Better together

2020 Aetna® Medical Plan Resource Guide State of Illinois — Local Government Health Plan (LGHP)



2020 medical plans at a glance

You have four medical plans to choose from. The summaries outlined on the following pages show 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

HMO plan				
Deductible	Individual: \$0 Family: \$0	Outpatient surgery	100% after \$300 copay	
Coinsurance	100%	Annual out-of-pocket maximum	Single: \$3,000 Family: \$6,000	
PCP office visit	100% after \$40 copay	Prescription drugs	Retail: \$175 deductible per-person	
Teladoc®	100% after \$40 copay	_	 Reduced Tier 1: \$4.00 per 30-day supply (Maintenance drugs, see below) 	
Specialist office visit	100% after \$45 copay		• Tier 1: \$15 per 30-day supply	
Emergency room visit	100% after \$300 copay	_	• Tier 2: \$30 per 30-day supply	
Preventive services	100% coverage		 Tier 3: \$60 per 30-day supply Specialty Tier: \$120 per 30-day supply 	
Inpatient services	100% after \$350 copay per admission		31 to 90-day retail/mail order supplies are 2.5 times copay.	

2020 Aetna maintenance drugs for HMO Reduced Tier 1

Get the most out of your HMO Reduced Tier 1 drug coverage by choosing value drugs with a reduced copay. You can find more information about your pharmacy benefits under "FAQs" on AetnaStateofIllinios.com.

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 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 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
Antihyperlipidemic		
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amlodipine/benazepril hcl caps 5-10 mg amlodipine/benazepril hcl caps 5-20 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 5-20 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 5-160 mg amlodipine/valsartan tabs 5-160 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 5-160-25 mg amlodipine/valsartan/hctz tabs 5-160-25 mg benazepril hcl tabs 5 mg benazepril hcl tabs 5 mg benazepril hcl tabs 5 mg benazepril hcl tabs 20 mg benazepril hcl tabs 20 mg benazepril hcl tabs 20.5 mg benazepril hcl/hctz tabs 20-12.5 mg benazepril hcl/hctz tabs 10-12.5 mg benazepril hcl/hctz tabs 10-12.5 mg benazepril hcl/hctz tabs 20-25 mg benazepril hcl/hctz tabs 32 mg candesartan cilexetil tabs 4 mg candesartan cilexetil tabs 3 mg candesartan cilexetil/hctz tabs 32-12.5 mg	clonidine hcl tabs 0.2 m clonidine hcl tabs 0.3 m enalapril tabs 2.5 mg enalapril tabs 5 mg enalapril tabs 5 mg enalapril tabs 20 mg enalapril/hctz tabs 5-12 enalapril/hctz tabs 10-2 fosinopril tabs 10 mg fosinopril tabs 20 mg fosinopril tabs 20 mg fosinopril tabs 20 mg fosinopril/hctz tabs 10-2 fosinopril/hctz tabs 10-2 fosinopril/hctz tabs 10-3 fosinopril/hctz tabs 10-3 fosinopril/hctz tabs 20-3 irbesartan tabs 75 mg irbesartan tabs 75 mg irbesartan/hctz tabs 300 mg irbesartan/hctz tabs 30 lisinopril tabs 2.5 mg lisinopril tabs 2.5 mg lisinopril tabs 2.0 mg lisinopril/hctz tabs 20-2 losartan potassium tab losartan potassium tab losartan potassium/hctz losartan potassium/hctz losartan potassium/hctz losartan medoxomil olmesartan medoxomil hctz tabs 20-5-12.5 m
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Beta Blockers	nciz (ubs 40-10-25 m
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 tab. metoprolol tartrate tab. metoprolol tartrate tab. propranolol hcl tabs 10 propranolol hcl tabs 20 propranolol hcl tabs 40
Calcium Blockers	
amlodipine tabs 2.5 mg amlodipine tabs 5 mg amlodipine tabs 10 mg diltiazem hcl tabs 30 mg	diltiazem hcl tabs 60 m diltiazem hcl tabs 90 m diltiazem hcl tabs 120 r verapamil hcl er tbcr 12
Diuretics	1
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

Category

Antihypertensive

amlodipine/benazepril hcl caps 2.5-10 mg

Generic medicine

clonidine hcl tabs 0.1 mg clonidine hcl tabs 0.2 mg Ŋд 2.5 mg 25 mg -12.5 mg -12.5 mg mg 50-12.5 mg 00-12.5 mg 12.5 mg 12.5 mg

25 mg bs 25 mg os 50 mg bs 100 mg tz tabs 50-12.5 mg tz tabs 100-12.5 mg tz tabs 100-25 mg tabs 5 mg l tabs 20 mg tabs 40 mg //amlodipine/ /amlodipine/ Vamlodipine/ /amlodipine/ /amlodipine/

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

os 25 mg bs 50 mg os 100 mg 0 mg '0 mg 0 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

valsartan/hctz tabs 320-25 mg

Ιg Ig mg 20 mg

verapamil hcl tabs 120 mg verapamil hcl tabs 40 mg verapamil hcl tabs 80 mg

triamterene/hctz caps 37.5-25 mg triamterene/hctz tabs 37.5-25 mg triamterene/hctz tabs 75-50 mg

2020 medical plans at a glance, continued

Note: MAC is the maximum allowable charge.

	ОАР			LCDI	LCDHP (HD)		LCHP	
	Tier 1	Tier 2	Tier 3	In network	Out of network	In network	Out of network	
Deductible	Individual: \$0 Family: \$0	\$400 per enrollee	\$600 per enrollee	Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000	\$1,000 per benefit participant	\$1,000 per benefit participant	
Coinsurance	100%	80% of network charges	50% of MAC	80% of network charges	50% of MAC	80% of network charges	50% of MAC	
PCP office visit	100% after \$40 copay	80% of network charges after deductible	50% of MAC after deductible	80% of network charges after deductible	50% of network charges after deductible	80% of network charges after deductible	50% of MAC after deductible	
Teladoc	100% after \$10 copay	Not covered	Not covered	80% of network charges after deductible	50% of network charges after deductible	80% of network charges after deductible	50% of MAC after deductible	
Specialist office visit	100% after \$45 copay	80% of network charges after deductible	50% of MAC after deductible	80% of network charges after deductible	50% of MAC after deductible	80% of network charges after deductible	50% of MAC after deductible	
Emergency room visit	100% after \$300 copay	100% after \$300 copay	100% after \$300 copay	80% of network charges after deductible	80% of network charges after deductible	80% of network charges after \$400 ER deductible, plan year deductible applies	80% of network charges after \$400 ER deductible, plan year deductible applies	
Preventive services	100% coverage	100% coverage	Covered under Tier 1 and 2 only	100% coverage	No coverage	100% coverage	No coverage	
Inpatient services	100% after \$350 copay per admission	80% of network charges after \$400 copay and deductible	50% of MAC after \$500 copay and deductible	80% of network charges after deductible	50% of MAC after deductible	80% of network charges after \$350 hospital deductible, plan year deductible applies	50% of MAC after \$600 hospital deductible, plan year deductible applies	
Outpatient surgery	100% after \$300 copay	80% of network charges after \$300 copay and deductible	50% of MAC after \$300 copay and deductible	80% of network charges after deductible	50% of MAC after deductible	80% of network charges after deductible	50% of MAC after deductible	
Annual out-of-pocket maximum	Individual: \$7,250 Family: \$13,750	Individual: \$7,250 Family: \$13,750	Not applicable	Individual: \$5,000 Family: \$8,000	Individual: \$7,000 Family: \$14,000	Individual: \$2,000 Family: \$4,000	Individual: \$6,000 Family: \$12,000	
Prescription drugs	Administered through the state self-insured prescription benefits manager	Administered through the state self-insured prescription benefits manager						

O TELADOC.

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.





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.



Plan resources at your fingertips

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[™] app

Manage your health with the personalized Aetna Health app. You can pull up a digital copy of your Aetna ID card and search for network doctors on the go. Download the app from your app store, or text **AETNA** to **90156** for a link.**



Enjoy these wellness programs and extras

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[™]

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[®] 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 membersonly savings on vision and hearing care, gym memberships, weight-management programs, natural products and services, vitamins, and much more.

*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

***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.

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)

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