



# Here for you

## **2020 Aetna® Medical Plan Resource Guide** State of Illinois

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[Aetna.com](https://www.aetna.com)



# Medical plan options and resources

Read this guide and any enclosed documents to learn about the medical plan options and programs available to you starting July 1, 2020.

**Choose** the medical 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 2020.

## 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 the medical 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 estimator tool\*

Use this tool to get actual costs of procedures and treatments using providers and facilities in your area. This tool factors in plan details like your remaining deductible and your copay or coinsurance.

### Aetna Health<sup>SM</sup> app

Manage your health whenever and wherever with the personalized Aetna Health app. You can pull up a digital copy of your Aetna ID card, search for network doctors and facilities, and even track claims and pay bills. Download the app from your app store, or text **AETNA** to **90156** for a link.\*\*



### Talk to a doctor, 24/7

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.

If you have one of the following plans, you have Teladoc:

HMO

OAP Tier 1

QCHP

CDHP

\*Estimated costs not available in all markets for all procedures. Actual costs may differ depending on services received and billed at time of claim.

\*\*Data and messaging rates may apply





## 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 to **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 more than 5,000 health topics.

### Aetna In Touch Care<sup>SM</sup>

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

### Simple Steps To A Healthier Life<sup>®</sup> program

Want to leave those unhealthy habits behind for good? Try Simple Steps To A Healthier Life. It's included with your health plan, and 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.



### Provider search tool

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 that you would like to find. You can also select a provider category for an automatic search.

If you're an Aetna member, you have a personalized version of the directory. It "recognizes" you and your plan. Just log in to search or register in the **"Already a member?"** section. You will get the same results as you would by using the **"Continue as a guest"** option.

**\*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.

# Health Maintenance Organization (HMO) plan

The summary below shows your plan benefit 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.

HMO plan			
<b>Deductible</b>	Single: \$0	<b>Inpatient services</b>	100% after \$375 per admit copay
	Family: \$0	<b>Outpatient surgery</b>	100% after \$275 copay
<b>Coinsurance</b>	100% (80% for DME)	<b>MRI, PET, CAT Scans</b>	100% after \$25 copay
<b>PCP office visit</b>	100% after \$25 copay	<b>Annual out-of-pocket maximum</b>	Single: \$3,000
<b>Teladoc</b>	100% after \$25 copay		Family: \$6,000
<b>Specialist office visit</b>	100% after \$35 copay	<b>Prescription drugs</b>	Retail: \$125 deductible per-person • Tier 1A: \$4.00 per 30-day supply (Maintenance drugs, see below) • Tier 1: \$13 per 30-day supply • Tier 2: \$31 per 30-day supply • Tier 3: \$55 per 30-day supply 31 to 90-day retail/mail order supplies are 2.5 times copay.
<b>Emergency room visit</b>	100% after \$275 copay		
<b>Urgent care services</b>	100% coverage		
<b>Home health care</b>	100% after \$35 copy		

## 2020 Aetna maintenance drugs

### HMO Tier 1A

Get the most out of your HMO Tier 1A drug coverage by choosing value drugs with a reduced copay. You can find more information about your pharmacy benefits under "FAQs" on [AetnaStateofIllinois.com](https://www.aetna.com/illinois).

Category	Generic medicine		
Anticoagulants			
jantoven tabs 1 mg jantoven tabs 2 mg jantoven tabs 2.5 mg jantoven tabs 3 mg jantoven tabs 4 mg jantoven tabs 5 mg	jantoven tabs 6 mg jantoven tabs 7.5 mg jantoven tabs 10 mg warfarin tabs 1 mg warfarin tabs 2 mg warfarin tabs 2.5 mg	warfarin tabs 3 mg warfarin tabs 4 mg warfarin tabs 5 mg warfarin tabs 6 mg warfarin tabs 7.5 mg warfarin tabs 10 mg	
Antidepressants			
citalopram hydrobromide tabs 10 mg citalopram hydrobromide tabs 20 mg citalopram hydrobromide tabs 40 mg fluoxetine hcl caps 10 mg fluoxetine hcl caps 20 mg	fluoxetine hcl caps 40 mg paroxetine hcl tabs 10 mg paroxetine hcl tabs 20 mg paroxetine hcl tabs 30 mg	paroxetine hcl tabs 40 mg sertraline hcl tabs 25 mg sertraline hcl tabs 50 mg sertraline hcl tabs 100 mg	
Antidiabetic			
glimepiride tabs 1 mg glimepiride tabs 2 mg glimepiride tabs 4 mg glipizide er tb24 2.5 mg glipizide er tb24 5 mg glipizide er tb24 10 mg glipizide tabs 5 mg glipizide tabs 10 mg glipizide xl tb24 2.5 mg glipizide xl tb24 5 mg glipizide xl tb24 10 mg glipizide/metformin hcl tabs 2.5-250 mg	glipizide/metformin hcl tabs 2.5-500 mg glipizide/metformin hcl tabs 5-500 mg glyburide micronized tabs 3 mg glyburide micronized tabs 6 mg glyburide tabs 1.25 mg glyburide tabs 2.5 mg glyburide tabs 5 mg glyburide/metformin hcl tabs 1.25-250 mg glyburide/metformin hcl tabs 2.5-500 mg glyburide/metformin hcl tabs 5-500 mg metformin hcl er tb24 500 mg metformin hcl tabs 500 mg	metformin hcl tabs 850 mg metformin hcl tabs 1000 mg nateglinide tabs 60 mg nateglinide tabs 120 mg pioglitazone hcl tabs 15 mg pioglitazone hcl tabs 30 mg pioglitazone hcl tabs 45 mg pioglitazone hcl/metformin hcl tabs 15-500 mg pioglitazone hcl/metformin hcl tabs 15-850 mg repaglinide tabs 0.5 mg repaglinide tabs 1 mg repaglinide tabs 2 mg	

Category	Generic medicine		
Antihyperlipidemic			
atorvastatin calcium tabs 10 mg atorvastatin calcium tabs 20 mg atorvastatin calcium tabs 40 mg atorvastatin calcium tabs 80 mg gemfibrozil tabs 600 mg lovastatin tabs 10 mg lovastatin tabs 20 mg	lovastatin tabs 40 mg pravastatin tabs 10 mg pravastatin tabs 20 mg pravastatin tabs 40 mg pravastatin tabs 80 mg rosuvastatin calcium tabs 5 mg rosuvastatin calcium tabs 10 mg	rosuvastatin calcium tabs 20 mg rosuvastatin calcium tabs 40 mg simvastatin tabs 5 mg simvastatin tabs 10 mg simvastatin tabs 20 mg simvastatin tabs 40 mg simvastatin tabs 80 mg	
Antihypertensive			
amlodipine/benazepril hcl caps 2.5-10 mg amlodipine/benazepril hcl caps 5-10 mg amlodipine/benazepril hcl caps 5-20 mg amlodipine/benazepril hcl caps 5-40 mg amlodipine/benazepril hcl caps 10-20 mg amlodipine/benazepril hcl caps 10-40 mg amlodipine/olmesartan medoxomil tabs 10-20 mg amlodipine/olmesartan medoxomil tabs 10-40 mg amlodipine/olmesartan medoxomil tabs 5-20 mg amlodipine/olmesartan medoxomil tabs 5-40 mg amlodipine/valsartan tabs 5-160 mg amlodipine/valsartan tabs 5-320 mg amlodipine/valsartan tabs 10-160 mg amlodipine/valsartan tabs 10-320 mg amlodipine/valsartan/hctz tabs 5-160-12.5 amlodipine/valsartan/hctz tabs 5-160-25 mg amlodipine/valsartan/hctz tabs 10-160-25 amlodipine/valsartan/hctz tabs 10-320-25 amlodipine/valsartan/hctz tabs 10-160 mg benazepril hcl tabs 5 mg benazepril hcl tabs 10 mg benazepril hcl tabs 20 mg benazepril hcl tabs 40 mg benazepril hcl/hctz tabs 5-6.25 mg benazepril hcl/hctz tabs 10-12.5 mg benazepril hcl/hctz tabs 20-25 mg benazepril hcl/hctz tabs 20-12.5 mg bisoprolol fumarate/hctz tabs 2.5-6.25 mg bisoprolol fumarate/hctz tabs 5-6.25 mg bisoprolol fumarate/hctz tabs 10-6.25 mg candesartan cilexetil tabs 4 mg candesartan cilexetil tabs 8 mg candesartan cilexetil tabs 16 mg candesartan cilexetil tabs 32 mg candesartan cilexetil/hctz tabs 16-12.5 mg candesartan cilexetil/hctz tabs 32-12.5 mg candesartan cilexetil/hctz tabs 32-25 mg captopril tabs 12.5 mg captopril tabs 25 mg captopril tabs 50 mg captopril tabs 100 mg	clonidine hcl tabs 0.1 mg clonidine hcl tabs 0.2 mg clonidine hcl tabs 0.3 mg enalapril tabs 2.5 mg enalapril tabs 5 mg enalapril tabs 10 mg enalapril tabs 20 mg enalapril/hctz tabs 5-12.5 mg enalapril/hctz tabs 10-25 mg fosinopril tabs 10 mg fosinopril tabs 20 mg fosinopril tabs 40 mg fosinopril/hctz tabs 10-12.5 mg fosinopril/hctz tabs 20-12.5 mg hydralazine hcl tabs 25 mg irbesartan tabs 75 mg irbesartan tabs 150 mg irbesartan tabs 300 mg irbesartan/hctz tabs 150-12.5 mg irbesartan/hctz tabs 300-12.5 mg lisinopril tabs 2.5 mg lisinopril tabs 5 mg lisinopril tabs 10 mg lisinopril tabs 20 mg lisinopril/hctz tabs 10-12.5 mg lisinopril/hctz tabs 20-12.5 mg lisinopril/hctz tabs 20-25 mg losartan potassium tabs 25 mg losartan potassium tabs 50 mg losartan potassium tabs 100 mg osartan potassium/hctz tabs 50-12.5 mg losartan potassium/hctz tabs 100-12.5 mg losartan potassium/hctz tabs 100-25 mg olmesartan medoxomil tabs 5 mg olmesartan medoxomil tabs 20 mg olmesartan medoxomil tabs 40 mg olmesartan medoxomil/amlodipine/hctz tabs 20-5-12.5 mg olmesartan medoxomil/amlodipine/hctz tabs 40-5-12.5 mg olmesartan medoxomil/amlodipine/hctz tabs 40-5-25 mg olmesartan medoxomil/amlodipine/hctz tabs 40-10-12.5 mg olmesartan medoxomil/amlodipine/hctz tabs 40-10-25 mg	olmesartan medoxomil/hctz tabs 20-12.5 mg olmesartan medoxomil/hctz tabs 40-12.5 mg olmesartan medoxomil/hctz tabs 40-25 mg perindopril erbumine tabs 2 mg perindopril erbumine tabs 4 mg perindopril erbumine tabs 8 mg quinapril hcl tabs 5 mg quinapril hcl tabs 10 mg quinapril hcl tabs 20 mg quinapril hcl tabs 40 mg quinapril/hctz tabs 10-12.5 mg quinapril/hctz tabs 20-12.5 mg quinapril/hctz tabs 20-25 mg ramipril caps 1.25 mg ramipril caps 2.5 mg ramipril caps 5 mg ramipril caps 10 mg telmisartan tabs 20 mg telmisartan tabs 40 mg telmisartan tabs 80 mg telmisartan/amlodipine tabs 40-5 mg telmisartan/amlodipine tabs 40-10 mg telmisartan/amlodipine tabs 80-5 mg telmisartan/amlodipine tabs 80-10 mg telmisartan/hctz tabs 40-12.5 mg telmisartan/hctz tabs 80-12.5 mg telmisartan/hctz tabs 80-25 mg terazosin hcl caps 1 mg terazosin hcl caps 2 mg terazosin hcl caps 5 mg terazosin hcl caps 10 mg trandolapril tabs 1 mg trandolapril tabs 2 mg trandolapril tabs 4 mg valsartan tabs 40 mg valsartan tabs 80 mg valsartan tabs 160 mg valsartan tabs 320 mg valsartan/hctz tabs 80-12.5 mg valsartan/hctz tabs 160-12.5 mg valsartan/hctz tabs 160-25 mg valsartan/hctz tabs 320-12.5 mg valsartan/hctz tabs 320-25 mg	
Beta Blockers			
atenolol tabs 25 mg atenolol tabs 50 mg atenolol tabs 100 mg carvedilol tabs 3.125 mg carvedilol tabs 6.25 mg carvedilol tabs 12.5 mg carvedilol tabs 25 mg	metoprolol tartrate tabs 25 mg metoprolol tartrate tabs 50 mg metoprolol tartrate tabs 100 mg propranolol hcl tabs 10 mg propranolol hcl tabs 20 mg propranolol hcl tabs 40 mg	propranolol hcl tabs 80 mg sorine tabs 80 mg sorine tabs 120 mg sotalol hcl (af) tabs 120 mg sotalol hcl tabs 80 mg sotalol hcl tabs 120 mg	
Calcium Blockers			
amlodipine tabs 2.5 mg amlodipine tabs 5 mg amlodipine tabs 10 mg diltiazem hcl tabs 30 mg	diltiazem hcl tabs 60 mg diltiazem hcl tabs 90 mg diltiazem hcl tabs 120 mg verapamil hcl er tbc 120 mg	verapamil hcl tabs 120 mg verapamil hcl tabs 40 mg verapamil hcl tabs 80 mg	
Diuretics			
amiloride/hctz tabs 5-50 mg furosemide tabs 20 mg furosemide tabs 40 mg furosemide tabs 80 mg	hctz caps 12.5 mg hctz tabs 25 mg hctz tabs 50 mg spironolactone tabs 25 mg	triamterene/hctz caps 37.5-25 mg triamterene/hctz tabs 37.5-25 mg triamterene/hctz tabs 75-50 mg	



## Open Access Plan (OAP)

Below is a summary of your plan benefit 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.

	OAP		
	Tier 1	Tier 2	Tier 3
<b>Deductible</b>	Single: \$0 per enrollee Family: \$0 per enrollee	\$275 per enrollee	\$375 per enrollee
<b>Coinsurance</b>	100% (80% for DME)	90% of network charges (80% for DME)	60% of MAC
<b>PCP office visit</b>	100% after \$25 copay	90% of network charges after deductible	60% of MAC after deductible
<b>Teladoc</b>	100% after \$10 copay	Not covered	Not covered
<b>Specialist office visit</b>	100% after \$35 copay	90% of network charges after deductible	60% of MAC after deductible
<b>Emergency room visit</b>	100% after \$275 copay	100% after \$275 copay	100% after \$275 copay
<b>Urgent care services</b>	100% coverage	100% coverage	Covered under Tier 1 and 2 only
<b>Home health care</b>	100% after \$35 copay	90% of network charges after deductible	Not covered
<b>Inpatient services</b>	100% after \$375 per admit copay	90% of network charges after \$425 copay and deductible	60% of MAC after \$525 copay and deductible
<b>Outpatient surgery</b>	100% after \$275 copay	90% of network charges after \$275 copay and deductible	60% of MAC after \$275 copay and deductible
<b>MRI, PET, CAT Scans</b>	100% after \$25 copay	90% of network charges after deductible	60% of MAC after deductible
<b>Annual out-of-pocket maximum</b>	Single: \$3,000 Family: \$6,000	Single: \$3,000 Family: \$6,000	Not applicable
<b>Prescription drugs</b>	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



# Qualified Care and Consumer Driven Health Plans

The summaries below show your plan benefit 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.

	QCHP		CDHP	
	In network	Out of network	In network	Out of network
<b>Deductible</b>	Single: \$400–\$550 Dependent/Retiree: \$400 Family: \$1,000–\$1,375 (salary based)	Single: \$400–\$550 Dependent/Retiree: \$400 Family: \$1,000–\$1,375 (salary based)	Single: \$1,500 Family:* \$3,000	Single: \$1,500 Family:* \$3,000
<b>Coinsurance</b>	85% of network charges	60% of MAC	90% of network charges after deductible	65% of allowable charges after deductible
<b>PCP office visit</b>	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
<b>Teladoc</b>	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
<b>Specialist office visit</b>	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
<b>Emergency room visit</b>	85% of network charges after \$450 ER deductible, plan year deductible applies	85% of network charges after \$450 ER deductible, plan year deductible applies	90% of network charges after deductible	65% of allowable charges after deductible
<b>Urgent care services</b>	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
<b>Home health care</b>	90% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
<b>Inpatient services</b>	85% of network charges after \$125 hospital deductible, plan year deductible applies	60% of MAC after \$600 hospital deductible, plan year deductible applies	90% of network charges after deductible	65% of allowable charges after deductible
<b>Outpatient surgery</b>	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
<b>MRI, PET, CAT Scans</b>	85% of network charges after deductible	60% of MAC after deductible	90% of network charges after deductible	65% of allowable charges after deductible
<b>Annual out-of-pocket maximum</b>	Single: \$1,625 Family: \$4,063	Single: \$6,500 Family: \$12,750	Single: \$3,000 Family: \$6,000	Single: \$3,000 Family: \$6,000
<b>Prescription drugs</b>	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



**PayFlex®** is your Health Savings Account (HSA) administrator if you chose the CDHP. It 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** or call **1-844-729-3539 (TTY: 711)**, Monday through Friday, 7 AM to 7 PM, and Saturday, 9 AM to 2PM CT.

\*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 benefit levels.



## Questions? We're here to help.

**Medical benefits information:** [AetnaStateofIllinois.com](https://www.AetnaStateofIllinois.com)

### **Medical 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 (TTY: 711)**  
Open Enrollment hours: 7:30 AM to 7:00 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)

**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.**

This material is for information only. Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not substitutes for diagnosis or treatment by a physician or other health care professional. Discount programs provide access to discounted prices and are not insured benefits. 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. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **Aetna.com**.

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