

2026 Illinois - Medicare Advantage Special Needs Plans (SNP) - SHIP 10/15/25



As of October 15, 2025. Employer sponsored plans (800 series) are excluded.

Reference: CMS.gov - <https://www.cms.gov/medicare/coverage/prescription-drug-coverage>

Service Area	Plan	Contract ID	Plan ID	Type Plan	Special Needs Plan Type	Monthly Premium	Annual Deductible	Maximum Out of Pocket
IL Northern and Chicago	Aetna Medicare Prime Chronic Care (HMO C-SNP)	H1206	004	Local HMO	Chronic or Disabling Condition	\$0.00	\$200.00	\$ 6,750.00
IL Northern and Chicago	Aetna Medicare Prime Chronic Total (HMO C-SNP)	H1206	009	Local HMO	Chronic or Disabling Condition	\$15.20	\$615.00	\$ 9,250.00
Metro St. Louis - Illinois	Aetna Medicare Chronic Care (HMO C-SNP)	H2663	100	Local HMO	Chronic or Disabling Condition	\$0.00	\$615.00	\$ 6,750.00
Rockford, Metro St. Louis	Clear Spring HealthBalance+ Diabetes & Heart (HMO C-SNP)	H5454	005	Local HMO	Chronic or Disabling Condition	\$0.00	\$100.00	\$ 6,751.00
Metro Chicago	Clear Spring HealthBalance+ Diabetes & Heart (HMO C-SNP)	H5454	006	Local HMO	Chronic or Disabling Condition	\$0.00	\$300.00	\$ 6,751.00
Greater Chicago	DEVOTED C-SNP PLUS 006 IL (HMO C-SNP)	H7151	006	Local HMO	Chronic or Disabling Condition	\$15.20	\$615.00	\$ 9,250.00
Greater Chicago	DEVOTED C-SNP PREMIUM 005 IL (HMO C-SNP)	H7151	005	Local HMO	Chronic or Disabling Condition	\$15.20	\$615.00	\$ 3,500.00
Downstate Illinois	DEVOTED C-SNP CHOICE PLUS 012 IL (PPO C-SNP)	H8320	012	Local PPO	Chronic or Disabling Condition	\$15.20	\$615.00	\$ 9,250.00
Central Illinois	DEVOTED C-SNP CHOICE PREMIUM 011 IL (PPO C-SNP)	H8320	011	Local PPO	Chronic or Disabling Condition	\$15.20	\$615.00	\$ 5,300.00
Greater Rockford	DEVOTED C-SNP CHOICE PREMIUM 013 IL (PPO C-SNP)	H8320	013	Local PPO	Chronic or Disabling Condition	\$15.20	\$615.00	\$ 4,450.00
Metro East	DEVOTED C-SNP CHOICE PREMIUM 014 IL (PPO C-SNP)	H8320	014	Local PPO	Chronic or Disabling Condition	\$15.20	\$615.00	\$ 4,200.00
Cook, Dupage and Will Counties	Humana Community HMO Diabetes and Heart (HMO C-SNP)	H1468	017	Local HMO	Chronic or Disabling Condition	\$0.00	\$615.00	\$ 2,950.00
Select Counties in Illinois	Humana Choice - Diabetes and Heart (PPO C-SNP)	H5216	414	Local PPO	Chronic or Disabling Condition	\$15.00	\$615.00	\$ 9,250.00

Illinois (Partial)	Longevity Health Plan (HMO I-SNP)	H9590	001	Local HMO	Institutional	\$15.20	\$615.00	\$ 9,250.00
Illinois (Partial)	Provider Partners Illinois Advantage Plan (HMO I-SNP)	H3800	001	Local HMO	Institutional	\$15.20	\$615.00	\$ 9,250.00
Select Counties in Illinois	UHC Nursing Home Plan IL-F001 (PPO I-SNP)	H0710	039	Local PPO	Institutional	\$15.20	\$615.00	\$ 9,250.00
Select Counties in Illinois	UHC Complete Care Support IL-1A (PPO C-SNP)	H2001	038	Local PPO	Chronic or Disabling Condition	\$15.20	\$450.00	\$ 9,250.00
Select Counties in Illinois	UHC Complete Care Support ST-1A (PPO C-SNP)	H2001	037	Local PPO	Chronic or Disabling Condition	\$15.20	\$450.00	\$ 9,250.00
Chicago Metro Area	UHC Complete Care Support IL-7 (HMO-POS C-SNP)	H2802	067	Local HMO	Chronic or Disabling Condition	\$15.20	\$615.00	\$ 3,500.00
Select Counties in Iowa and Illinois	UHC Complete Care IA-5 (HMO-POS C-SNP)	H5253	180	Local HMO	Chronic or Disabling Condition	\$27.00	\$600.00	\$ 5,900.00
Northeast and Northern Illinois	Zing Elite Diabetes & Heart IL (HMO C-SNP)	H4624	028	Local HMO	Chronic or Disabling Condition	\$0.00	\$0.00	\$ 3,200.00
Select Counties in Illinois and Indiana	Zing Elite Essentials Diabetes & Heart IL-IN (HMO C-SNP)	H4624	045	Local HMO	Chronic or Disabling Condition	\$0.00	\$615.00	\$ 3,200.00
Northeast and Northern Illinois	Zing Essential Wellness Diabetes & Heart IL (HMO C-SNP)	H4624	010	Local HMO	Chronic or Disabling Condition	\$0.00	\$0.00	\$ 3,650.00
Northeast and Northern Illinois	Zing Select Diabetes & Heart Complete IL (HMO C-SNP)	H4624	027	Local HMO	Chronic or Disabling Condition	\$0.00	\$615.00	\$ 7,000.00
Greater Chicago	Zing Select Dialysis IL (HMO C-SNP)	H4624	029	Local HMO	Chronic or Disabling Condition	\$0.00	\$0.00	\$ 4,600.00