



State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: February 09, 2024
Case Number: 528845275
Client Name: INSUNG CHO
Individual ID: 1007958963
Office Name: HUMBOLDT PARK FCRC
Office Address: 2753 W NORTH AVE
CHICAGO, IL 60647
Phone: 773-292-7200
TTY:
Fax: 844-736-3563



INSUNG CHO
1622 N CALIFORNIA AVE
UNIT 409
CHICAGO, IL 60647

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

We reviewed your application for SNAP and Medical benefits. This notice explains our decision. The notice also tells you how you can appeal if you think our decision is wrong.

Your application for **Supplemental Nutrition Assistance Program (SNAP)** benefits filed on February 07, 2024 is **approved**. For information about who is approved and the amount of SNAP benefits you will get, read the SNAP Benefits section of this notice.

Your application for **Medical Benefits** filed on February 07, 2024 is **approved** for at least one person. For information about who is approved, and the benefits and months covered, read the Medical Benefits section of this notice.

How To Use Your Benefits

Cash and SNAP Benefits are available on the Illinois Link Card. Unless you received a card at the office where you applied one will be mailed to you. To choose your PIN or request a replacement card contact the Illinois LINK Help Line at 1-800-678-LINK (5465) TTY 1-877-765-3459 or go to the Illinois LINK card website at www.link.illinois.gov

The last page of this notice is your Medical Card. That page also tells you how to use your medical benefits. Be sure to keep that page.

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Turn this page over to read more information on the back.



SNAP Benefits

The person(s) listed below have been **approved** for SNAP benefits. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment. We will send a notice to let you know when it's time to renew your benefits.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
Feb 07, 2024 - Feb 29, 2024	\$232.00	INSUNG CHO
Mar 01, 2024 - Jan 31, 2025	\$291.00	INSUNG CHO

Your regular monthly SNAP benefits will be available approximately March 03, 2024.

SNAP Income Eligibility Determination		Feb 07, 2024	Mar 01, 2024
Total Gross Earned Income		\$0.00	\$0.00
Total Unearned Income	+	\$0.00	\$0.00
Self Employment Income	+	\$0.00	\$0.00
Child Support Exclusion	-	\$0.00	\$0.00
Gross Monthly Income	=	\$0.00	\$0.00
SNAP Income Eligibility Determination		Feb 07, 2024	Mar 01, 2024
Gross Monthly Income Standard For Household Size of 1		\$2005.00	\$2005.00
Member age 60 or older or Disabled		No	No
Gross Earned Income	=	\$0.00	\$0.00
Earned Income Deduction	-	\$0.00	\$0.00
Unearned Income	+	\$0.00	\$0.00
Farm Loss Income	-	\$0.00	\$0.00
Standard Income Deduction	-	\$194.00	\$194.00



Child Support Exclusion	-	\$0.00	\$0.00
Adjusted Net Income	=	\$0.00	\$0.00
Excess Shelter Deduction**	-	\$0.00	\$0.00
Homeless Shelter Standard	-	\$0.00	\$0.00
Household Net SNAP Income	=	\$0.00	\$0.00
Maximum Net Income Allowable		\$1215.00	\$1215.00
SNAP Benefit Amount		\$232.00	\$291.00

** Computation of Excess Shelter Deduction: For households without a member age 60 or older or a disabled member, this amount may be less than the amount of your Total Excess Shelter Deduction shown above.

Computation of Excess Shelter Deduction		Feb 07, 2024	Mar 01, 2024
Rent or Mortgage		\$0.00	\$0.00
Utility Cost/Standard	+	\$0.00	\$0.00
Total Shelter Expenses	=	\$0.00	\$0.00
½ of Adjusted Net Income	-	\$0.00	\$0.00
Total Excess Shelter Costs	=	\$0.00	\$0.00

Turn this page over to read more information on the back.



Medical Benefits

The person(s) listed in the table below have been **approved** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
INSUNG CHO	Mar 06, 1972	180742900	ACA Adult	Mar 01, 2024

The person(s) listed in the table below have been **approved** for coverage for earlier dates.

Name	Birth Date	Medical ID (RIN)	Medical Group	Coverage Dates
INSUNG CHO	Mar 06, 1972	180742900	ACA Adult	Feb 01, 2024 - Feb 29, 2024

The last page of this notice is your Medical Card. This page also tells you how to use your medical benefits. Be sure to keep that page.

Did any of the people approved for medical benefits on this notice get medical care on or after the Coverage Dates shown above? If the answer is yes and you have medical bills for the care they got, the state may pay your bills. Contact the doctor, pharmacy, hospital or other medical provider and tell them the date coverage began and the Medical ID# (RIN) listed on this notice for the person. The medical provider can check to find out if the Department will pay the medical bills for you.

Important Information about Your Medical Group(s)

Medical benefits covered are different depending on your Medical Group. Some Medical Groups provide full medically necessary health coverage.

List of Common Services Provided for Medical Groups with Full Coverage

- Doctor and clinic visits
- Inpatient and outpatient hospital
- Emergency room
- Prescription medicine
- Surgery
- Podiatric (feet) services
- Hospice care
- Emergency medical transportation
- Lab tests and x-rays
- Medical supplies and equipment
- Family planning (birth control)
- Medical transportation
- Home Health service
- Chiropractic services
- Physical and Occupational therapy
- Dental care (limited for adults over age 20)
- And more, check with your health care provider for details

Information about ACA Adult

ACA Adult is health coverage for adults age 19-64 who do not have dependent children living with them. ACA Adult health coverage provides the services listed above for full health coverage.

How We Decided Your Eligibility for Medical Benefits

If you have any changes in income or if anyone moves in or out of your household, you must report the change to us within 10 days by going to Manage My Case at abe.illinois.gov or by calling the phone number on the first page of this notice.

Eligibility for medical benefits for the following person(s) is based on household income, who is living with the applicant and how they are related to each other, or whether someone in the household files income taxes or is a dependent on someone else's tax return. This is called Modified Adjusted Gross Income (MAGI) methodology. You can find the income limits for each Medical Group online at illinois.gov/hfs/MedicalClients and then clicking "Medical Program Income Standards."

The facts we used to decide **INSUNG CHO's** ongoing Medical eligibility are:

The number of people counted in the family size is 1.
Countable monthly income is \$0.00

Turn this page over to read more information on the back.



Choosing a Health Plan and/or Primary Care Physician (PCP)

You may be required to pick a health plan and a primary care doctor participating in your health plan. If so, you will get a notice from the Illinois Client Enrollment Broker to tell you about your health plan choices. When you get this notice, you will have 30 days to pick a primary care doctor and health plan for you and each member of your family. It is important to pick a health plan and doctor for you and each member of your family. If you do not choose a primary care doctor for each member of your family, you will be assigned to a primary care doctor and health plan.

If you do not get a notice from the Illinois Client Enrollment Broker within 15 business days of this notice, you can log onto www.enrollhfs.illinois.gov or call 1-877-912-8880 (TTY 1-866-565-8576) to find out if you are required to pick a health plan.

If you have not picked a health plan, or are not required to pick a health plan, and need help finding a doctor for your health care, please call the Health Benefits Hotline at 1-800-226-0768 (TTY: 1-877-204-1012).

Medical Backdate

Did any of the people approved for medical benefits on this notice get medical care **earlier** than the Coverage Dates shown above? If the answer is yes and you have medical bills for the care they got, the state may pay your bills. Contact the office named on the front of this notice to ask for medical backdate. We have to review your application to decide if you qualify for backdated medical coverage.

Your Responsibilities

SNAP Mid Point Reporting Requirements

YOU MUST REPORT THE CHANGES BELOW BY THE 10TH DAY OF THE MONTH AFTER THE MONTH THAT THE INCOME OR WINNINGS WERE RECEIVED:

- IF YOUR GROSS INCOME BEFORE DEDUCTIONS IS MORE THAN \$2005.00.
- IF YOU OR SOMEONE IN YOUR HOUSEHOLD RECEIVES ANY MONEY FROM LOTTERY OR GAMBLING WINNINGS OF MORE THAN \$4250.00.
- WHENEVER ABLE-BODIED ADULTS SUBJECT TO THE TIME LIMIT HAVE WORK HOURS FALL BELOW 20 HOURS PER WEEK, AVERAGED MONTHLY.

Medical Change Reporting Requirements

YOU ARE RESPONSIBLE FOR TELLING US WITHIN 10 DAYS OF THE DATE YOU LEARN OF A CHANGE LISTED BELOW.

- You move or change your mailing address;
- You or someone in your household's income changes, for any reason;
- You or someone in your household becomes pregnant or has a baby;
- You or someone in your household gets married or divorced;
- The size of your family or the number of persons in your household changes;
- Someone in your household dies;
- Someone in your household goes to jail or prison, or is released;
- You or someone in your family gets other health insurance or loses other health insurance;

You must report changes to your DHS or HFS office listed on the first page of this notice by telephone, by mail, or online at **abe.illinois.gov**. Read the 'Manage My Case Online' section of this notice to learn more about reporting changes online.

Your Rights

YOU HAVE CERTAIN RIGHTS CASH AND MEDICAL

If you were denied cash or medical benefits, you have the right to talk with a DHS or HFS caseworker to ask about the reason for denial. The talk will be informal. Any added information you have should be presented at that time. You have the right to be represented at this meeting by any person(s) you choose. If you wish such a meeting, contact the office named on the first page of this notice. You should do this right away. If you choose not to have an informal meeting, you still have a right to appeal this action.

SNAP

If Your SNAP Application Was Denied

You may apply for SNAP benefits again any time you think you may be eligible. If you don't agree with our decision to deny your application, you may ask for a fair hearing. You will not receive any SNAP benefits just because you ask for a fair hearing. You will have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer. If it is decided that you are right, you may be entitled to SNAP benefits from the date you applied.

Turn this page over to read more information on the back.



If Your SNAP Application Was Approved

You may ask for a fair hearing if you don't agree with the decision. You will then have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. If you are appealing the decision on your cash and/or medical benefits decision you must do so within 60 days after the "Date of Notice." If you are appealing a decision about SNAP you must do so within 90 days after the "Date of Notice." You can ask for a fair hearing by calling (800) 435-0774, if you use a TTY, by calling (877) 734-7429, going online to abe.illinois.gov/abe/access/appeals, emailing DHS.BAH@Illinois.gov, faxing (312) 793-3387, or in writing to DHS Bureau of Hearings, 69 W. Washington, 4th Floor, Chicago, IL 60602.

To apply for free legal help:

- ✓ In Cook County (including the City of Chicago) - Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
- ✓ In other counties in Northern or Central Illinois with area codes (309), (815) or (847) - Prairie State Legal Services: (800) 531-7057
- ✓ In other counties in Central or Southern Illinois where the area code is (217) or (618) - Land of Lincoln Legal Assistance Foundation: (877) 342-7891

Manage My Case Online

Go to **abe.illinois.gov** and click on the Manage My Case button to set up your online account right now! You'll need the individual ID displayed to the right in order to access information in ABE Manage My Case. Once you're set up, you'll be able to do all of the following online: report changes, renew your benefits, check the status of your case, and more!

Name	Individual ID
INSUNG CHO	1007958963



USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

Do not send applications or any forms to this address.

2. **fax:**

(833) 256-1665 or (202) 690-7442; or

3. **email:**

FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.



State of Illinois
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Department of Healthcare and Family Services

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Privacy Notice

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Read It Carefully.

The law requires The Illinois Department of Healthcare and Family Services (HFS) to protect the privacy of your medical information. This notice explains how HFS can use or share the medical information that HFS has about you or your family. It also explains your rights.

For some people, HFS pays for all health benefits. For others, HFS pays for certain services like prescription drugs. HFS must receive and keep your medical information so you can have these benefits. HFS may contract with other organizations or individuals to help provide your health benefits. These contractors may also receive and keep your medical information.

Effective September 23, 2013, HFS must follow this Notice until it is replaced. HFS can change the terms of this Notice at any time. If HFS changes this Notice, HFS will send a new Notice to all persons enrolled at that time. HFS can make the new changes apply to all your medical information kept by HFS before and after the date of the new Notice. The Notice is posted on the HFS website.

HFS may use or share your medical information without your permission for the reasons below.

- **So you can get medical care.** For example, HFS may share your medical information with your doctor or pharmacy so that they can give you medical care and the right medicine.
- **So HFS can pay your medical bills.** For example, HFS may use and share your medical information so your doctor can send a bill to HFS and so HFS can pay your medical bills. HFS may also share your medical information to recover payment from other medical insurance or benefits you may have.
- **So HFS can perform its duties.** For example, HFS may use or share your medical information to assess quality of care; to decide who is eligible for medical benefits; to manage your care; to direct and plan HFS programs and budget; to coordinate with another public benefit program; to develop better services for you; or for audits.
- **To tell you about other health services.** For example, HFS may call or write to tell you about treatment options or other health-related services.

Turn this page over to read more information on the back.



- **To comply with the law.** For example, the law requires HFS to allow the U.S. Department of Health and Human Services to audit HFS records. HFS may share your medical information to comply with other laws.
- **For other reasons.** Examples include:
 - o To comply with legal proceedings, such as a court or administrative order or subpoena;
 - o For worker's compensation claims To enforce other laws or protect someone's health and safety;
 - o So a family member, friend or other person can help you to get or pay for your health care;
 - o So a personal representative you appoint or a court appoints for you can help you get health benefits;
 - o To support research as long as the information will be protected by the researchers;
 - o So a coroner or medical examiner can identify a deceased person or cause of death or so a funeral director can arrange burial;
 - o To support an organ procurement organization in limited circumstances;
 - o To protect you against a serious threat to your health or safety or the health or safety of others;
 - o To support a government agency overseeing health care programs
 - o For lawful national security purposes;
 - o To correctional institutions or law enforcement officers if you are an inmate of a correctional institution or if necessary (1) for the institution to provide you with medical care; (2) to protect your health and safety or the health and safety of others; (3) for the safety of the correctional institution
 - o For health research;
 - o For public health purposes; and
 - o For military purposes, if you are a member of the armed forces.

HFS will make the following uses and disclosures only with your written permission:

- To use and disclose information for marketing purposes;
- To use and disclose information that would be the sale of protected health information;
- To use and disclose psychotherapy notes (should we have such notes)
- Other uses and disclosures not described in this notice.

HFS will not use or share your medical information for any other reason unless you give HFS written permission. You may withdraw your permission in writing at any time. However, if HFS used or shared your information for a long-term project like a research study, HFS may continue to use or share your information for that purpose only. Your permission for HFS to use or share your information will end when HFS gets your written notice to withdraw your permission. You can find forms for these purposes on the HFS website and at Illinois Department of Human Services local offices HFS is not allowed to use your genetic information to decide whether to cover you or set the price of the covering your benefits.

Your rights. You may ask HFS to do any of the following if you ask in writing. HFS will decide if it can do what you want it to do. HFS will write to tell you what it decides.

- You may ask HFS not to use or share your medical information for treatment, payment and health care operations. HFS does not always have to agree. To ask HFS to not use or share your medical information, contact us in writing by mail or e-mail at the address listed at the bottom of this Notice.



- You may ask HFS to contact you about your medical information privately in a different way or at a different place than HFS is currently doing. HFS does not always have to agree unless the change is necessary to protect you, and HFS can still pay your medical bills. When you write to ask for this change, you must tell HFS how to contact you in private.
- You may ask to see or get copies of your medical information. You may be charged a small fee for copies.
- You may ask HFS to correct your medical information. HFS does not have to agree to make the change. To ask for a correction, make your request, in writing, to the address or e-mail at the bottom of this Notice.
- You have the right to be contacted and informed about a breach of your medical information.
- You may ask for a list of ways HFS or its contractors shared your medical information going back 6 years from the date of the request. You may write to ask HFS to send you another copy of this Notice.

If you want any of these things, contact the HFS Privacy Officer at the address below. HFS will help you make your written request.

Complaints. If you believe HFS has not protected your right to privacy, you have the right to complain to HFS or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with HFS at the address below. HFS will not hold it against you if you file a complaint.

Privacy Officer. To get more copies of this Notice or more information about HFS privacy practices or your rights, or to file a complaint, contact the Privacy Officer at the following address:

Privacy Officer
Office of the General Counsel
Healthcare and Family Services
201 S. Grand Ave. East, 3rd Floor
Springfield, IL 62763-1000

Toll-free telephone: 1-800-226-0768 (Health Benefits Hotline)

Toll-free for persons using a TTY: 1-877-204-1012

Fax: 1-217-524-2397

HFS.privacy.officer@illinois.gov





**State of Illinois - Healthcare and Family Services
Medical Card**

**For questions or to
report changes call:**
Para preguntas o reportar
cambios llame al:
1-800-843-6154
(Next Talk: 866-324-5553
or email:
dhs.webbits@illinois.gov)



INSUNG CHO
1622 N CALIFORNIA AVE
UNIT 409
CHICAGO, IL 60647

Keep this card.
Guarde esta tarjeta.



Check eligibility online at ABE.illinois.gov or call 1-855-828-4995 to check on the automated phone system.
Compruebe su elegibilidad por Internet en ABE.illinois.gov o use el sistema automatizado, llamando al: 1-855-828-4995.

The top part of this page is your Medical Card. The people named on the back of the card qualify for health coverage. Please read the front and back of this page. Cut on the dotted line and carry your card with you. You may have to show it and a picture ID when you go for medical care.

The Medical Card does not guarantee that you are covered. Your doctor or pharmacy or other medical provider can use the information on the card to check your coverage. You can check your coverage anytime in your account online at ABE.illinois.gov. You can also call 1-855-828-4995 anytime to check through the automated phone system.

To check eligibility you will need the Recipient Identification Number (**RIN**) next to each person's name on the back of the Medical Card. You can also check using the person's name, Social Security Number and date of birth.

What happens next?

If this is the first time you qualify for Medicaid or if you used to have Medicaid coverage but it ended more than three months ago, you may be required to enroll in a health plan. Watch your mail for another notice that will tell you how to pick a health plan and a primary care doctor or clinic. Until then, you can use this Medical Card to get medical services.

If you already have Medicaid or your Medicaid ended less than three months ago, you probably chose a health plan before. If this is true for your household, you may keep the same health plan. If you have questions about your health plan, call the number on the back of your health plan card or visit the health plan's website.

If you do not know if you have a health plan, you can call the Health Benefits Hotline at 1-800-226-0768 (TTY: 1-877-204-1012) to find out.

If you are required to enroll in a health plan, Client Enrollment Services will send you an enrollment packet. Not all Medicaid clients are required to join a health plan.

If I need to see a doctor right away, what should I do? If you do not already have a health plan or a primary doctor or clinic and you need help to find a doctor right away, call the Health Benefits Hotline at 1-800-226-0768 (TTY: 1-877-204-1012).

➔ Read the back of this page for more important information ➔

THE FOLLOWING PERSONS ARE COVERED:

INSUNG

CHO

Recipient Identification Number (RIN) 180742900

MEDICAL CARD PAGE 2

DOB: 03-06-72

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES. Medical providers must verify identity and eligibility when you need care.

ESTA TARJETA NO GARANTIZA LA ELEGIBILIDAD O PAGO. Los proveedores médicos deben verificar la identidad y elegibilidad cuando necesite atención médica.

Notice to Providers: to verify eligibility or determine health plan enrollment on the date of service for the person(s) named above, use the MEDI web site at <https://medi.hfs.illinois.gov/> or your EDI vendor or HFS's automated Voice Response System (AVRS).

HFS 469 (R-09-15)

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02072024

IL478-0234

You must report any of the changes in the list below that happen in your household.

Tell us if you move or change your mailing address.

Tell us if someone in your household gets more monthly income.

Tell us if a new family member moves in with you or if someone moves out.

Tell us if someone gets other health insurance or loses other health insurance.

Tell us if someone in your household gets married, divorced, pregnant or has a baby.

Tell us if someone in your household dies or goes to jail or prison or is released.

You can report changes online anytime at [ABE.illinois.gov](https://abe.illinois.gov/). If you do not have an ABE account, you can call 1-800-843-6154 (NexTalk: 1-866-324-5553 or email: dhs.webbits@illinois.gov).

Is All Kids the same as Medicaid? Yes. All Kids is Medicaid for children.

If I have a different card from a Medicaid health plan, do I need both cards? Yes. Keep both cards. You may be asked to show them when you go to the doctor or need other health care.

If I have a Link Card, do I also need a Medical Card? Yes. The Link Card and the Medical Card cover different benefits. If you have a Link Card, keep it. You will need it to get your cash and SNAP (food stamp) benefits.

If I have a spenddown, can I use the Medical Card to get health care? You can use your Medical Card if your spenddown amount is met. Read the instructions under the Spenddown section in the notice that came with this page for more information. Most people who get Medicaid do not have a spenddown.

If I have a Medical Card through Department of Children and Family Services, who do I call for help? For questions about your card if you get foster care, KinGap or adoption assistance, call the Department of Children and Family Services at 1-800-228-6533.

What if I lose my Medical Card? You can ask for a new card online through your account at [ABE.illinois.gov](https://abe.illinois.gov/). You can also call 1-800-843-6154 (NexTalk: 1-866-324-5553 or email: dhs.webbits@illinois.gov) to ask for a new card.