



Interaction of State and Military Medical Coverage

Illinois has various state medical programs including Medicaid for people with disabilities, women and families. In general, state medical programs are limited in eligibility by age, health status, income, immigration status, and asset levels. State medical programs also have varying cost-sharing, coverage limits, and access to providers.

Service member and their family members, including spouses, children, and parents, may qualify for state medical coverage if they meet the eligibility requirements, and apply for coverage. In some instances, they may have a choice whether to opt for military medical coverage, state medical coverage, or may be able to receive both.

These decision points will most likely occur at the following points for families:

- 180 days after return from National Guard Active Duty or Reserves when a service member and his or her family must decide whether to continue military medical coverage (TRICARE Reserve Select) at higher cost-sharing or apply for other available state medical coverage if eligible. OR
- At any time for family members such as spouses, but especially for children.

At these decision points, it is important to weigh the eligibility, cost, coverage, and access to providers of each form of coverage in order to make an informed decision.

Below is a summary of selected coverage options.

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 that include primary care and gynecological and obstetrical services. These centers charge on a sliding fee scale that is based on family income and most also accept TRICARE. Visit www.iphca.org to find a list of membership organizations to which many FQHCs belong.

FamilyCare: For parents with children age 18 and under who have incomes below 200% of the Federal Poverty Level. Service members and/or their spouses may be eligible for FamilyCare in lieu of or in addition to VA Health Benefits or TRICARE. Visit illinois.gov/hfs/MedicalPrograms/AllKids/Pages/FamilyCare.aspx or call the FamilyCare Hotline at 866-ALL-KIDS (866-255-5437) for more information.

All Kids: Provides coverage for uninsured children living in a family home with an income below 300% of the Federal Poverty Level (FPL). Children of service members may be eligible for All Kids in lieu of or in addition to coverage under TRICARE.

Guard/Reserve Tip: Choosing not to elect TRICARE Reserve Select (180 days post deployment) should be a termination event qualifying children over 200% FPL for All Kids Coverage. Children under 200% FPL can get All Kids regardless of insured status. Visit www.allkids.com or call the All Kids Hotline at 1-866-ALL-KIDS (1-866-255-5437) for more information.

Moms & Babies: A program for low-income pregnant women and their babies. 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. There are no co-payments or premiums in Moms & Babies. Visit www.allkidscovered.com/pregnant or call the All Kids Hotline at 1-866-255-5437 to apply.

Aid to Aged Blind and Disabled (AABD): Medicaid for persons with disabilities and older adults over age 65 who have incomes under 100% of the Federal Poverty Level and low-assets. Service members, their spouses, adult children, and parents may be eligible for AABD Medicaid in lieu of or in addition to coverage under TRICARE or VA Health Benefits.

Illinois Breast and Cervical Cancer Program (IBCCP): Provides free testing for breast and cervical cancer for uninsured women age 35 - 64 of **all income levels** and can also pay for treatment in certain cases. Persons with Tricare coverage would not qualify for this program. Visit www.cancerscreening.illinois.gov or call the Women's Health Line at (888) 522-1282 for more information.

Illinois Healthy Women: Provides birth control and reproductive health services to **low-income women** age 19-44 that do not have health insurance that covers these services. TRICARE does cover birth control and reproductive health services so a person covered by TRICARE would not qualify for this program. Call 800-226-0768 or download an application plannedparenthood.org/files/3014/0129/7200/IHW_English.pdf.

Illinois Warriors Assistance Program (IWAP): Provides **confidential** assistance to Illinois Veterans and active duty service members 1) who suffer from Post-Traumatic Stress Disorder or Traumatic Brain Injury and 2) who served at least 180 days. The program also assists those with anxiety, stress, depression, addiction/substance abuse, and other emotional issues. This program is primarily for people who cannot get services through other insurances or the VA, but it does allow exceptions. For example, people who must wait longer than 3 months for an appointment or live more than 75 miles from a covered provider may qualify. Visit illinoiswarrior.com or call the 24 hour hotline staffed with trained clinicians at (866) 554-4927 for more information.

Veterans Care Program: Provides access to affordable, comprehensive healthcare (including dental and vision) to low-income, **uninsured veterans and their spouses** who have been uninsured for at least 6 months (exceptions include prior insurance was TRICARE, or loss of insurance was due to job loss). Must have been discharged from military with other than dishonorable discharge. Call 1-877-4VETSRX (877-462-8779) download an application illinois.gov/hfs/SiteCollectionDocuments/hfs2378vc.pdf.