



Better together

2022 Aetna® health plan resource guide
State of Illinois



Health plan options and resources

Read this guide to learn about the health plan options and programs available to you starting July 1, 2022. Choose the plan that works best for you, based on your needs, budget and family situation.

Enroll in your benefits during Open Enrollment: May 1–May 31. Open Enrollment is your annual opportunity to make changes to your benefits elections and to choose the best coverage for you and your family for the remainder of 2022 and into 2023.

Plan resources at your fingertips

When you enroll in an Aetna® health plan, you automatically get these tools and resources.

Aetna Member Services

Get answers to all your benefits and claims questions when you call **1-855-339-9731 (TTY: 711)**, Monday through Friday, 7 AM to 5 PM CT.

Your Aetna member website

After you enroll in a health plan, register at **AetnaStateofIllinois.com**. Then log in anytime to confirm who's covered under your plan, check the status of claims, view Explanation of Benefits (EOB) statements and more.

Cost comparison

Did you know that health care providers can charge very different costs for the exact same service? Compare costs on your Aetna member website and know what to expect before you receive care. Just click on **Find Care & Pricing** and search by name, type of provider or care needed.

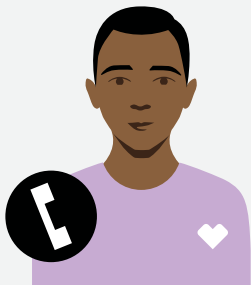
Aetna HealthSM app

Download the app for all the best features of your member website on the go. View your ID card, find care, make appointments and more — right from your phone.

Teladoc[®]

Teladoc is a service that connects you to board-certified primary care doctors, 24/7. Teladoc doctors can treat many non-emergency medical issues by phone or video chat, including colds, flu, bronchitis, infections and more. Set up your account at **Teladoc.com/Aetna**, or call **1-855-835-2362** to get started.

You can also download the free Teladoc app on your mobile device.



Behavioral health support

We all need mental and emotional support at times. Your plan includes behavioral health resources to help with challenges like grief and loss, stress, depression and anxiety, substance misuse, and more. Log in to your Aetna member website to:

- Check your emotional well-being
- Improve your mood with self-check tools
- Find caregiver support and resources
- Watch inspirational videos
- Read empowering stories

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.



Enjoy these wellness programs and extras

Call **1-855-339-9731 (TTY: 711)**, Monday through Friday, 7 AM to 5 PM CT, or log in at **AetnaStateofIllinois.com** to learn more.

24-Hour Nurse Line

Speak with a registered nurse about health issues — anytime, day or night. While only your doctor can diagnose, prescribe or give medical advice, our nurses can provide information on a variety of health topics.

Aetna One® Choice

If you have an upcoming hospital stay or a chronic condition, like diabetes, high blood pressure or asthma, an Aetna One Choice nurse or consultant can help. Your personal nurse doesn't replace your doctor but can help you stay on track with your treatment plan and help coordinate your care.

Simple Steps To A Healthier Life® program

Want to leave those unhealthy habits behind for good? Try Simple Steps To A Healthier Life. You'll learn strategies to manage your weight, deal with stress, quit smoking and more.

Aetna® member discounts*

As an Aetna member, you can take advantage of members-only savings on vision and hearing care, gym memberships, weight-management programs, natural products and services, vitamins, and much more.

***DISCOUNT OFFERS ARE NOT INSURANCE.** They are not benefits under your insurance plan. You get access to discounts off the regular charge on products and services offered by third-party vendors and providers. Aetna makes no payment to the third parties — you are responsible for the full cost. Check any insurance plan benefits you have before using these discount offers, as those benefits may give you lower costs than these discounts.

Find a doctor

It's easy to find a network provider. Using the provider search tool, you can look for doctors, specialists, walk-in clinics and urgent care centers, hospitals, and even labs.

- 1.** Go to **AetnaStateofIllinois.com** and click on **Find a Doctor** at the top of the page.
- 2.** Click on your plan's link to access the provider search tool.
- 3.** Enter your ZIP code in the **Continue as a guest** section.
- 4.** Enter your doctor's name or the type of provider you'd like to find. You can also select a provider category for an automatic search.

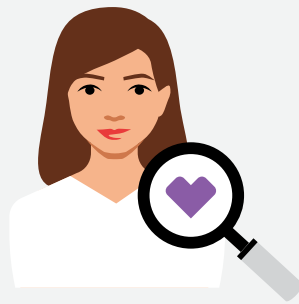


Health Maintenance Organization (HMO) plan

The summary below shows your plan benefits levels when you use the doctors and hospitals in our network. You can go outside the network, but you'll pay more since the HMO does not provide out-of-network benefits. Your Open Enrollment materials from the State of Illinois will include more details.

Note: DME stands for durable medical equipment.

HMO plan			
Deductible	Single: \$0	Inpatient services	100% after \$425 per admission
	Family: \$0	Outpatient surgery	100% after \$300 copay
Coinsurance	100% (80% for DME)	MRI, PET, CAT scans	100% after \$30 copay
PCP office visit	100% after \$30 copay	Annual out-of-pocket maximum	Single: \$3,000 Family: \$6,000
Teladoc®	100% after \$10 copay	Prescription drugs	Retail: \$150 deductible per person <ul style="list-style-type: none"> • Tier 1A: \$4 per 30-day supply (Maintenance drugs, see below) • Tier 1: \$16 per 30-day supply • Tier 2: \$33 per 30-day supply • Tier 3: \$57 per 30-day supply 31- to 90-day retail/mail-order supplies are 2.5 times copay.
Specialist office visit	100% after \$35 copay		
Emergency room visit	100% after \$275 copay		
Urgent care services	100% after \$35 copay		
Home health care	100% after \$35 copay		



Questions? We're here to help.

Health benefits information: [AetnaStateofIllinois.com](https://www.aetna.com/illinois)

Health benefits questions:

Aetna® Member Services: **1-855-339-9731 (TTY: 711)**,
Monday through Friday, 7 AM to 5 PM CT

Enrollment information or to make changes to your benefits:

Contact MyBenefits Marketplace Service Center: **1-844-251-1777**

Open Enrollment hours: 7:30 AM to 7:00 PM CT

Open Access Plan (OAP)

Below is a summary of your plan benefits levels for the three available OAP Tiers. Your Open Enrollment materials from the State of Illinois will include more details.

Note: MAC is the maximum allowable charge. DME stands for durable medical equipment.

	OAP		
	Tier 1	Tier 2	Tier 3
Deductible	Single: \$0 per enrollee Family: \$0 per enrollee	\$300 per enrollee	\$400 per enrollee
Coinsurance	100% (80% for DME)	90% of network charges (80% for DME)	60% of MAC
PCP office visit	100% after \$30 copay	90% of network charges after deductible	60% of MAC after deductible
Teladoc®	100% after \$10 copay	Not covered	Not covered
Specialist office visit	100% after \$35 copay	90% of network charges after deductible	60% of MAC after deductible
Emergency room visit	100% after \$275 copay	100% after \$275 copay	100% after \$275 copay
Urgent care services	100% after \$35 copay	90% of network charges after deductible	60% of MAC after deductible
Home health care	100% after \$35 copay	90% of network charges after deductible	Not covered
Inpatient services	100% after \$425 per-admit copay	90% of network charges after \$475 copay and deductible	60% of MAC after \$575 copay and deductible
Outpatient surgery	100% after \$300 copay	90% of network charges after \$300 copay and deductible	60% of MAC after \$300 copay and deductible
MRI, PET, CAT scans	100% after \$30 copay	90% of network charges after deductible	60% of MAC after deductible
Annual out-of-pocket maximum	Single: \$3,000 Family: \$6,000	Single: \$3,000 Family: \$6,000	Not applicable
Prescription drugs	Administered through the state self-insured prescription benefits manager	Administered through the state self-insured prescription benefits manager	Administered through the state self-insured prescription benefits manager



Quality Care and Consumer Driven Health Plans

The summaries below show your plan benefits levels when you use the doctors and hospitals in our network. You can go outside the network, but you'll usually pay more. Your Open Enrollment materials from the State of Illinois will include more details.

Note: MAC is the maximum allowable charge.

	QCHP		CDHP	
	In network	Out of network	In network	Out of network
Deductible	Single: \$425–\$575 Dependent/Retiree: \$425 Family: \$1,000–\$1,375 (salary based)	Single: \$425–\$575 Dependent/Retiree: \$425 Family: \$1,000–\$1,375 (salary based)	Single: \$1,500 Family:* \$3,000	Single: \$1,500 Family:* \$3,000
Coinsurance	85% of network charges	60% of MAC	90% of network charges after deductible	65% of allowable charges after deductible
PCP office visit	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
Teladoc®	85% of network charges after deductible	Not covered	90% of network charges after deductible	Not covered
Specialist office visit	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
Emergency room visit	\$450 per visit; plan-year deductible applies	\$450 per visit; plan-year deductible applies	90% of network charges after deductible	90% of network charges after deductible
Urgent care services	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
Home health care	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
Inpatient services	85% of network charges after \$200 hospital deductible; plan-year deductible applies	60% of MAC after \$800 hospital deductible; plan-year deductible applies	90% of network charges after deductible	65% of allowable charges after deductible
Outpatient surgery	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
MRI, PET, CAT scans	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
Annual out-of-pocket maximum	Single: \$1,750 Family: \$4,375	Single: \$7,000 Family: \$13,500	Single: \$3,000 Family: \$6,000	Single: \$3,000 Family: \$6,000
Prescription drugs	Administered through the state self-insured prescription benefits manager	Administered through the state self-insured prescription benefits manager	90% covered after deductible Certain over-the-counter preventive medications covered 100% in network	90% covered after deductible

*For members who have at least one dependent, the family deductible must be met before any family member can receive coverage at the plan's benefits levels.



PayFlex® is your Health Savings Account (HSA) administrator if you choose the CDHP. An HSA makes it easy to save and to pay for eligible health care expenses. With the PayFlex member website and mobile app, you can receive personalized alerts, view account activity and even pay claims directly. For more information, visit [PayFlex.com](https://www.payflex.com) or call **1-844-729-3539 (TTY: 711)**, Monday through Friday, 7 AM to 7 PM, and Saturday, 9 AM to 2 PM CT.

TTY: 711

To access language services at no cost to you, call 1-855-339-9731 .

Para acceder a los servicios de idiomas sin costo, llame al 1-855-339-9731 . (Spanish)

如欲使用免費語言服務，請致電 1-855-339-9731 。（Chinese）

Aetna Behavioral Health refers to an internal business unit of Aetna. PayFlex Systems USA, Inc. is an affiliate of Aetna Life Insurance Company.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna®. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons, including claims processing times for other services, providers joining or leaving our network, or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services. Discount vendors and providers are not agents of Aetna and are solely responsible for the products and services they provide. Discount offers are not guaranteed and may be ended at any time. Aetna may get a fee when you buy these discounted products and services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. Refer to **Aetna.com** for more information about Aetna plans.

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