



**Make
healthy
happen**



2026 Aetna® health plan resource guide
State of Illinois



Health plan options and resources

Review this guide to learn about the health plan options and resources available to you starting July 1, 2026. 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, 2026, through June 1, 2026.

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 2026 and into 2027.

Plan resources at your fingertips

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

Aetna Health Concierge

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

Your Aetna member website

After you enroll in a health plan, register and create an account on your Aetna member website at [Aetna.com](https://www.aetna.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

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 type of care needed.

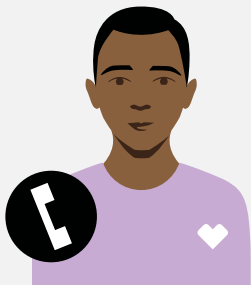
Aetna HealthSM app

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.

CVS Virtual Care[®]

Connect with a licensed health care provider through phone or video for no-cost support with non-emergency medical issues, including common illnesses and mental health support.

Members can access CVS Virtual Care directly through the Aetna Health app, or by calling [1-866-211-5678 \(TTY: 711\)](tel:1-866-211-5678).



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



Enjoy these wellness programs and extras

These extras are also included as part of your Aetna® health plan. You can learn more about plan features at [AetnaStateofIllinois.com](https://www.aetna.com).

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, such as diabetes, high blood pressure or asthma, an Aetna One Choice nurse or consultant can help. This nurse or consultant doesn't replace your doctor. But they 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. Use the provider search tool to look for doctors, specialists, walk-in clinics and urgent care centers, hospitals, and even labs.

1. Scan the code or go to [AetnaStateofIllinois.com](https://www.aetna.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 for care, but you'll pay more since the HMO doesn't 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. PCP stands for primary care provider.

HMO plan			
Deductible	Single: \$0	Inpatient services	100% after \$525 per admission
	Family: \$0	Outpatient surgery	100% after \$400 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
CVS Virtual Care®	100% coverage	Prescription drugs	Retail: \$175 deductible per person
Specialist office visit	100% after \$40 copay		• Tier 1A: \$4 per 30-day supply
Emergency room visit	100% after \$275 copay		• Tier 1: \$20 per 30-day supply
Urgent care services	100% after \$40 copay		• Tier 2: \$35 per 30-day supply
Home health care	100% after \$40 copay		• Tier 3: \$60 per 30-day supply
			Maintenance drugs: 31- to 90-day retail/mail-order supplies are 2.5 times copay.



Questions? We're here to help.

Health benefits information:

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

or register and log in at [Aetna.com](https://www.aetna.com) once you're a member.

Health benefits questions:

Aetna® Health Concierge: [1-855-339-9731 \(TTY: 711\)](tel:1-855-339-9731),
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](tel: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 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. PCP stands for primary care provider.

	OAP		
	Tier 1	Tier 2	Tier 3
Deductible	Single: \$0 per enrollee Family: \$0 per enrollee	\$325 per enrollee	\$425 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
CVS Virtual Care®	100% coverage	Not covered	Not covered
Specialist office visit	100% after \$40 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 \$40 copay	90% of network charges after deductible	60% of MAC after deductible
Home health care	100% after \$40 copay	90% of network charges after deductible	Not covered
Inpatient services	100% after \$525 per-admission copay	90% of network charges after \$575 copay and deductible	60% of MAC after \$675 copay and deductible
Outpatient surgery	100% after \$400 copay	90% of network charges after \$400 copay and deductible	60% of MAC after \$400 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 (QCHP/CDHP)

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

Note: MAC is the maximum allowable charge. PCP stands for primary care provider.

	QCHP		CDHP	
	In network	Out of network	In network	Out of network
Deductible	Single: \$450–\$600 Dependent/Retiree: \$450 Family: \$1,125–\$1,500 (salary based)	Single: \$450–\$600 Dependent/Retiree: \$450 Family: \$1,125–\$1,500 (salary based)	Single: \$1,700 Family:* \$3,400	Single: \$1,700 Family:* \$3,400
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
CVS Virtual Care®	100% coverage	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 \$300 hospital deductible; plan-year deductible applies	60% of MAC after \$900 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.

TTY: 711

To access language services at no cost to you, call [1-855-339-9731](tel:1-855-339-9731).

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

如欲使用免費語言服務, 請致電 [1-855-339-9731](tel:1-855-339-9731). (Chinese)

Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. 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. CVS Virtual Care services are only available in the USA. Limitations may apply based on services and location. Controlled substances not prescribed. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive services at no cost-share. Adolescent mental health services are limited to Counseling only; Mental Health Medication Management and Psychiatry services remain available only for adults 18+. Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna® plans.

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

