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Open Access Plan Description of Coverage (CIP)

			Tier 1	Tier 2*	Tier 3*,**
Basic Care (See Provider Directory to select an in-network provider)					
Annual deductible			None	$300 per enrollee	$400 per enrollee
Out-of-pocket maximum					
Tier 1 and Tier 2 cross accumulate. Includes Tier 2 deductible, Tier 1 and Tier 2 copayments/coinsurance.		Individual	$6,600	$6,600	Not applicable
		Family	$13,200	$13,200	Not applicable
Lifetime maximum			Unlimited	Unlimited	Unlimited
Pre-existing condition limitations			None	None	None
Network					Out of network
		Description of Coverage			
Hospital					
Number of days of inpatient care		Unlimited when authorized	$250 copay per admission	20% coinsurance after $300 copay	40% coinsurance of MAC after $400 copay
Room and board		Semi-private room, intensive care		20% coinsurance	40% coinsurance of MAC
Surgeon's fees		Inpatient or outpatient	$0 copay	20% coinsurance	40% coinsurance of MAC
Provider's visit			$0 copay	20% coinsurance	40% coinsurance of MAC
Medications			$0 copay	20% coinsurance	40% coinsurance of MAC
Other miscellaneous charges		Except personal comfort items	$0 copay	20% coinsurance	40% coinsurance of MAC
Emergency					
Emergency services (medical conditions of sufficient severity such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in serious jeopardy of the person's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part)		Copay waived if admitted as an inpatient for same condition within 48 hours	$200 copay	$200 copay	$200 copay
Emergency post-stabilization services		Copayment dependent on nature of service			
Provider's Office					
Provider's office visits		Exam, diagnosis, treatment	$30 copay per office visit	20% coinsurance	40% coinsurance of MAC
Preventive care		ACA guidelines apply	100% coverage	100% coverage	Covered under Tier 1 and Tier 2 only
Diagnostic tests and X-rays		May require authorization	$0 copay	20% coinsurance	40% coinsurance of MAC
Immunizations			$0 copay	100% coverage	Covered under Tier 1 and Tier 2 only
Allergy treatment and testing			$0 copay	100% coverage	Covered under Tier 1 and Tier 2 only
Medical Services					
Outpatient surgery		Surgery and observation; may require authorization	$200 copay	20% coinsurance after $200 copay	40% coinsurance of MAC after $200 copay
Maternity care					
	Hospital care	Room and board, ancillary services, care of child during mother's stay	$250 copay per admission	20% coinsurance after $300 copay	40% coinsurance of MAC after $400 copay
	Provider care	Prenatal, delivery and post-natal care	$0 copay	20% coinsurance	40% coinsurance of MAC
Infertility services		See benefits certificate for details on coverage		20% coinsurance	40% coinsurance of MAC
Mental health treatment					
	Inpatient		$250 copay per admission	20% coinsurance after $300 copay	40% coinsurance of MAC after $400 copay
	Outpatient		$30 copay per office visit	20% coinsurance	40% coinsurance of MAC
Substance abuse treatment					
	Inpatient		$250 copay per admission	20% coinsurance after $300 copay	40% coinsurance of MAC after $400 copay
	Outpatient		$30 copay per office visit	20% coinsurance	40% coinsurance of MAC
Outpatient rehabilitation services		Up to 60-day treatment period per condition	$30 copay per office visit	20% coinsurance	Covered under Tier 1 and Tier 2 only
Speech therapy – Pervasive developmental disorders		20 visits per contract year	$30 copay per office visit	20% coinsurance	Covered under Tier 1 and Tier 2 only
Other Services					
Durable medical equipment		Prosthetic devices included	20% coinsurance	20% coinsurance	40% coinsurance of MAC
Hospice			$0 copay	20% coinsurance	40% coinsurance of MAC
Home health care			$30 copay per visit	20% coinsurance	Covered under Tier 1 and Tier 2 only
Prescription drugs			Administered through the state self-insured prescription benefits manager		
Dental services		Not covered	n/a	n/a	n/a
Vision care		Not covered	n/a	n/a	n/a
Skilled nursing facility		When authorized	20% coinsurance	20% coinsurance	Covered under Tier 1 and Tier 2 only
Ambulance		When medically necessary	$0 copay	20% coinsurance	40% coinsurance of MAC
Chiropractic services			$30 copay per office visit	20% coinsurance	Covered under Tier 1 and Tier 2 only
Organ transplants		Out-of-pocket maximum applies	$0 copay	20% coinsurance	Covered under Tier 1 and Tier 2 only

*Annual deductible must be satisfied for all services. **Maximum allowable charges (MAC) apply.

For more information, visit our website at **www.aetnastateofillinois.com** or call **1-855-339-9731** (TTY users call **1-800-628-3323**), Monday – Friday from 8 a.m. – 6 p.m. ET.

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Disclaimer:

TTY: 711

Para obtener asistencia lingüística en español, llame sin cargo al **1-855-339-9731**. (Spanish)

欲取得繁體中文語言協助，請撥打 1-855-339-9731，無需付費。(Chinese)

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