

Insurance Question & Answer



General Information About Health Insurance

Health Insurance	Health insurance is a health care plan that pays for some or all of the costs for medical care.
Do I have health insurance?	<p>You have insurance if someone else such as your place of work or the government is paying for some or all of your health care.</p> <p>Your insurance can be an individual plan you buy, a plan from your place of work, a plan from a union at your place of work, or a government plan like Medicare or Medicaid.</p>
Managed care	<p>Managed care is an insurance plan that offers health benefits but the patient must use a defined network.</p> <p>For some health services managed care may require you to get a referral or have the health services approved.</p>
Network	All health care plans work with doctors, hospitals, clinics, and other health care providers. This group of health care providers working together is known as the health plan's network.
Copay	<p>A copay is the amount you must pay for a health care service such as an office visit or a prescription.</p> <p>You pay this amount at the time of your appointment.</p> <p>The amount will be different for different health insurance plans.</p> <p>Copay is different than coinsurance and deductible. You may have to pay a coinsurance, a copay, and part of a deductible for one visit.</p>
What if I cannot pay my copay?	<p>Most insurance companies require doctors and other health care providers to collect this payment from the patient.</p> <p>For services that are not an emergency, some health care providers may refuse to see a patient that does not pay their copay.</p> <p>If you do not pay your copay the health care provider can collect payment for this just like any other money you may owe.</p>
Deductible	<p>A deductible is a fixed amount you must pay for health care services before the insurance will pay for services. This can be an individual amount or a family amount.</p> <p>Most of the time the deductible is for a fixed period of time, often for one year. The deductible may not apply to some services.</p>
Coinsurance	<p>The part you pay for a health care service that is covered under some health insurance plans.</p> <p>This coinsurance amount is a percent of the amount the service costs. The insurance company pays for the rest.</p>
Preventative service	This is a service to prevent you from getting sick or needing more health care later. For example, getting a flu shot is as preventative service, because it can prevent you from getting the flu.

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Before You Sign Up	
Who can I see with my insurance?	You can go to any doctor, hospital or clinic that accepts your plan. Call customer service to find out who accepts your plan.
Can I change my plan or doctor?	The state and your plan have rules about how often you can change your plan or doctor.
When I switch to a Medicaid managed care plan do I still have Medicaid?	Yes, your managed care plan is another way to provide your healthcare needs and help manage your care but you will now have a network.
What happens if I have Medicaid and I do not sign up for a managed care plan?	When you get a letter saying you must enroll in a managed care plan, you have 60 days from the date of that letter to enroll into a managed care plan. If you do not choose a plan, the state will choose a health plan and primary care provider (PCP) for you.
Does this mean I cannot go anywhere else?	You may be able to go to doctors, hospitals, or clinics that also accept your health plan.
Do I get to keep my same doctor?	You will need to go to doctors, hospitals, or clinics that are contracted with your health plan. You should contact the health plan to see if all of your doctors are a part of that plan.
What are the benefits of each health plan?	Each health plan covers your Medicaid health benefits. Some of the health plans offer other services. For more information on each plan call the enrollment broker at 877-912-8880 or go to the website: http://enrollhfs.illinois.gov/choose/compare-plans

After You Sign Up	
What does it mean when I choose one of the plans?	When you sign up with one of the health plans, you will be sent a welcome packet in the mail by the health plan.
Can I change health plans?	If you have Medicaid you may be able to change your health plan within 90 days from the day that your health care plan starts. To change your health plan, call Illinois Client Enrollment Services at 877-912-8880.
Can I change primary care doctors?	You can change your primary care doctor once a month. To change your doctor, call your health plan.
What is a referral?	A referral is when your doctor sends you to another kind of doctor to help you with a specialty health care problem.
When will I need a referral?	You may need a referral when visiting a doctor that is not your primary care doctor. To find out if you will need a referral call your health plan.