



Here for you

2022 Aetna® health plan resource guide
State of Illinois — College Insurance Program

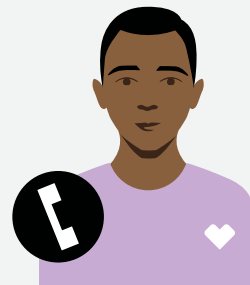


2022 health plans at a glance

You have three health plans to choose from. The summaries outlined on the following pages show 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.

HMO plan			
Deductible	Individual: \$0 Family: \$0	Outpatient surgery	100% after \$200 copay
Coinsurance	100% (80% for DME)	Annual out-of-pocket maximum	Single: \$3,000 Family: \$6,000
PCP office visit	100% after \$30 copay	Prescription drugs	Retail: \$0 deductible per person • Reduced Tier 1: \$4 per 30-day supply (Maintenance drugs, see below) • Tier 1: \$12 per 30-day supply • Tier 2: \$24 per 30-day supply • Tier 3: \$48 per 30-day supply • Specialty Tier: \$96 per 30-day supply 31- to 90-day retail/mail-order supplies are 2.5 times copay.
Teladoc®	100% after \$10 copay		
Specialist office visit	100% after \$30 copay		
Emergency room visit	100% after \$200 copay		
Preventive services	100% coverage		
Inpatient services	100% after \$250 copay per admission		

Note: DME stands for durable medical equipment.



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.

2022 health plans at a glance, continued

	OAP			CCHP	
	Tier 1	Tier 2	Tier 3	In network	Out of network
Deductible	Individual: \$0 Family: \$0	\$300 per enrollee	\$400 per enrollee	\$750 per benefits recipient	\$750 per benefits recipient
Coinsurance	100% (80% for DME)	80% of network charges	60% of MAC	80% of network charges	60% of MAC
PCP office visit	100% after \$30 copay	80% of network charges after deductible	60% of MAC after deductible	80% of network charges after deductible	60% of MAC after deductible
Teladoc®	100% after \$10 copay	Not covered	Not covered	80% of network charges after deductible	60% of MAC after deductible
Specialist office visit	100% after \$30 copay	80% of network charges after deductible	60% of MAC after deductible	80% of network charges after deductible	60% of MAC after deductible
Emergency room visit	100% after \$200 copay	100% after \$200 copay	100% after \$200 copay	80% of network charges after \$400 ER deductible and plan-year deductible	80% of network charges after \$400 ER deductible and plan-year deductible
Preventive services	100% coverage	100% coverage	Covered under Tiers 1 and 2 only	100% coverage	60% of MAC after deductible
Inpatient services	100% after \$250 copay per admission	80% of network charges after \$300 copay and deductible	60% of MAC after \$400 copay and deductible	80% of network charges after \$250 hospital deductible and plan-year deductible	60% of MAC after \$500 hospital deductible and plan-year deductible
Outpatient surgery	100% after \$200 copay	80% of network charges after \$200 copay and deductible	60% of MAC after \$200 copay and deductible	80% of network charges after deductible	60% of MAC after deductible
Annual out-of-pocket maximum	Individual: \$6,600 Family: \$13,200	Individual: \$6,600 Family: \$13,200	Not applicable	Individual: \$1,500 Family: \$3,000	Individual: \$4,500 Family: \$9,000
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	Administered through the state self-insured prescription benefits manager	Administered through the state self-insured prescription benefits manager

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



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.



Questions? We’re here to help.

Health benefits information:
AetnaStateofIllinois.com

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



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 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 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.



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 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.

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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