

2022 Illinois - Special Needs Plans

As of September 1, 2021. Includes all CY2022 approved contracts/plans. Employer sponsored plans (800 series) are excluded. Plans under sanction are not shown.

Notes: For 2022, enhanced alternative plans may offer additional cost sharing reductions in the gap on a sub-set of the formulary drugs, beyond the standard Part D benefit.

Plans are available in certain zip codes. Check Medicare.gov "Find a Health Plan" for the plans available in your zip code.

County	Organization Name	Plan Name	Contract ID	Plan ID	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Premium* (Part C + D)	Annual Drug Deductible	Drug Benefit Type	Cardio-vascular Disorders, Chronic Heart Failure and Diabetes	Nursing Home	Diabetes Mellitus	HIV- AIDS	Overall Star Rating
Bond	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Boone	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Boone	United Healthcare	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	H0710	39	Local PPO	Institutional	\$29.10	\$480.00	Basic		*			
Boone	Zing Health	Zing Essential Wellness IL (HMO C-SNP)	H4624	10	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
Bureau	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Calhoun	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Carroll	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Clinton	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Cook	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				

Cook	United Healthcare	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	H0710	39	Local PPO	Institutional	\$29.10	\$480.00	Basic		*			
Cook	United Healthcare	UnitedHealthcare Assisted Living Plan (PPO I-SNP)	H0710	55	Local PPO	Institutional	\$29.10	\$200.00	Enhanced		*			
Cook	Wellcare	Wellcare Specialty No Premium (HMO C-SNP)	H1416	66	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced			*		
Cook	Humana	Humana Community HMO Diabetes and Heart (HMO C-SNP)	H1468	17	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
Cook	Humana	Humana Together in Health I-SNP (HMO I-SNP)	H1468	19	Local HMO	Institutional	\$23.90	\$480.00	Basic		*			
Cook	Humana	Humana Together in Health IE-SNP (HMO I-SNP)	H1468	20	Local HMO	Institutional	\$23.70	\$460.00	Basic		*			
Cook	MoreCare	MoreCare + (HMO C-SNP)	H2678	2	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced				*	
Cook	MoreCare	MoreCare Home (HMO I-SNP)	H2678	3	Local HMO	Institutional	\$-	\$435.00	Basic		*			
Cook	MoreCare	MoreCare At Home (HMO I-SNP)	H2678	4	Local HMO	Institutional	\$-	\$480.00	Basic		*			
Cook	United Healthcare	UnitedHealthcare Nursing Home Plan 1 (HMO-POS I-SNP)	H2802	27	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Cook	Provider Partners Health Plans	Provider Partners Illinois Advantage Plan (HMO I-SNP)	H3800	1	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Cook	Provider Partners Health Plans	Provider Partners Illinois Community Plan (HMO I-SNP)	H3800	2	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Cook	Zing Health	Zing Essential Wellness IL (HMO C-SNP)	H4624	10	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
Cook	Longevity Health	Longevity Health Plan (HMO I-SNP)	H9590	1	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
DeKalb	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				

DeKalb	Zing Health	Zing Essential Wellness IL (HMO C-SNP)	H7330	3	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
DuPage	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
DuPage	United Healthcare	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	H0710	39	Local PPO	Institutional	\$29.10	\$480.00	Basic		*			
DuPage	United Healthcare	UnitedHealthcare Assisted Living Plan (PPO I-SNP)	H0710	55	Local PPO	Institutional	\$29.10	\$200.00	Enhanced		*			
DuPage	Humana	Humana Community HMO Diabetes and Heart (HMO C-SNP)	H1468	17	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
DuPage	Humana	Humana Together in Health I-SNP (HMO I-SNP)	H1468	19	Local HMO	Institutional	\$23.90	\$480.00	Basic		*			
DuPage	Humana	Humana Together in Health IE-SNP (HMO I-SNP)	H1468	20	Local HMO	Institutional	\$23.70	\$460.00	Basic		*			
DuPage	United Healthcare	UnitedHealthcare Nursing Home Plan 1 (HMO-POS I-SNP)	H2802	27	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
DuPage	Provider Partners Health Plans	Provider Partners Illinois Advantage Plan (HMO I-SNP)	H3800	1	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
DuPage	Provider Partners Health Plans	Provider Partners Illinois Community Plan (HMO I-SNP)	H3800	2	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
DuPage	Zing Health	Zing Essential Wellness IL (HMO C-SNP)	H7330	3	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
DuPage	Longevity Health	Longevity Health Plan (HMO I-SNP)	H9590	1	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Fayette	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Greene	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				

Henderson	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Henry	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Jackson	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Jersey	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Jo Daviess	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Kane	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Kane	United Healthcare	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	H0710	39	Local PPO	Institutional	\$29.10	\$480.00	Basic		*			
Kane	Humana	Humana Together in Health I-SNP (HMO I-SNP)	H1468	19	Local HMO	Institutional	\$23.90	\$480.00	Basic		*			
Kane	Humana	Humana Together in Health IE-SNP (HMO I-SNP)	H1468	20	Local HMO	Institutional	\$23.70	\$460.00	Basic		*			
Kane	United Healthcare	UnitedHealthcare Nursing Home Plan 1 (HMO-POS I-SNP)	H2802	27	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Kane	Provider Partners Health Plans	Provider Partners Illinois Advantage Plan (HMO I-SNP)	H3800	1	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Kane	Provider Partners Health Plans	Provider Partners Illinois Community Plan (HMO I-SNP)	H3800	2	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Kane	Zing Health	Zing Essential Wellness IL (HMO C-SNP)	H4624	10	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
Kane	Longevity Health	Longevity Health Plan (HMO I-SNP)	H9590	1	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			

Kankakee	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Kankakee	Zing Health	Zing Essential Wellness IL (HMO C-SNP)	H7330	3	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
Kendall	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Knox	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
La Salle	United Healthcare	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	H0710	39	Local PPO	Institutional	\$29.10	\$480.00	Basic		*			
Lake	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Lake	United Healthcare	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	H0710	39	Local PPO	Institutional	\$29.10	\$480.00	Basic		*			
Lake	United Healthcare	UnitedHealthcare Assisted Living Plan (PPO I-SNP)	H0710	55	Local PPO	Institutional	\$29.10	\$200.00	Enhanced		*			
Lake	Humana	Humana Together in Health I-SNP (HMO I-SNP)	H1468	19	Local HMO	Institutional	\$23.90	\$480.00	Basic		*			
Lake	Humana	Humana Together in Health IE-SNP (HMO I-SNP)	H1468	20	Local HMO	Institutional	\$23.70	\$460.00	Basic		*			
Lake	United Healthcare	UnitedHealthcare Nursing Home Plan 1 (HMO-POS I-SNP)	H2802	27	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Lake	Zing Health	Zing Essential Wellness IL (HMO C-SNP)	H7330	3	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
Lake	Longevity Health	Longevity Health Plan (HMO I-SNP)	H9590	1	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Lee	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				

Macoupin	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Madison	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Marion	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Marshall	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
McHenry	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
McHenry	Provider Partners Health Plans	Provider Partners Illinois Advantage Plan (HMO I-SNP)	H3800	1	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
McHenry	Provider Partners Health Plans	Provider Partners Illinois Community Plan (HMO I-SNP)	H3800	2	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
McHenry	Zing Health	Zing Essential Wellness IL (HMO C-SNP)	H4624	10	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
McLean	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
McLean	United Healthcare	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	H0710	39	Local PPO	Institutional	\$29.10	\$480.00	Basic		*			
Mercer	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Monroe	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Montgomery	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				

Ogle	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Ogle	Zing Health	Zing Essential Wellness IL (HMO C-SNP)	H4624	10	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
Peoria	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Peoria	United Healthcare	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	H0710	39	Local PPO	Institutional	\$29.10	\$480.00	Basic		*			
Perry	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Putnam	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Randolph	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Rock Island	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Sangamon	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
St. Clair	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Stark	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Stephenson	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Tazewell	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				

Tazewell	United Healthcare	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	H0710	39	Local PPO	Institutional	\$29.10	\$480.00	Basic		*			
Warren	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Washington	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	26	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Whiteside	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Will	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Will	United Healthcare	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	H0710	39	Local PPO	Institutional	\$29.10	\$480.00	Basic		*			
Will	Humana	Humana Community HMO Diabetes and Heart (HMO C-SNP)	H1468	17	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
Will	Humana	Humana Together in Health I-SNP (HMO I-SNP)	H1468	19	Local HMO	Institutional	\$23.90	\$480.00	Basic		*			
Will	Humana	Humana Together in Health IE-SNP (HMO I-SNP)	H1468	20	Local HMO	Institutional	\$23.70	\$460.00	Basic		*			
Will	United Healthcare	UnitedHealthcare Nursing Home Plan 1 (HMO-POS I-SNP)	H2802	27	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Will	Provider Partners Health Plans	Provider Partners Illinois Advantage Plan (HMO I-SNP)	H3800	1	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Will	Provider Partners Health Plans	Provider Partners Illinois Community Plan (HMO I-SNP)	H3800	2	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Will	Zing Health	Zing Essential Wellness IL (HMO C-SNP)	H4624	10	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
Will	Longevity Health	Longevity Health Plan (HMO I-SNP)	H9590	1	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			

Winnebago	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				
Winnebago	United Healthcare	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	H0710	39	Local PPO	Institutional	\$29.10	\$480.00	Basic		*			
Winnebago	Provider Partners Health Plans	Provider Partners Illinois Advantage Plan (HMO I-SNP)	H3800	1	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Winnebago	Provider Partners Health Plans	Provider Partners Illinois Community Plan (HMO I-SNP)	H3800	2	Local HMO	Institutional	\$29.10	\$480.00	Basic		*			
Winnebago	Zing Health	Zing Essential Wellness IL (HMO C-SNP)	H4624	10	Local HMO	Chronic or Disabling Condition	\$-	\$-	Enhanced	*				
Woodford	United Healthcare	UnitedHealthcare Chronic Complete Assure (PPO C-SNP)	H0271	27	Local PPO	Chronic or Disabling Condition	\$26.70	\$480.00	Basic	*				