



Connecting Older Adults with Community-based Resources and Options

As part of the state budget process, the Governor proposed eliminating the Illinois Cares Rx program. At the MMW’s March Summit, the group discussed possible changes to the program that might save money. The MMW leadership team and our partners presented the ideas to the Governor’s office, key legislators and the Department of Healthcare and Family Services (HFS). Advocates from throughout the aging and disability networks repeatedly contacted their elected officials to let them know about the importance of the program. As a result, the program is back in the budget, but reduced by about half. The changes will become **effective September 1**.

Legislation changing the program included:

1. **Reducing the income limit to 200% of the Federal Poverty Level.** This is expected to result in about 30,000 people being terminated from the program.
2. **Eliminating the \$25/month Rebate** (an option instead of receiving benefits through coordinating plans). The final check (for August 2011) will be sent in September.
3. Authorizing Healthcare and Family Services (HFS) to make **changes to the co-pays** for FY 2012 and future years to be consistent with available budget. This will be accomplished through an administrative rule process. While the process has not been completed, the increases that are being planned are below (note: these could change in the final rule).

Type of covered drug	Current co-pay	Co-pay beginning Sept. 1
generics	\$2.50	\$5
preferred brands	\$6.30	\$15
non-preferred brands	\$15	\$20
specialty drugs	\$15	\$15
Drugs after total drug cost \$2840 (with Medicare) or \$1750 (without)	20% + co-pay	25% + co-pay

The basic structure of the program isn’t changing. For people with Medicare, it will continue to pay premiums and deductibles for coordinating plans.

HFS will send 3 different letters; all include the HFS, IDOA and SHIP helpline phone numbers and the list of SHAP sites for help with Illinois Cares Rx, Extra Help and/or comparing Part D plans.

- First – to people being terminated from the program. We will alert you when we get the mailing date from HFS.

The Area Agency on Aging of Suburban Cook County, since 1974

- Two versions of letters explaining the changes will be sent to all remaining members when the co-pays are finalized: one to people with Medicare and the other to people without Medicare.

There are still many questions about how the changes will be made, the outreach process, what to do about enrolling people in the program over the summer, and how these changes interact with other programs (e.g., Ride Free and Circuit Breaker.) The details are still being worked out; if you would like to send us your questions, we will share them with state agencies and distribute answers (in batches) as they become available. You may send your questions to: Terri Gendel at terri.gendel@ageoptions.org or Georgia Gerdes at georgia.gerdes@ageoptions.org .