counseling in New York and Los Angeles, national telephone support, an Internet database of resources (www.ahirc.org) with over a half-million visitors each year, and more than a hundred *Getting and Keeping Health Insurance* workshops offered at arts, cultural and human services organizations throughout the country, AHIRC works to reduce the number of uninsured artists and expand access to quality, affordable health care. For more information contact us at 917-281-5955, or visit us on the web at www.ahirc.org. This guide was created and edited by Renata Marinaro, LMSW and Don Towne, LCSW.

The **Chicago Artists Resource (CAR)** is a program of the Chicago Department of Cultural Affairs. Find comprehensive information on all aspects of an art career – or post your own – at www.chicagoartistsresource.org.

The Actors Fund is a national human services organization that helps everyone – performers and those behind the scenes – in performing arts and entertainment. Serving professionals in film, theatre, television, music, opera, radio and dance, The Fund's essential programs include social services and emergency assistance, health care and health insurance resources, housing, and employment and training services. With offices in New York, Los Angeles and Chicago, The Actors Fund has – for over 125 years – been a safety net for those in need, crisis or transition. Learn more at www.actorsfund.org.

The laws, regulations, rules and policies on which the information in this guide is based are subject to frequent change. The Artists Health Insurance Resource Center makes no representations or warranties, express or implied, as to the accuracy, completeness, or timeliness of the information in this guide. This guide contains references to companies, organizations, services, and health centers. Inclusion of this information is not an endorsement of the products, services, or care provided. Before commencing, terminating or changing coverage you should confirm the information herein with the appropriate company, organization, or government agency. This guide should not be used in place of consultations with qualified legal and/or medical professionals. In no event will AHIRC or The Actors Fund be liable for any decision made or action taken by anyone in reliance upon the information contained in this guide.



Why do I need health insurance?

- » **Access:** Access to quality health care is directly tied to having health insurance. Without health insurance or unlimited funds, you will have little or no say in the care you receive or in the choice of providers of that care.
- » **Cost:** The cost of care is so great that a surgery, a day or two in the hospital, treatment for a chronic condition, a prescription for on-going drug therapy, or even several hours in a hospital emergency room can throw you into considerable, even ruinous, debt if you are uninsured.
- » **Better outcomes:** People without health insurance frequently delay care, and are more likely to be sicker when they seek care. Not surprisingly, the mortality rates for cancer and other diseases are higher among the uninsured.

What are my rights and protections?

If you are an adult and you are not insured through your employer, union, or some other type of group, you are currently not guaranteed the right to buy health insurance in Illinois. Private insurers can refuse to sell you insurance because of your health status, or exclude a pre-existing condition from coverage, or charge you a higher premium based on your age, gender, or pre-existing medical condition. For those accepted by a plan, the premium (monthly payment) will be determined by several factors, the most important of which is age: a person in their fifties may pay hundreds of dollars more per month than a person in their twenties for the same benefits. If you had a break in insurance coverage of 63 days or more, you may face a pre-existing condition exclusion period. Insurers can count as pre-existing conditions those for which you received medical advice in the 24 months prior to the start of your policy. Coverage for pre-existing conditions can be excluded for a maximum of 24 months. Unfortunately, the amount of time you were covered under your previous insurer will not be credited toward your pre-existing condition exclusion period. Insurers can also impose an elimination rider, which permanently excludes coverage of a health condition and/or entire body system, regardless of your medical history. If you are denied insurance, you may have access to Illinois Comprehensive Health Insurance Plan (see page 3). This program offers insurance to people who are considered uninsurable and unable to buy coverage on their own. In addition, effective June 2010, people who have a pre-existing medical condition and who have been uninsured for at least six months will be eligible to enroll in a national high-risk pool and receive subsidized premiums.

If you are insured through your employer, union, or some other type of group, you cannot be denied insurance because of your medical history. Insurers can, however, count as pre-existing conditions those for which you received medical advice in the 6 months prior to the start of your policy. Coverage for pre-existing conditions can be excluded for a maximum of 12 months. However, the amount of time you were covered under your previous insurer may be credited toward your pre-existing condition exclusion period if you have not had a break in coverage of 63 days or more. This credit



can cancel out or reduce the length of the exclusion period.

Please note that beginning September, 2010, insurance carriers will no longer be allowed to deny coverage to children with pre-existing conditions.

In an emergency, federal law protects you from being denied care in a hospital emergency room, regardless of your insurance status and ability to pay. If you do not have health insurance and it's not an emergency, hospitals are not required to treat you. However, some hospitals will anyway. In addition, some have charity care programs which set fees based on income for those who are uninsured.

For more information on your rights as a consumer, as well as the Patient Protection and Affordable Care Act, the health care reform law passed in March 2010 which will create new options for health care coverage in 2014, visit Families USA (www.familiesusa.org), The Kaiser Family Foundation (www.kff.org), or contact your state department of insurance.

How can I get health insurance in Illinois?

You have three basic options for obtaining health insurance:

- » employment or organization-related coverage
- » private, direct-purchase plans
- » government-subsidized programs


What are my employment-related options?

A job or a spouse/domestic partner's job This is how most people under 65 years old get health insurance. The worker usually pays part of the cost and the employer/union pays the rest. This is called *group* insurance. Coverage of pre-existing conditions may be excluded for a period of time. A waiting period may be imposed before you can sign up for coverage. **Note:** Beginning in September, 2010, parents may cover their children up to age 26 under their individual or group insurance plan.

A union Entertainment industry unions offer health insurance to eligible members. For performers, eligibility is achieved through the amount of "union work" in which an employer contributes towards the union health benefit. Selected entertainment unions include:

- » American Federation of Television and Radio Artists: www.aftra.org
- » Actors' Equity: www.equityleague.org
- » Screen Actors Guild: www.sagph.org/index2.html
- » American Federation of Musicians Local 10-208: www.cfm10208.com
- » IATSE Local 2: <http://iatselocal2.com>

Small business insurance In Illinois, small employers (with 2 to 50 employees) are



guaranteed the right to buy group coverage regardless of their employees' health status. (This is what is referred to as *guaranteed-issue* insurance). This type of coverage can be an option for those who might otherwise be rejected for individual insurance. For comprehensive information on small business insurance visit www.insurance.illinois.gov/HealthInsurance/small_employer.asp

COBRA COBRA is a law that lets you keep the insurance you had through your job or union for up to 18 months (sometimes longer) after you've left or become ineligible for benefits. You will pay the full premium, i.e. both your share and the amount your employer or union was paying on your behalf. The cost can be high, but is often less expensive than buying insurance on your own. Pre-existing conditions cannot be excluded. You have 60 days from the date of your notification letter to choose COBRA coverage. www.dol.gov/ebsa/pdf/cobraemployee.pdf


A school Most colleges and universities offer health insurance at greatly reduced cost to full-time (and in some cases part-time) students. If you are considering taking courses, you may want to investigate this option. For example, Columbia College (www.colum.edu/Students) offers health insurance to registered students with 6 or more credits. The University of Illinois at Chicago (www.uic.edu/hsc/campuscare) and Chicago College of Performing Arts at Roosevelt University (<http://legacy.roosevelt.edu/shi/default.htm>) also offer insurance to part-time students.

What if I have a pre-existing condition?

If you have a pre-existing medical condition, look for *guaranteed-issue* insurance. This means you are guaranteed acceptance into a health plan regardless of your medical status. Some options for buying guaranteed-issue health insurance are:

Illinois Comprehensive Health Insurance Plan (CHIP) If you are denied health insurance due to a medical condition, you may be eligible for this state-run program which provides coverage for residents who have been denied insurance or are uninsurable due to pre-existing conditions. Rates are generally higher than on the open market. (www.chip.state.il.us) In addition, effective June 2010, people who have a pre-existing medical condition and who have been uninsured for at least six months will be eligible to enroll in a national high-risk pool and receive subsidized premiums. For more information on this program contact your state department of insurance.

HIPAA Plans HIPAA is a law that guarantees you access to insurance coverage if: 1) you had at least 18 months of continuous insurance coverage, the last day of which was under a group plan, 2) you have exhausted any COBRA coverage which was available to you, and 3) you are not eligible for any public or group health plans. Be aware that once you enroll in a HIPAA plan, you cannot change insurers. The premiums for these plans are generally considerably higher than for other plans. Contacting an insurance broker may be the simplest way to compare and choose a HIPAA plan. www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html



Medicaid, ALL Kids, ADAP, and the Continuation of Health Insurance Coverage Program do not exclude pre-existing conditions. See page 5 for more information on these programs.

I'm a freelancer. What's available to me?

If you are a sole proprietor you do not have the right to guaranteed-issue insurance. However, you may be able to join a professional association which will allow you to purchase health insurance at a reduced rate. Some associations offer *discount* plans. Be wary of these plans, as they promise discounts on health services and are not comprehensive insurance plans. For a list of associations, visit www.ahirc.org.

I can afford to buy private insurance, but I don't know what type of plan to get.

Private, direct-purchase plans can be divided into 3 types:

- » **HMO** plans, which offer a wide variety of health services but limit coverage of care to doctors within their network.
- » **PPO** plans, which pay for care in or outside a network of providers. If you go to an out-of-network provider, you often pay that doctor's fees directly and file for reimbursement from the insurance company.
- » **HSAs (Health Savings Accounts)** which combine tax-sheltered funds for health care with qualified high-deductible plans.

Plans vary in services provided. Costs include premiums, co-pays, co-insurance, deductibles and out-of-pocket maximums. High-deductible plans generally have lower premiums, but require you to pay more for medical expenses upfront before your benefits kick in. Health Savings Accounts work best if you are healthy and make limited use of the health care system. Health insurance brokers (listed in the yellow pages) or online brokers (such as www.ehealthinsurance.com) can help you weigh your options. Online brokers make it easy to compare plans, but list only those insurers who have paid to be on their site. Some insurance companies sell short-term insurance, which covers you for a limited period of time. This can be useful if you are between jobs or waiting for another policy to begin. However, you may not be able to renew it.

I will be traveling. Will I be covered if I get sick while I'm on the road?

If you plan to travel outside Chicago, speak with your insurer about coverage. PPO plans pay out-of-network claims according to your contract. Generally, HMO plans pay claims for life-threatening emergencies only.

Am I eligible for government-subsidized health care programs?

Eligibility for almost all government health care programs is based on your income, figured as a percentage of the Federal Poverty Level (FPL), as well as other requirements. The 2010 FPL for one person is \$10,830 and for a family of four is \$22,050. The Illinois Department of Healthcare and Family Services has a very comprehensive and informative website about health care programs in Illinois, including reproductive and maternal health, veterans care, and programs for workers with disabilities. www.hfs.illinois.gov

Medicaid is a public health insurance program. You may be eligible if *any* of the following categories apply to you *and* you meet low-income and asset guidelines: you are disabled, 65 years or older, pregnant, a child under 19, or the parent or caregiver of a child under 19. People who have high medical expenses may also qualify for Medicaid in limited situations. Coverage is comprehensive and includes primary care, hospitalization, prescriptions, and other services. There are no premiums. www.hfs.illinois.gov/medicalbrochures/hfs591.html

Illinois FamilyCare is a public insurance program for parents living with their children age 18 or younger. Parents can get FamilyCare if they meet immigration requirements and income guidelines. Coverage is comprehensive. Premiums and co-payments are low. www.familycareillinois.com

All Kids is a public insurance program for children under age 19. There are no limits on parental income or citizenship requirements. However, if your child is currently insured and you drop their coverage, you will have to wait 12 months before you can apply (unless your income is below certain guidelines). This does not apply to children covered under a parent's COBRA plan. Coverage is comprehensive and includes primary care, hospitalization, prescriptions, and other services. Premiums and co-payments are low. www.allkids.com

Medicare is health insurance for people age 65 and older and the disabled. Medicare is divided into different areas of coverage: Part A covers hospitalization, Part B covers outpatient and other medical services, and Part D covers medications. You don't have to pay a premium for Part A; both Parts B and D require premiums, and all parts require co-insurance or co-pays. www.medicare.gov

I have a special health condition. Are there public health programs that cover it?

ADAP and Continuation of Health Insurance Coverage Program ADAP makes medications available to HIV+ individuals who do not qualify for Medicaid. The Continuation of Health Insurance Coverage Program helps HIV+ individuals who have insurance and are on COBRA (see page 2) pay their monthly insurance premiums. Both programs have income limits and other requirements. www.idph.state.il.us/aids/materials/less.htm



The National Breast and Cervical Cancer Early Detection Program provides low-income, uninsured women access to screening services to detect breast and cervical cancers. Women who are subsequently diagnosed with cancer may be eligible for limited Medicaid. Contact the Sage Screening Program for more information.

www.cancerscreening.illinois.gov/about/BCCP.cfm

I'm not eligible for employment-related coverage or government programs, and I can't afford private insurance. What should I do?

It is possible to get affordable health care without insurance by taking advantage of sliding-scale programs (which set fees based on income) at community clinics and some hospitals. All not-for-profit hospitals in Chicago must provide some form of charity care for medical services in order to keep their not-for-profit status. For contact information and a selected list of hospitals and clinics, see the last page of this booklet, or visit **The Health Center Program's** website (findahealthcenter.hrsa.gov), which can direct you to the sliding-scale clinic closest to your home.

The Campaign for Better Health Care's Helpline (1-888-544-8271) is a free resource for all Illinoisans who need help finding accessible, affordable health care resources, or need assistance with health insurance problems.

The University of Illinois at Chicago Health in the Arts Program treats arts-related disorders, such as injuries and exposure to toxic materials caused by work in the arts. Call (312) 996-7420 to schedule an appointment.

Retail clinics like Minute Clinic and Take Care Clinic offer preventive care and routine treatment at fixed rates for common conditions like strep throat and sinus infections. Minute Clinics (www.minuteclinic.com) are located in CVS pharmacies. Take Care Clinics (www.takecarehealth.com) are located in Walgreens pharmacies.

I can't afford my medications. Can I get them for less, or free?

Illinois Cares Rx provides assistance with the cost of prescriptions for people age 65 or older and the disabled. You do not have to have Medicare to qualify. Income limits apply. There are two programs: Plus and Basic. Coverage under Basic is limited to drugs for certain conditions. www.illinoiscaresrx.com

Illinois Rx Buying Club provides average discounts of 20% on prescriptions at participating pharmacies for residents who meet income guidelines. www.illinoisrxbuyingclub.com

Pharmacy Checker is an independent source of information on online and mail-order pharmacies. It publishes pharmacy ratings, profiles, and drug price comparisons. www.pharmacychecker.com.



The Partnership for Prescription Assistance website (www.pparx.org) has information on over 150 pharmaceutical patient assistance programs which offer low-income, uninsured or underinsured patients free or low-cost medications.

NeedyMeds also has information on pharmaceutical patient assistance programs, as well as discount drug cards, low-cost clinics, disease-based assistance, and government programs. www.needymeds.org

Some major retailers offer lower-cost medication. **Wal-Mart** (www.walmart.com/pharmacy) and **Target** (www.target.com) offer over 300 generic medications for \$4 for a 30-day supply. **Costco** (www.costco.com) also offers discounts via their member prescription program.

I have mental health needs and I don't have insurance. What should I do?

If you are in crisis and uncertain how to proceed, the **National Suicide Prevention Lifeline** at 800-273-TALK (800-273-8255) is available 24 hours per day, 7 days per week. Staff can speak with you and refer you to local mental health resources.

The National Mental Health Services Locator offers a comprehensive database of mental health facilities, services, advocacy groups and resources. Substance abuse treatment facilities are also listed. <http://mentalhealth.samhsa.gov/databases/>

The Community Mental Health Council offers behavioral health and wellness services including individual, family, and marital therapy, psychiatric services, adult day care, and stress management groups. Fees are based on income and family size. Sites are located throughout the city. www.thecouncil-online.org

Findcounseling.com is an online resource which lets you quickly find psychiatrists, psychologists, social workers and other counselors in private practice. www.findcounseling.com

For a selected list of mental health clinics please refer to the last page of this booklet.

How can I lower the cost of dental services?

The Chicago Dental Society has a comprehensive list of low-cost dental clinics on their website. www.cds.org/find_a_dentist/clinics.html

The University of Illinois at Chicago College of Dentistry provides a wide range of dental services, including advanced and urgent care, performed by students under the supervision of dental faculty. Costs are significantly less than they would be at a private practice. <http://dentistry.uic.edu/>

Dental discount plans offer discounts on services at participating dentists for an annual membership fee. They are not insurance. Patients' experiences with these plans are not always what they seem to work best when a dentist you already know and trust is participating. Use caution. Links to these plans can be found at www.dentalplans.com.

Resources

Selected hospitals

University of Illinois Medical Center, 1740 W. Taylor St. & 1801 W. Taylor St. | 866.600.CARE
John H. Stroger, Jr. Hospital of Cook County, 1901 W. Harrison St. | 312.864.6000
Mt. Sinai Hospital and Health Center, 1500 S. California Ave. | 888.AT.SINAI

Selected community health care clinics

The Ambulatory and Community Health Network of Cook County operates over 30 primary care clinics. Call the Clinic Finder | 312.864.6420 to locate the clinic nearest you.

Community Health, 2611 W. Chicago Ave. | 773.395.9900

Near North Health Service Corp. operates 6 health centers in the greater Chicago area.

Visit www.nearnorthhealth.org for more information.

Chicago Family Health Center, 4 locations:

10536 S. Ewing Ave.

120 W. 111th St.

556 E. 115th St.

9119 S. Exchange Ave., central appointment line | 773-768-5000

Access Community Health Network operates over 50 community health centers in the greater Chicago area. Call 866.882.2237

or visit www.accesscommunityhealth.net/healthcenters for more information.

Selected mental health clinics

Community Mental Health Council, 8704 S. Constance Ave. | 773.734.4033; satellite clinics in Englewood, Chatham-Avalon, Abbot Park, and South Side (S. Ashland Ave.)

Community Counseling Centers of Chicago, 3 locations:

5691 N. Ridge Ave | 773.303.3000

2525 W. Peterson | 773.506.2525

2542 W. North Ave. | 773.365.7277

Cathedral Counseling Center, 50 E. Washington St., Suite 301 | 312.252.9500

Catholic Charities, 721 N. LaSalle St. | 312.655.7000

Jewish Child & Family Services, 216 W. Jackson Blvd. | 312.444.2090

DePaul Family and Community Services, 3 locations:

Byrne Hall, Room 300, 2219 N. Kenmore | 773.325.7780

822 W. Evergreen | 773.477.5581

206 W. Division | 312.654.0450

Selected 24-hour pharmacies

Walgreens: 641 N. Clark St. | 312.587.1416

Walgreens: 111 S. Halsted St. | 312.463.9142

Walgreens: 757 N. Michigan Ave. | 312.664.8686

CVS: 1201 N. State St. | 312.640.2842

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Glossary

Co-insurance: The amount you must pay for your portion of medical fees, usually expressed as a percentage. For example, if you have an 80/20 plan, your insurance will pay 80% of the contracted charges and you are responsible for 20%.

Co-pay: The flat amount you pay for services, such as office visits, prescriptions, and exams.

Deductible: The sum of money you pay out-of-pocket for medical expenses before the insurer starts to pay its part.

HMO - Health Maintenance

Organization: A type of insurance company or plan that provides services through a network of providers. In an HMO, your Primary Care Physician (PCP) is responsible for coordinating your medical care. An HMO does not cover services provided outside of its network.

Look-back period: The maximum length of time that can be examined for evidence of pre-existing conditions prior to enrolling in a health plan.

Network and non-network providers: Doctors and facilities that either work for or contract with a group health care organization are considered “network providers”. Those that do not are considered “non-network providers”.

Out-of-pocket maximum: The maximum dollar amount of covered health care expenses you could pay each year. Once you reach your out-of-pocket maximum, the plan pays 100% of covered expenses for the remainder of the calendar year.

PPO - Preferred Provider Organization:

An insurance plan that allows members to use services in or outside of the insurer’s network of providers. Going to network providers is usually cheaper; services outside of the network generally require payment of a deductible and co-insurance.

Pre-existing condition exclusion period:

A physical or mental condition which existed before applying for a policy, for which medical care was recommended or received, and which may not be covered by insurance, or only after a period of time.

Premium: Money paid on a monthly or quarterly basis to an insurer for insurance coverage.





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