





















STATE OF ILLINOIS RETIREES  
Aetna Medicare<sup>SM</sup> Plan (PPO)  
Medicare (C05) ESA PPO Plan  
Rx \$10/\$25/\$50/\$50  
CIP/TRIP

<b>ADDITIONAL PROGRAMS AND SERVICES</b>	<b>This is what you pay for network &amp; out-of-network providers.</b>
<b>Allergy Shots</b>	20%
<b>Allergy Testing</b>	20%
<b>Blood</b>	\$0
All components of blood are covered beginning with the first pint.	
<b>Cardiac Rehabilitation Services</b>	20%
<b>Chiropractic Services*</b>	\$16
Medicare covered benefits only.	
<b>Diabetic Supplies*</b>	\$0
Includes supplies to monitor your blood glucose.	
<b>Durable Medical Equipment/ Prosthetic Devices*</b>	20%
<b>Home Health Agency Care*</b>	\$0
<b>Hospice Care</b>	Covered by Original Medicare at a Medicare certified hospice.
<b>Medical Supplies*</b>	Your cost share is based upon the provider of services
<b>Medicare Covered Acupuncture</b>	\$16
<b>Outpatient Dialysis Treatments*</b>	20%
<b>Podiatry Services</b>	20%
Medicare covered benefits only.	
<b>Pulmonary Rehabilitation Services</b>	20%
<b>Radiation Therapy*</b>	20%



























