

SEGIP Mental Health Coverage FY2023

Carrier/Phone	Outpatient (OP)		Inpatient (IP)		Limitations
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Aetna HMO 855.339.9731 800.628.3323 TDD/TTY	Office: \$35 copay/visit; other outpatient services: no charge	Not covered	\$425 copay/admission	Not covered	None
BlueAdvantage HMO 800.868.9520 866.876.2194 TDD/TTY	\$30 copay/visit	Not covered	\$425 copay/admission	Not covered	OP: Unlimited visits. Referral required. \$30 PCP copay applies to office visits. IP: Unlimited days.
HMO Illinois 800.868.9520 866.876.2194 TDD/TTY	\$30 copay/visit	Not covered	\$425 copay/admission	Not covered	OP: Unlimited visits. Referral required. \$30 PCP copay applies to office visits. IP: Unlimited days.
Health Alliance HMO 800.851.3379 800.526.0844 TDD/TTY	\$30 copay/visit	Not covered	\$425 copay/admission	Not covered	IP: Preauthorization is required
CDHP (Aetna) 855.339.9731 800.628.3323 TDD/TTY	10% coinsurance	35% coinsurance	10% coinsurance	35% coinsurance	Out-of-Network care: Preauthorization required.
QCHP (Aetna) 855.339.9731 800.628.3323 TDD/TTY	15% coinsurance	40% coinsurance	\$200 deductible/ admission, then 15% coinsurance	\$800 deductible/ admission, then 40% coinsurance	Out-of-Network care: Preauthorization required.

Carrier/Phone	Tier 1		Tier 2		Tier 3		Limitations
	Outpatient (OP)	Inpatient (IP)	Outpatient (OP)	Inpatient (IP)	Outpatient (OP)	Inpatient (IP)	
Aetna OAP 855.339.9731 800.628.3323 TDD/TTY	Office & other outpatient services: \$30/\$35 copay/visit, deductible doesn't apply	\$425 copay/admission, deductible doesn't apply	Office & other outpatient services: 10% coinsurance	10% coinsurance after \$475 copay/admission	Office & other outpatient services: 40% coinsurance	40% coinsurance after \$575 copay/admission	IP: Preauthorization required for out-of-network care
HealthLink OAP 800.624.2356 800.624.2356 TDD/TTY	Office visit & other outpatient services \$35 copay/visit	\$425 copay/admission	Office visit & other outpatient services 10% coinsurance, after deductible	\$475 copay/admission then 10% coinsurance, after deductible	Office visit & other outpatient services 40% coinsurance, after deductible	\$575 copay/admission then 40% coinsurance after deductible	IP: Precertification is required. Failure to obtain precertification for non-network services will result in a \$500 penalty per hospital confinement, course of treatment or therapy.
Blue Cross Blue Shield OAP 800.868.9520 866.876.2194	Office visit \$30 copay/office visit plus No Charge for other outpatient services	\$425 copay/admission, deductible does not apply	10% coinsurance	\$475 copay/admission plus 10% coinsurance	40% coinsurance	\$575 copay/admission plus 40% coinsurance	OP: Preauthorization may be required, see your benefit booklet at www.bcbsil.com for details. IP: Preauthorization required