



Open Access Plan Description of Coverage (State of Illinois Platinum)

	Tier 1	Tier 2*	Tier 3**,**
Basic Care (See Provider Directory to select an in-network provider)			
Annual deductible	None	\$250 per enrollee	\$350 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 Family	\$6,600 \$13,200	\$6,600 \$13,200
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	\$350 copay per admission	10% coinsurance after \$400 copay	40% coinsurance of MAC after \$500 copay
Room and board	Semi-private room, intensive care		10% coinsurance	40% coinsurance of MAC
Surgeon's fees	Inpatient or outpatient	\$0 copay	10% coinsurance	40% coinsurance of MAC
Provider's visit		\$0 copay	10% coinsurance	40% coinsurance of MAC
Medications		\$0 copay	10% coinsurance	40% coinsurance of MAC
Other miscellaneous charges	Except personal comfort items	\$0 copay	10% 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	\$250 copay	\$250 copay	\$250 copay
Emergency post-stabilization services	Copayment dependent on nature of service			

Provider's Office				
Provider's office visits				
	Primary care provider (PCP/WPHCP)	Exam, diagnosis, treatment	\$20 copay per office visit	10% coinsurance
	Specialist	Exam, diagnosis, treatment	\$30 copay per office visit	10% coinsurance
Preventive care		ACA guidelines apply	100% coverage	100% coverage
Diagnostic tests and X-rays		May require authorization	\$0 copay	100% coinsurance
Immunizations			\$0 copay	100% coverage
Allergy treatment and testing			\$0 copay	100% coverage

Medical Services				
Outpatient surgery		Surgery and observation; may require authorization	\$250 copay	10% coinsurance after \$250 copay
Maternity care				
	Hospital care	Room and board, ancillary services, care of child during mother's stay	\$350 copay per admission	10% coinsurance after \$400 copay
	Provider care	Prenatal, delivery and post-natal care	\$0 copay	10% coinsurance
Infertility services		See benefits certificate for details on coverage		
Mental health treatment				
	Inpatient		\$350 copay per admission	10% coinsurance after \$400 copay
	Outpatient		\$20 copay per office visit	10% coinsurance
Substance abuse treatment				
	Inpatient		\$350 copay per admission	10% coinsurance after \$400 copay
	Outpatient		\$30 copay per office visit	10% coinsurance
Outpatient rehabilitation services		Up to 60-day treatment period per condition	\$30 copay per office visit	10% coinsurance
Speech therapy – Pervasive developmental disorders		20 visits per contract year	\$30 copay per office visit	10% coinsurance

Other Services				
Durable medical equipment		Prosthetic devices included	20% coinsurance	20% coinsurance
Hospice			\$0 copay	10% coinsurance
Home health care			\$30 copay per visit	10% coinsurance
Prescription drugs			Administered through the state self-insured prescription benefits manager	
Dental services		Not covered	n/a	n/a
Vision care		Not covered	n/a	n/a
Skilled nursing facility		When authorized	\$0 copay	10% coinsurance
Ambulance		When medically necessary	\$0 copay	10% coinsurance
Chiropractic services			\$30 copay per office visit	10% coinsurance
Organ transplants		Out-of-pocket maximum applies	\$0 copay	10% coinsurance

*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.

Effective July 1, 2017



Disclaimer:

TTY: 711

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