



Healthcare Options for Women and Families of Service Members

Many military families are faced with the challenge of determining which health insurance is most economical for their family and which has providers in their local area. While the military has great programs through TRICARE and CHAMPVA there are other options for health care that may be used in coordination with existing coverage or as an alternative. Selected programs include:

FAMILYCARE

FamilyCare offers healthcare coverage to parents living with their children 18 years old or younger. FamilyCare also covers relatives who are caring for children in place of their parents. It can also help families pay their insurance premiums if they have insurance.

Services Provided: Like All Kids, FamilyCare covers doctor visits, dental care, specialty medical services, hospital care, emergency services, prescription drugs and more.

If you have health insurance?: Depending on the family's income, FamilyCare Rebate helps to pay for insurance premiums including TRICARE. FamilyCare Share and FamilyCare Premium provide a medical card to help cover medical services that your plan does not cover.

→ For more information visit: illinois.gov/hfs/MedicalPrograms/AllKids/Pages/FamilyCare.aspx or call the FamilyCare Hotline 866-ALL-KIDS (866-255-5437)

ALL KIDS

This program provides health insurance to uninsured children regardless of family income or health status.

Services Provided:

- Doctor visits, hospital stays, prescription drugs, vision care, dental care, asthma inhalers, and eyeglasses.
- All Kids covers regular check-ups and immunizations (shots).
- All Kids also covers special services like medical equipment, speech therapy, and physical therapy for children who need them.

Eligibility: This program covers all uninsured children under age 18 with a family home income below 300% of the FPL, but there is cost sharing for those with higher incomes.

Military Family Tips:

- For those who have TRICARE and an income below 200% of the federal poverty level (\$14,710 for a family of 2) you can either keep both TRICARE and Allkids insurance or you can choose to drop TRICARE.
- If your family income is above 200% FPL, you can't drop TRICARE unless you have a qualifying event.

→ For more information visit allkids.com or call All Kids Hotline 866-ALL-KIDS (866-255-5437)

MOMS & BABIES

Moms & Babies is a program for low income pregnant women and their babies.

Services Provided: Moms & Babies pays for both outpatient and inpatient hospital services for women while they are pregnant, and for 60 days after the baby is born. It also pays for services to babies for the first year of the baby's life, if the mother is covered by Moms & Babies when the baby is born. There are no co-payments or premiums in Moms & Babies

Eligibility:

- Must be pregnant; and
- Meet the income requirements:

Family Size	Moms & Babies
1	NA
2	\$0 – 2,452 per month
3	\$0 – 3,088 per month
4	\$0 – 3,725 per month
5	\$0 – 4,362 per month

→ To apply visit: www.allkids.com/pregnant.html or

→ call the All Kids Hotline at 1-866-255-5437

ILLINOIS BREAST AND CERVICAL CANCER PROGRAM

This program provides free testing for breast and cervical cancer for women of **all income levels** and can also pay for treatment in certain cases.

Services Provided: free mammograms, breast exams, pelvic exams, and Pap tests to eligible women. Even if a woman has already been diagnosed with cancer, she may receive free treatment if she qualifies.

Eligibility:

- Living in Illinois
 - Without insurance
 - 35 to 64 years old - *younger women may be eligible in some cases*
- For more information visit: cancerscreening.illinois.gov or call the Women’s Health Line **888-522-1282**

ILLINOIS HEALTHY WOMEN

This program provides birth control and reproductive health services to **low-income women** who do not have health insurance that covers these services.

Services Provided:

- Lab tests necessary for family planning, birth control, or related reproductive health.
- Testing and medicine for sexually transmitted infections found during the family planning exam, including HIV testing.
- Multivitamins and folic acid.
- Birth control.
- Pap tests.
- Sterilization services [like getting tubes tied, for patients who are 21 years of age or older].
- Mammograms, when ordered by the doctor at your family planning visit.

Eligibility:

- You have lost regular medical benefits from the Illinois Department of Healthcare and Family Services (HFS) OR
- You are at least 19 and no older than 44,
- You have no health insurance coverage for birth control, and
- You are currently not pregnant, [If you are pregnant, see Moms & Babies program.]
- You meet the income guidelines as of 2016,

Family Size	Monthly Income
1	\$1,915 or less
2	\$2,585 or less
3	\$3,255 or less
4	\$3,925 or less
5	\$4,595 or less

→ Download an application: plannedparenthood.org/files/3014/0129/7200/IHW_English.pdf or call 800-226-0768

FEDERALLY QUALIFIED HEALTHCARE CENTERS (FQHC) AND COMMUNITY HEALTH CENTERS:

Most communities in Illinois have an FQHC or community health center that provides health care services, including Primary care, Gynecological and obstetrical services, in the community. These centers charge on a sliding fee scale based on family income. Most also accept TRICARE. There is no statewide list of all of the FQHCs but many belong to a membership organization listed at iphca.org.

ILLINOIS WARRIORS ASSISTANCE PROGRAM (IWAP)

Illinois Warrior Assistance Program provides **confidential** assistance for Illinois Veterans and active duty service members with Post-Traumatic Stress Disorder and Traumatic Brain Injury.

→ For more information visit illinoiswarrior.com.

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Services Provided:

- 24-hour hotline staffed with trained clinicians to assist with problems like: depression, anxiety, stress, addiction/substance abuse, and overall emotional support(866) 554-4927
- Provides free screening for Traumatic Brain Injury (TBI)
- Free Post-Traumatic Stress Disorder (PTSD) counseling locally

Eligibility:

1. Must have served for at least 180 days of duty after initial training;
2. Be no more than 64 years of age, unless uninsured;
3. Does not have healthcare coverage OR does not have coverage for diagnostic review and treatment for PTSD or TBI included in their healthcare coverage and
4. Not eligible for USVA services OR is eligible for USVA services but such services or coverage is inaccessible because: the nearest site providing necessary services is more than 75 miles from the Veteran's home OR the Veteran does not have transportation to a covered provider OR the Veteran must wait more than three months for an appointment with a covered provider.

VETERANS CARE PROGRAM

This program offers access to affordable, comprehensive healthcare to low-income, **uninsured veterans and their spouses**. This program was recently expanded to cover spouses of veterans.

Services Provided: pay a monthly premium of \$40 or \$70 depending on their income. Receive medical, limited dental, and vision coverage.

Eligibility:

- must have served for 180 days,
- low-income (income limit differs by county),
- At least 19 years old and not older than 64,
- Discharged from military with other than dishonorable discharge,
- Ineligible for other state medical assistance programs,
- Uninsured for at least 3 months unless:

- Loss of insurance because of loss of job or spouse's job, lifetime insurance maximum met, unable to access spouse's insurance
- Veteran's previous insurance within last 3 months was one of the following: COBRA insurance, other HFS insurance, or TRICARE insurance.

→ **To Apply:** Download application: illinois.gov/hfs/SiteCollectionDocuments/hfs2378vc.pdf or call 877-4VETSRX (877-483-8779)