



CHINESE AMERICAN SERVICE LEAGUE, Inc.

A Not-For-Profit Organization

Medical Assistance Program (also known as Medicaid)

It is a federal medical assistance program run by the Illinois Department of Human Services (IDHS). The program is for people who need medical assistances all year round. Medicaid is a jointly funded state and Federal government program that pays for medically necessary services. Medicaid pays for medical services for children and their caretakers, pregnant women, and persons who are disabled, blind or 65 years of age or older. With ACA (Affordable Care Act) expansion in Illinois, it also covers people who are 19-64 years of age.

Moms and Babies	ALL Kids																								
<ol style="list-style-type: none"> 1. You do not have to be a citizen or a legal immigrant 2. Pregnancy Verification 3. Live in Illinois <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Household size</th> <th style="width: 80%;">Monthly Gross Income</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">\$2,883</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">\$3,625</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">\$4,367</td> </tr> </tbody> </table>	Household size	Monthly Gross Income	2	\$2,883	3	\$3,625	4	\$4,367	<ol style="list-style-type: none"> 1. Age 18 or younger, live in Illinois 2. You do not have to be a citizen or a legal immigrant 3. All Kids Premium Level 1: 1 child \$152 children \$25Each add'l child: \$5 4. All Kids Premium Level 2: \$40 per child, \$80 for 2 or more children <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Household size</th> <th style="width: 25%;">Monthly Gross Income</th> <th style="width: 20%;">All Kids Premium Level 1</th> <th style="width: 40%;">All Kids Premium Level 2</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">\$1,989</td> <td style="text-align: center;">\$2,828</td> <td style="text-align: center;">\$4,304</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">\$2,501</td> <td style="text-align: center;">\$3,556</td> <td style="text-align: center;">\$5,411</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">\$3,014</td> <td style="text-align: center;">\$4,285</td> <td style="text-align: center;">\$6,519</td> </tr> </tbody> </table>	Household size	Monthly Gross Income	All Kids Premium Level 1	All Kids Premium Level 2	2	\$1,989	\$2,828	\$4,304	3	\$2,501	\$3,556	\$5,411	4	\$3,014	\$4,285	\$6,519
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Please bring original copies of the following when you apply: (For each family member)

- Proof of the identity of the person making application. (Driver’s license; birth certificate etc.), Social Security Number, Alien cards, Passports
- Income proof (employment, benefits, other sources) for the past 30 days, including employer’s name, address and phone number.
- Proof of address such as gas, water, electricity, phone bills etc.

For inquiries or scheduling appointments for application, please call (312) 791-0418 ext. 1129 Ms. Carmen Au, 2102 Ms. Emily Guan ,1172 Ms. Queenie Guan or 1123 Ms. Simone Ng.



醫療補助保險 (Medicaid)

醫療補助保險（政府白卡）是伊州及聯邦政府資助的計劃，提供醫療保險給孕婦，兒童及其照顧者，長者及殘疾人士。基於“可負擔健保法案”（ACA）令醫療補助保險的保障惠及年齡擴展到 19 至 64 歲。

孕婦及嬰兒醫療保險 Moms and Babies	兒童醫療補助保險 ALL Kids																								
<ol style="list-style-type: none"> 不限移民身份 每多一位家庭成員限額會加 \$734 懷孕證明 <table border="1"> <thead> <tr> <th>家庭人數</th> <th>每月收入限額</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>\$2,883 以下</td> </tr> <tr> <td>3</td> <td>\$3,625 以下</td> </tr> <tr> <td>4</td> <td>\$4,367 以下</td> </tr> </tbody> </table>	家庭人數	每月收入限額	2	\$2,883 以下	3	\$3,625 以下	4	\$4,367 以下	<ol style="list-style-type: none"> 任何 18 歲或以下的兒童; 不限移民身份 每多一位家庭成員限額會加 \$ 507 Allkids Level 1*月費: 一名小孩: \$15, 兩名小孩: \$25, 五名或以上 : \$40 Allkids Level 2 ** 月費: 一名小孩: \$40, 兩名或以上: \$80 <table border="1"> <thead> <tr> <th>家庭人數</th> <th>每月收入(包括家長) 限額</th> <th>All Kids Premium Level 1 要付月費*</th> <th>All Kids Premium Level 2 要付月費**</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>\$1,989 以下</td> <td>\$2,828 以下</td> <td>\$4,304 以下</td> </tr> <tr> <td>3</td> <td>\$2,501 以下</td> <td>\$3,556 以下</td> <td>\$5,411 以下</td> </tr> <tr> <td>4</td> <td>\$3,014 以下</td> <td>\$4,285 以下</td> <td>\$6,519 以下</td> </tr> </tbody> </table>	家庭人數	每月收入(包括家長) 限額	All Kids Premium Level 1 要付月費*	All Kids Premium Level 2 要付月費**	2	\$1,989 以下	\$2,828 以下	\$4,304 以下	3	\$2,501 以下	\$3,556 以下	\$5,411 以下	4	\$3,014 以下	\$4,285 以下	\$6,519 以下
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<ol style="list-style-type: none"> 19 歲到 64 歲，美國公民或持綠卡 5 年以上 每多一位家庭成員限額會增加 \$ 476 <table border="1"> <thead> <tr> <th>家庭人數</th> <th>每月收入限額</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$1,387 以下</td> </tr> <tr> <td>2</td> <td>\$1,868 以下</td> </tr> <tr> <td>3</td> <td>\$2,348 以下</td> </tr> </tbody> </table>	家庭人數	每月收入限額	1	\$1,387 以下	2	\$1,868 以下	3	\$2,348 以下	<ol style="list-style-type: none"> 65 歲或以上持有綠卡 5 年以上居民或美國公民 <table border="1"> <thead> <tr> <th>家庭人數</th> <th>資產限額</th> <th>每月收入限額</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$2,000 以下</td> <td>\$ 1,005 以下</td> </tr> <tr> <td>2</td> <td>\$3,000 以下</td> <td>\$ 1,353 以下</td> </tr> </tbody> </table>	家庭人數	資產限額	每月收入限額	1	\$2,000 以下	\$ 1,005 以下	2	\$3,000 以下	\$ 1,353 以下							
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申請時需攜帶的文件（正本）—— 每一位家庭成員

- 身份證明（駕駛執照, 出生證明）, 工人卡/社會安全卡, 綠卡, 護照
- 最近 30 天收入證明, 包括雇主姓名, 地址和電話號碼（支票尾, 福利信件, 其他收入）
- 住址證明（煤氣, 水, 電, 電話等）

如有任何查詢或預約時間填寫表格請致電華人諮詢服務處 (312) 791-0418 內線 1129 區小姐 (Carmen) 或 2102 關小姐 (Emily), 1172 關小姐 (Queenie) 或 1123 沈小姐 (Simone).