



HFS

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Important News about Your Health Benefits

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If you have questions about this notice, you can call the Healthcare Benefits Hotline at 1-800-226-0768. Persons who use a TTY can call: 1-877-204-1012. The call is free.

To translate this notice, go to:

HFS.illinois.gov/medicalclients/healthbenefitsforimmigrants.html, pick from the “select language” button (top right page) and click FFS co-payment letter.

Changes to What You May Have to Pay for Some Health Care Services

If you have healthcare coverage under the Health Benefits for Immigrant Adults or Health Benefits for Immigrant Seniors program, some health care providers, like hospitals and surgical centers, may charge you a co-payment or coinsurance on **some non-emergency services**. However, most health care services will continue to be free to you, including emergency services, doctor office visits, transportation, and medications prescribed by a provider.

Co-payments and coinsurance are what you pay on your own (sometimes called “cost-sharing” or “out of pocket costs”) for health care services. This is separate from what the insurance plan pays health care providers.

Under these health benefit programs for immigrants, co-payments and coinsurance can only be charged on the services below:

Nonemergency inpatient hospitalizations: No more than a \$250 co-payment

- o **Example:** If you stay overnight at the hospital for treatment of a condition that is not considered an emergency, the hospital may charge you \$250 for the services provided during that stay.
- o However, if the overnight stay is due to an emergency medical condition and the hospital admits you through the Emergency Room, there is no copayment.
- o **An emergency medical condition** is a condition with symptoms severe and painful enough that a reasonable person would think they are life-threatening and need immediate medical care. Individuals who have severe symptoms that could be life threatening should not hesitate to seek immediate treatment.

Nonemergency Hospital Outpatient Services and Outpatient Surgical Treatment Center Services: Coinsurance that is no more than 10% of what Medicaid pays the provider.

- o **Example:** If you were to go to a hospital for treatment of a medical condition that is not an emergency like, getting an MRI or getting a drug injection, the hospital can charge you 10% of what Medicaid will pay the provider for the service.
- o **Example:** If you need a surgery that is finished on the same day, like treatment for cataracts in your eyes, replacing a knee or hip, removing your gall bladder, the hospital or surgical treatment center can charge you 10% of what Medicaid will pay the provider for the service.
- o The amount you can be charged will vary by service and provider.
- o Before you get a service, ask your health care provider if they will

charge you and if they know what the amount will be and when you will have to pay. You can call different providers to compare prices.

- o Also, if the service can be received somewhere that is not a hospital, or surgical center or by a doctor who bills separately from the hospital or surgical center, you will not be charged coinsurance. For example, physical therapy may be done by physical therapists who bill Medicaid on their own, not as part of a hospital.

The provider collects the co-payment or coinsurance.

If you have questions about this notice, or need help finding a provider, you can call the Healthcare Benefits Hotline at 1-800-226-0768. Persons who use a TTY can call: 1-877-204-1012. The call is free.

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