

2016 PLAN ANALYSIS FOR QUALIFIED HEALTH PLANS:



ILLINOIS

Thanks to:

AIDS Foundation of Chicago

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AIDS
FOUNDATION
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INTRODUCTION:

The Center for Health Law and Policy Innovation (CHLPI) has monitored trends in state Marketplaces for the past two years of open enrollment. CHLPI is increasingly alarmed by lower rates of coverage of necessary HIV and HCV treatment regimens concurrent with increased cost sharing for those regimens that are covered, especially in the Silver Qualified Health Plan (QHP) offerings across the nation. This is alarming because these plans are meant to be the most cost-effective Marketplace plans for low and moderate income consumers. The QHPs' failure to meet the needs of consumers living with HIV and HCV mean that these individuals are prevented from realizing the promises of the Affordable Care Act (ACA).

To further define the extent of the problem, CHLPI is partnering with state based advocates to analyze all of the 2016 Silver QHPs available on 20 state Marketplaces. The assessment initiative will help to provide specific, detailed information on the QHPs offerings in these states. This report is one of the many analyses that will be products of the 2016 plan assessment initiative.

In addition, CHLPI will go beyond documenting HIV treatment coverage trends by partnering with state based advocates to engage state Department of Insurance Commissioners to address ongoing unfair and discriminatory practices in Silver QHPs. If necessary, CHLPI and its state based partners are prepared to launch a litigation initiative, based in part on the newly created private right of action found under the anti-discrimination regulations of the ACA to ensure that the alarming trends found in 2015 and continued into 2016 do not become the norm in 2017 and onwards. The promise of the ACA must become a reality for people living with HIV and HCV.

For further questions and inquiries please contact Robert Greenwald at rgreenwa@law.harvard.edu or Carmel Shachar at cshachar@law.harvard.edu. To learn more about CHLPI's litigation initiative, please contact Kevin Costello at kcostello@law.harvard.edu.

OVERVIEW:

CHLPI has identified several areas of concern for people living with HIV and HCV seeking coverage through QHPs. These areas of focus include coverage of commonly prescribed and newer treatment regimens as well as cost sharing required to access these medications. CHLPI's 2016 plan assessment initiative focuses largely on these two metrics. However, CHLPI and its state partners also sought to capture issues around transparency whenever the plan assessors encountered those issues.

The lack of coverage for common and newer HIV and HCV regimens is cause for significant concern. HIV and HCV treatment regimens are not interchangeable and should be driven by clinical considerations, treatment guidelines, and patient and provider choice. Beginning with the most cost-effective treatment and then escalating to newer, more expensive treatments is contrary to federal guidelines for HIV, which recommend that the “[s]election of a regimen should be individualized.”¹ The newer HCV medications are such an improvement over the older treatment regimens that to use an older treatment would mean failing to meet a basic standard of care. Additionally, some of the newer HCV medications are not appropriate for all genotypes or for individuals co-infected with HIV, so individuals must be able to access all newer treatments. QHPs should be providing access to the full range of commonly prescribed medications in keeping with federal guidelines and best standards of care. Insurers' failure to do so unfairly discourages people living with HIV and/or HCV from enrolling in plans, and may rise to the level of discriminatory plan design. In some Marketplaces, consumers living with these conditions may not be able to find plans with acceptable coverage levels.

Coverage of medications is not the only criteria for assessing meaningful health care access. Insurers must also make HIV and HCV medications affordable to their plan beneficiaries by keeping out of pocket costs reasonable. Out of pocket costs include deductibles, copayments and coinsurance requirements. QHPs fail to make medications affordable when they place HIV or HCV medications on high cost sharing tiers in their formularies.

OVERVIEW (CONTINUED):

Additionally, further exacerbating cost-related concerns, CHLPI has seen a trend to use coinsurance rather than copayments for cost sharing. As CHLPI and others have noted, coinsurance tends to quickly increase cost to the consumers by making them responsible for a sizable portion of the cost of expensive medication. Additionally, it is hard for consumers with coinsurance to calculate the actual cost sharing owed before attempting to purchase their prescriptions. Coinsurance is not appropriate when it serves as a gatekeeper to access to life saving medications, nor when it is designed to disproportionately burden people living with HIV and HCV with unreasonable cost sharing. Plans that practice such benefit design cost individuals living with HIV an average of \$3,000 more per year than plans with more equitable out of pocket cost structures.² This requires people living with HIV (and HCV) to shoulder a significantly larger percentage of their health care costs than other consumers.

The failure to effectively stem such unfair and discriminatory plan design is increasingly undermining access to care for many people living with HIV and HCV. Without strong state or federal oversight by insurance regulators, the discriminatory plan design trend will likely continue. In response to increasing reports of discriminatory plan design and to better justify action from appropriate regulators, CHLPI and its state partners have documented the suitability of Silver QHPs across the country for individuals living with HIV and HCV.

Footnotes

¹ The Office of AIDS Research Advisory Council, "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents," F-3 (April 8, 2015), available at <http://aidsinfo.nih.gov/guidelines>.

² Douglas Jacobs and Benjamin Sommers, "Using Drugs to Discriminate – Adverse Selection in the Insurance Marketplace." New England Journal of Medicine (January 29, 2015).

How to Use This Tool:

CHLPI will produce a series of reports and analyses of the state of the 2016 Silver QHP offerings based on the data from the 2016 plan assessment initiative. This document is one of the initial round of reports. It is a compilation of the plan assessments from a single state as well as a high level analysis and overview of that state's 2016 QHPs.

This report is intended to be used by advocates, navigators, and consumers to help them determine which Silver QHPs best serve the needs of individuals living with HIV and HCV. As such, CHLPI has gathered information on each Silver QHP in the state on:

- **Cost Sharing Limits:** Including premiums in one heavily populated county, as well as deductibles and out of pocket caps. This section is intended to give a rough sense of the cost of the plan.
- **Cost Sharing for Services:** Providing information on out of pocket costs and other limitations for medical services that are important for individuals living with HIV and HCV.
- **Drug Formulary Cost Structure and Overview:** Compiling the out of pocket cost sharing requirements for the different tiers of drugs in the QHP's formulary.
- **HCV Medication Cost and Coverage:** Examining which newer HCV medications are listed on the formulary linked to by the Marketplace, covered by the QHP, and what are the cost sharing requirements for accessing each medication.
- **HIV Medication Cost and Coverage:** Examining which common HIV medications are listed on the formulary linked to by the Marketplace, covered by the QHP, and what are the cost sharing requirements for accessing each medication.

CHLPI notes that it is not a licensed navigator or insurance broker and that it does not purport to recommend specific plans for individuals. Individuals should review the information themselves and discuss their health needs with a navigator or certified application consultant should they need additional guidance.

LEGEND

NC/NL= NOT COVERED/NOT LISTED

QL= QUANTITY LIMIT

SP= SPECIALTY PHARMACY

ST= STEP THERAPY

METHODOLOGY:

The Center for Health Law and Policy Innovation (CHLPI) partnered with community advocates in states across the country to gather information on the 2016 Silver Qualified Health Plans (QHPs). As needed, CHLPI staff trained community advocates to analyze the QHPs using materials available on the applicable health insurance exchange. Community partners completed the initial assessments of all the QHPs available in their state. CHLPI staff then reviewed the assessments and completed the analysis of trends relating to coverage and cost sharing.

Notes Regarding Sources

CHLPI staff and community partners used the summary of benefits and the formularies available at the beginning of open enrollment on the health insurance exchanges to assess the QHPs. When the summary of benefits and formularies were silent or inconsistent on key issues, CHLPI staff and community partners called the relevant insurers using the general contact number and identified themselves as an individual considering enrollment in that QHP.¹ Staff and partners also relied on the Federally Facilitated Marketplace QHP landscape dataset released by Healthcare.gov for information.² The landscape used for all state reports, unless noted otherwise in the state-specific summary, was released on Oct 29, 2015. Many of the resources used to analyze trends for this report, particularly the landscape, have been updated since then, including information around premiums and areas in which QHPs are offered. The QHP assessment initiative reports, including this one, should therefore be considered snapshots of the insurance markets at the beginning of the 2016 open enrollment period. Individuals looking to select a plan should go to their local health insurance exchange to obtain the most up to date information on available QHPs.

¹ Virtually all insurers would not disclose information on their 2016 plan offerings to researchers. Therefore, in order to gather information, CHLPI staff and community partners had to identify as a person considering enrollment in the insurer's plans.

² Available at: <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>

METHODOLOGY (CONTINUED):

Notes Regarding Plan Assessment Charts

Premium payments cited in these reports were generally for the county that encompasses the largest metropolitan region in the state, unless noted otherwise. Sometimes, a QHP was not offered in that county, in which case, another county was selected. Often, QHPs are offered in multiple counties and premiums for the same plan may vary across counties.

In an effort to capture transparency issues, the plan assessments evaluate whether a QHP not only covers a medication but if it lists that medication on the formulary available on its health insurance exchange. A medication listed as “NC/NL” is a medication that is not covered at all by the insurer under that particular QHP. However, once CHLPI staff and community partners called the insurer or obtained a fuller formulary from the insurer’s website, it became clear that some medications were covered but not listed on the formulary posted to the health insurance exchange. A medication was only listed as “on formulary” if it was listed in the formulary available on the applicable health insurance exchange. A medication that was not on the formulary posted to the health insurance exchange but is included on an expanded formulary will have the “on formulary” column blank but will include tiering information. A medication that is not covered under any formulary will have the “on formulary” and tiering columns blank but will be marked as “NC/NL.”

Notes Regarding Overall Analysis and Trends

For each state, CHLPI staff analyzed the QHP assessment raw data for trends relating to coverage and cost sharing of HIV and HCV medications. CHLPI staff then completed a summary, drawing attention to the trends as well as discussing outlier QHPs that advocates and individuals living with HIV and/or HCV should be aware of. These reports are meant for educational, policy, and advocacy purposes and should not be considered navigation services or enrollment recommendations for individuals.

METHODOLOGY (CONTINUED):

CHLPI mapped coverage concerns by creating graphs that illustrated the percentage of QHPs that covered all, some or none of the then approved new generation HCV medications, Sovaldi, Harvoni, and Viekira Pak. Because there are more modern HIV medications, CHLPI selected the 24 medications most likely to be prescribed, using the *Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents*, developed by the Department of Health and Human Services. For the coverage graphs of HIV medications, CHLPI used the following categories: 0-6 medications covered, 7-12 medications covered, 13-18 medications covered, and 19-24 medications covered. Trends in which medications were not covered, such as when newer, more expensive single tablet regimens were excluded, are generally noted in the summary.

CHLPI also mapped cost sharing by creating graphs that separated out trends for co-payment and co-insurance requirements. Because CHLPI is interested in identifying discriminatory tiering patterns, or when insurers place HIV and HCV medications on the highest cost-sharing tiers compared to the rest of their formularies, we did not categorize QHPs by absolute cost to the consumer. For example, if QHP A categorized all of its HIV medications on its highest formulary tier, resulting in a 20% coinsurance, and QHP B placed all of its HIV medications on a middle formulary tier, resulting in a 30% coinsurance, QHP A would be categorized as highest tier and QHP B would be categorized as middle tier, despite QHP A actually being lower cost to the consumer than QHP B. Unless noted otherwise, plans in which HIV and HCV medications were categorized as preferred drugs (usually tier 1 or tier 2) were classified as lowest formulary. Plans in which HIV and HCV medications were categorized as non-preferred but were not on the highest cost sharing tier or a specialty medication tier were classified as middle formulary. Plans in which HIV and HCV medications were categorized as the highest cost sharing tier or the specialty medication tier (usually tier 4 or tier 5) were classified as highest formulary. Advocates and individuals living with HIV and HCV interested in understanding which QHPs would result in the lowest cost sharing burden for medications should review the summary and the QHP assessment charts.

METHODOLOGY (CONTINUED):

Lastly, CHLPI combined the trends in coverage and cost sharing to generate an access to medication graph. This graph attempts to categorize which QHPs succeed on **both** coverage and cost sharing because coverage is less effective when cost sharing is high enough to create a barrier to access. Likewise, a QHP with a pattern of relatively low cost sharing is less effective if the necessary medications are not covered. QHPs that, relative to the majority of plans assessed, failed to cover a significant number of medications (less than 19 HIV medications or less than 3 HCV medications) or covered medications but with relatively high cost sharing were flagged as moderate access. QHPs that either covered even fewer medications (less than 13 HIV medications or less than 2 HCV medications) or required even higher cost sharing payments for medications covered (such as uniformly placing all HIV and/or HCV medications on the highest cost sharing tier) were flagged as limited access.

STATE FINDINGS: HCV

42 Silver plans were assessed in Illinois. Residents of Illinois who are living with Hepatitis C (HCV) and planning to enroll in Silver Qualified Health Plans (QHPs) should consider whether potential plans provide access to all three of the new HCV medications analyzed: Sovaldi, Harvoni, and Viekira Pak. Roughly 67% of Illinois Silver QHPs (i.e., all Aetna, Blue Cross Blue Shield, Coventry, Harken Health Insurance, Health Alliance, and United Healthcare plans) cover all three medications. However, the remaining 33% of Silver QHPs (i.e., all Ambetter, Humana, and Land of Lincoln plans) cover only Sovaldi and Harvoni. Consumers should be careful to select a plan that covers the HCV medication that they and their physicians believe is appropriate for their treatment.

Another area of concern is cost-sharing for HCV medications. United Healthcare and Harken Health Insurance place two of the assessed HCV medications, Sovaldi and Harvoni, on lower tiers—the “Midrange Cost Option.” This means that for people living with HCV who are prescribed Sovaldi and Harvoni, United Healthcare and Harken Health Insurance plans may offer relatively low cost-sharing. For example, on its Silver Compass plans, United Healthcare would only charge its enrollees a copay of between \$35-\$40 per month for access to these drugs. Similarly, Harken Health Insurance requires a \$40 copay for these medications. However, both United Healthcare and Harken Health Insurance place the Viekira Pak on the highest formulary tier. In some cases, this means that United Healthcare enrollees must pay a high pharmacy deductible (\$500-\$1000) and 30% coinsurance for Viekira Pak. For Harken Health Insurance enrollees, access to the Viekira Pak requires a \$500 copay.

By contrast, virtually every other insurer places all of the assessed HCV medications on their highest formulary tiers, which generally require high cost-sharing. For example, Land of Lincoln plans charge between 25-50% coinsurance for all three HCV medications. Coventry Plans also charge between 40-50% coinsurance for all HCV medications.

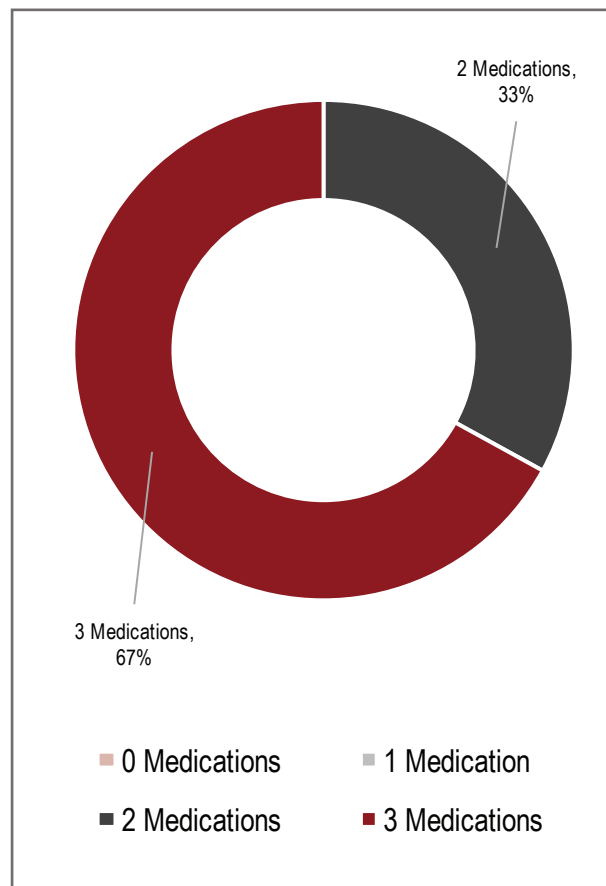
STATE FINDINGS: HCV (CONTINUED)

Consumers may find plans that do not charge coinsurance and copays after they reach a relatively high deductible to be ultimately more affordable, such as Blue Cross Blue Shield's Blue Choice Preferred Silver PPO 104 (individual deductible \$3500). Individuals considering this plan should be sure that they are able to finance the full cost of the deductible in the plan's first several months.

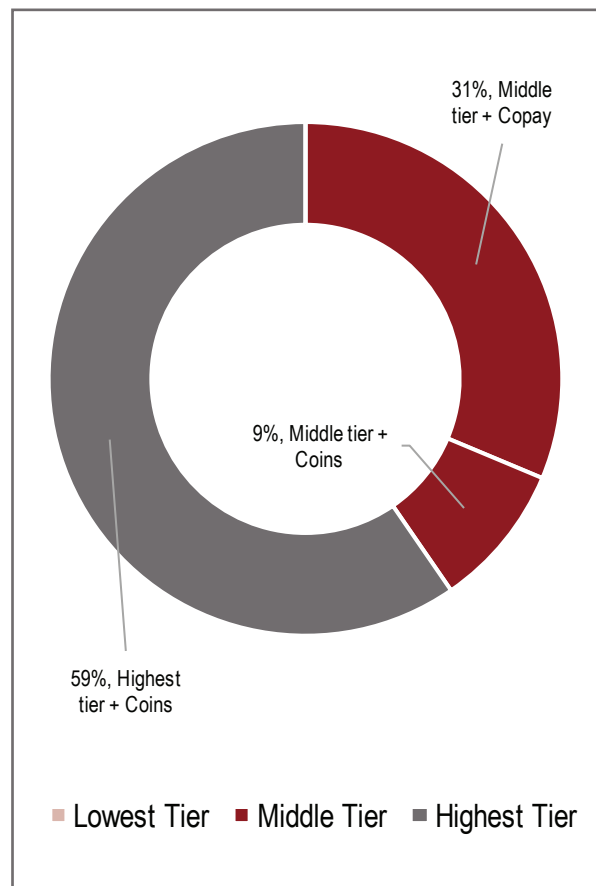
Consumers who do not want to select a United Healthcare or Harken Health Insurance plan but are still interested in HCV medications may wish to consider plans that require co-payments rather than coinsurance. This is because co-payments are more predictable and tend to be lower than co-insurance. Plans that offer co-payments of \$200 or less for Sovaldi and Harvoni include: Health Alliance Medical Plan's HMO 3000b Elite Network Silver (\$200 copay), HMO 4000b Elite Network Silver (\$100 copay after meeting a \$4,000 deductible), HMO 5000c Elite Network Silver (\$200 copay), POS 6000b Elite Network Silver (\$140 copay), POS 6000b Methodist Network Silver (\$140 copay), and PPO 4500b Elite Network Silver (\$200 copay).

STATE FINDINGS: HCV (CONTINUED)

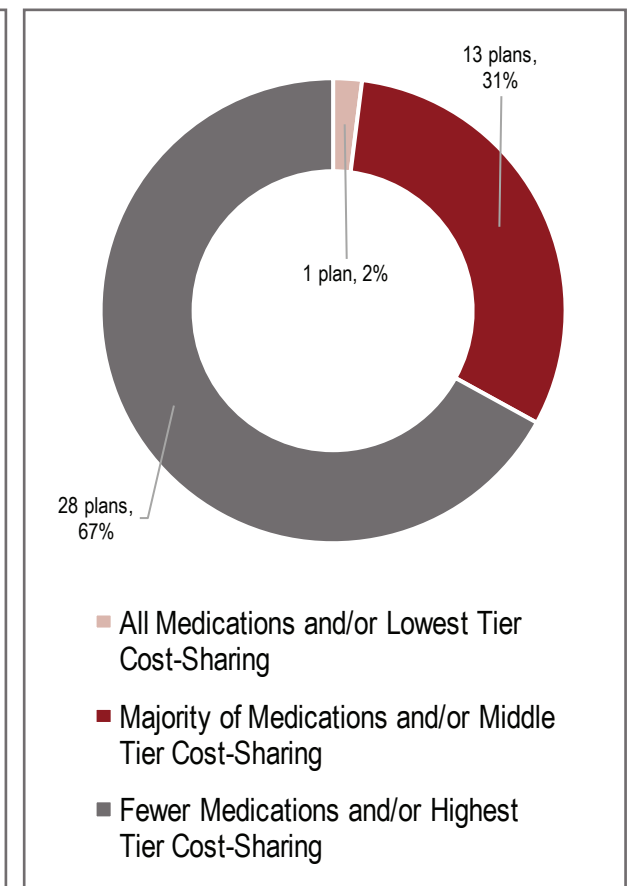
PLAN COVERAGE



COST-SHARING



ACCESS TO HCV REGIMENS



STATE FINDINGS: HIV

42 Silver plans in Illinois were assessed. Drug coverage can be a particularly important consideration for individuals living with HIV who are seeking coverage on the Illinois marketplace. Fortunately, the vast majority of the Silver QHPs offered in 2016 for Illinois residents provide fairly robust coverage of the HIV medications researched in the plan assessment initiative. The outlier here was Ambetter, which covered only 15 of 24 assessed medications. The remaining 39 plans in Illinois covered 21-24 of medications, with 38% of plans covering all 24. In some cases, the generic version of a brand name medication was not covered, such as not covering generic atazanavir when Reyataz was covered. Similarly, Epivir was often not covered, while its generic, lamivudine, always was. Newer single tablet regimens, such as Evotaz and Prezcobix were the next least likely to be covered. Again, consumers should be careful to select a plan that covers the medications that they and their physicians believe are appropriate for their treatment.

Aetna, Coventry, United Healthcare, and Land of Lincoln plans can be distinguished from other plans by placing most of the assessed HIV medications on lower tiers and therefore requiring lower cost-sharing. For example, Aetna covered 22 HIV medications (excluding Prezcobix and Atazanavir), all with copays of \$100 or less. Coventry plans cover 22 HIV medications (again excluding Prezcobix and Atazanavir) on Tiers 1-3 (\$15-\$75 copay). United Healthcare covers all 24 medications assessed, with the vast majority of drugs requiring copays between \$5-\$40. The exceptions within United Healthcare plans were Epivir, Ziagen, Tivicay, and Viread, for which enrollees must pay 20-30% coinsurance after meeting the plan's deductible. Land of Lincoln plans covered 21 medications, with all except two (Evotaz and Prezcobix) relatively affordable at copays of \$20-\$50.¹

¹ An exception is Land of Lincoln's Tradition Silver PPO plan, which requires 30% coinsurance for all covered medications.

STATE FINDINGS: HIV (CONTINUED)

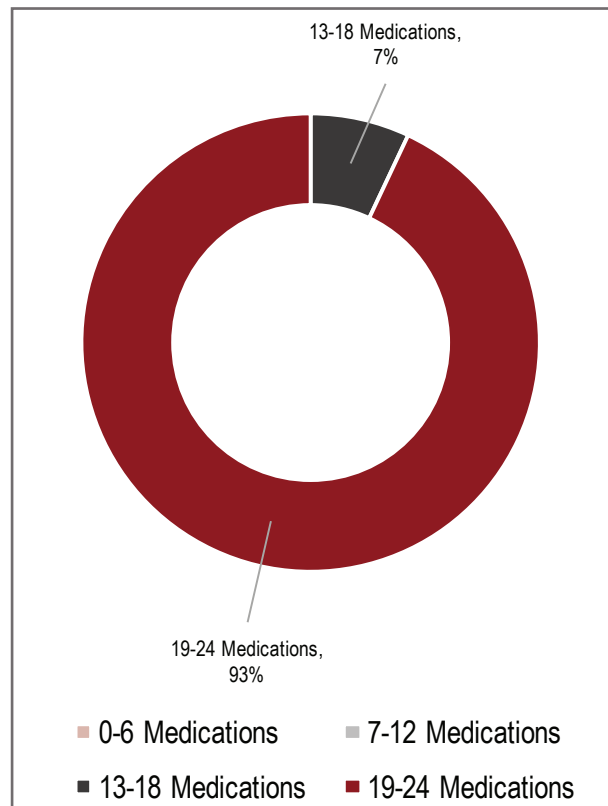
Tiering was more varied in the Health Alliance, Humana, Blue Cross Blue Shield Plans. For example, Health Alliance placed 8 of 24 medications on its highest tier, requiring high copays (\$150-300) or high coinsurance (40%), depending on the plan. Humana placed 16 of 24 medications on Tier 5, which requires 50% coinsurance. Blue Cross Blue Shield offered two plans (Blue Cross Blue Shield Solution 102: a Multi-State Plan and BlueCare Direct Silver 102 with Advocate) that charge 30-40% coinsurance for 21 of 23 covered medications (with the remaining two medications at 20% coinsurance).

As noted in the HCV findings above, Blue Cross Blue Shield's Preferred Silver PPO 104 plans does not charge additional copays and coinsurance after participants meet the initial deductible. Consumers who are able to finance the full cost of the deductible in the first several months of the plan may wish to consider these plans.

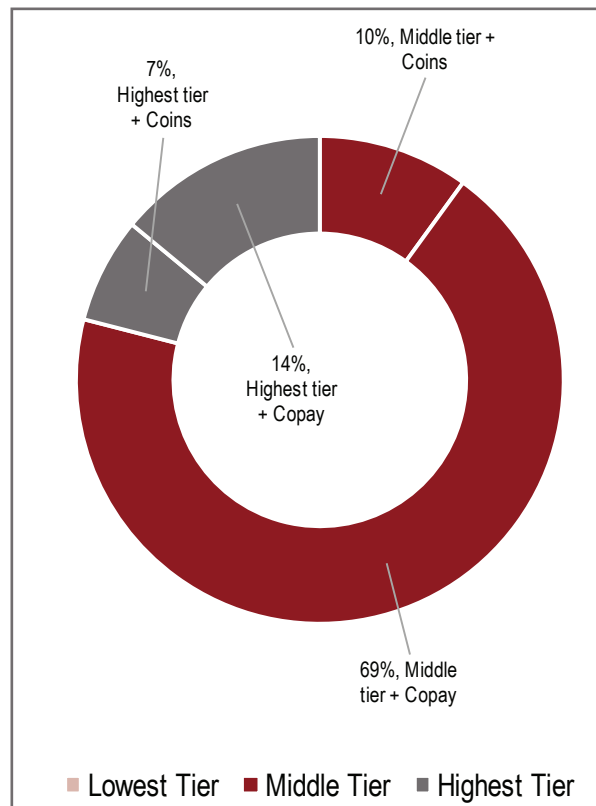
In all cases, consumers should make sure that they understand the particular cost-sharing structures of the plans they are interested in purchasing. They should also be aware that cost-sharing can vary dramatically between plans, even when offered by the same insurer. In general, plans that place HIV medications on their highest tiers require the highest cost-sharing, while those that place these medications on a preferred brand or generic tier are more affordable. However, in some cases, insurers require significant cost-sharing even on the lowest tiers.

STATE FINDINGS: HIV (CONTINUED)

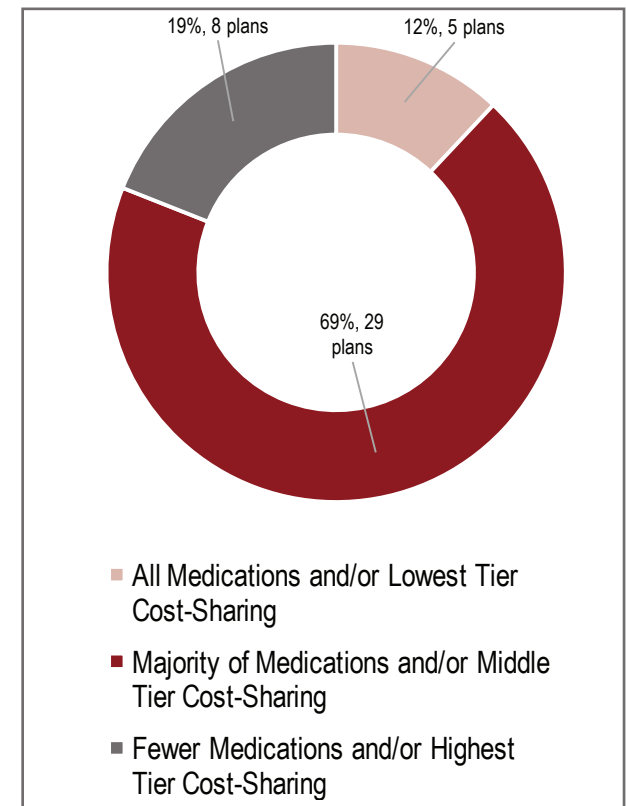
PLAN COVERAGE



COST-SHARING



ACCESS TO HIV REGIMENS



To capture the coverage of the plan relative to other plans in Illinois which by and large covered the vast majority of HIV medications on the middle tiers, plans were categorized as highest tier when a significant minority of medications appeared on the plans highest tier.

Aetna

Aetna Whole Health Chicago Silver \$10 Co-Pay

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Aetna		
Plan Name:	Aetna Whole Health Chicago Silver \$10 Co-pay		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Cook, Dupage, Kane, Lake, Mchenry		
Link to Summary of Benefits:	http://www.aetna.com/individuals-families/document-library/SBC/2016/ON/IL/IL_SBC_709350.pdf		
Individual Deductibles:	Medical: \$3,500	Prescription: \$500	Out of Pocket Cap: \$6,250
		Prescription: \$500 per	
Family Deductibles:	Medical: \$7,000	member	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: \$NA	Prescription: \$NA	Out of Pocket Cap: \$NA
Premiums (per month)	Individual:\$252	Family:\$787	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10			
Specialists	75			
Referral required for specialists?	X Yes	<input type="checkbox"/> No		
Inpatient Services	500	30 after co-pay		
Emergency Room	500			
Mental/Behavioral				
Outpatient Health Services	75			
Substance Use Disorder				
Outpatient Services	75			
Laboratory Services		30		
Out of network provider rules:	Not covered.			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred generic drugs	Tier 1A: 5/30-day supply; 12.50/90-day supply Tier 1: 15/30 day supply; 37.50/90-day supply		Deductible waived; Covers up to a 90 day supply (retail & mail order prescription). Applicable cost share plus difference (brand minus generic cost) applies for brand when generic available. Precertification and steptherapy required.
Two Preferred brand drugs	40/30-day supply; 100/90-day supply		Covers up to a 90 day supply (retail & mail order prescription). Applicable cost share plus difference (brand minus generic cost) applies for brand when generic available. Precertification and step therapy required.
Three Non-preferred generic/brand drugs	75/30-day supply; 187.50/90-day supply		Covers up to a 90 day supply (retail & mail order prescription). Applicable cost share plus difference (brand minus generic cost) applies for brand when generic available. Precertification and step therapy required.
Four Specialty drugs Five/Specialty		40 Preferred; 50 Non-Preferred	First prescriptions must be filled at a participating retail pharmacy or Aetna Specialty Pharmacy. Subsequent fills must be through Aetna Specialty Pharmacy.
Name of Formulary Used:	Aetna Pharmacy Drug Guide - Individual Formulary: IL		
Link to Formulary:	https://client.formularynavigator.com/Search.aspx?siteCode=8454906849		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Preferred Specialty
Harvoni (ledipasvir, sofosbuvir)	X				X		X		Preferred Specialty
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		Non-Preferred Specialty

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tyboost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X		X	X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X	X					

Ambetter Insured by Celtic

Ambetter Balanced Care 1 Sinai/IlliniCare Health Network

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Ambetter Insured by Celtic			
Plan Name:	Ambetter Balanced Care 1 Sinai/IlliniCare Health Network (2016)			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Cook			
Link to Summary of Benefits:	https://api.centene.com/SBC/2016/27833IL0140002-01.pdf			
Individual Deductibles:	Medical: \$ 5,500	Prescription: \$NA	Out of Pocket Cap: \$ 6,500	
Family Deductibles:	Medical: \$ 11,000	Prescription: \$NA	Out of Pocket Cap: \$ 13,000	
Out of Network Deductibles:	Medical: NC	Prescription: NC	Out of Pocket Cap: \$ N/A	
Premiums	Individual:\$175	Family: \$547		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30	N/A	None	
Specialists	60		PA	
Referral required for specialists?	<input type="checkbox"/> Yes	X No	PA	
Inpatient Services	NA	20 after deductible	PA	
Emergency Room	NA	20 after deductible	None	
Mental/Behavioral	30	NA	PA	
Outpatient Health Services				
Substance Use Disorder	30	NA	PA	
Outpatient Services				
Laboratory Services	NA	20 after deductible	PA	
Out of network provider rules:	Not covered EXCEPT ER services and emergency medical transportation services; 20% co-insurance after deductible			
Special provisions/exceptions for individuals living with HIV?	None			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (generic)	10		
Two (preferred)	50		PA
Three (non-preferred brand drugs)		20 after deductible	PA
Four	NA		
Five/Specialty		20 after deductible	PA
Name of Formulary Used:			
Link to Formulary: https://ambetter.illinicare.com/content/dam/centene/IlliniCare%20Health/Ambetter/PDFs/IL-FORMULARY-AMBETTER_2016_FINAL.PDF			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		QL
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)								X	
Epzicom (abacavir/lamivudine)	X		X						QL
Evotaz (atazanavir/cobicistat)								X	
Intelence (etravirine)	X		X						QL
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X								QL
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X		X						QL
Reyataz (atazanavir)	X		X						QL
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)								X	
Tivicay (dolutegravir)								X	
Triumeq								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
(abacavir/dolutegravir/lamivudine)									
Truvada (emtricitabine/tenofovir)	X		X				X		QL
Tybost (cobicistat)	X		X						QL
Abacavir (generic)	X	X							QL
Edurant (rilpivirine)	X		X						QL
Emtriva (emtricitabine)	X		X						QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X	X							QL
Sustiva (efavirenz)	X		X						QL
Tenofovir (generic)								X	
Ziagen (abacavir)								X	

Ambetter Insured by Celtic

Ambetter Balanced Care 2: Sinai/IlliniCare Health Network

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Ambetter Insured by Celtic			
Plan Name:	Ambetter Balanced Care 2 (2016): Sinai/IlliniCare Health Network			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Cook (60606)			
Link to Summary of Benefits:	https://api.centene.com/SBC/2016/27833IL0140003-01.pdf			
Individual Deductibles:	Medical: \$ 6,500	Prescription: \$NA	Out of Pocket Cap: \$ 6,500	
Family Deductibles:	Medical: \$ 13,000	Prescription: \$NA	Out of Pocket Cap: \$ 13,000	
Out of Network Deductibles:	Medical: \$NA	Prescription: \$NA	Out of Pocket Cap: \$NA	
Premiums (per month)	Individual:\$ 173	Family:\$ 540		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30		none	
Specialists	60		Prior approval required	
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	No charge after deductible			
Emergency Room	No charge after deductible			
Mental/Behavioral Outpatient Health Services	30		Prior approval required	
Substance Use Disorder Outpatient Services	30		Prior Approval required	
Laboratory Services	No charge after deductible		Prior Approval required	
Out of network provider rules:	Not covered except for emergency room and emergency medical transportation			
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (generic)	15		
Two (preferred brand drugs)	50		
Three (non-preferred brand drugs)	No charge after deductible		
Four	N/A		
Five/Specialty	No charge after deductible		
Name of Formulary Used:			
Link to Formulary:	https://ambetter.illinicare.com/content/dam/centene/IlliniCare%20Health/Ambetter/PDFs/IL-FORMULARY-AMBETTER_2016_FINAL.PDF		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		QL
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)								X	
Epzicom (abacavir/lamivudine)	X		X						QL
Evotaz (atazanavir/cobicistat)								X	
Intelence (etravirine)	X		X						QL
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X								QL
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X		X						QL
Reyataz (atazaniavir)	X		X						QL
Atazaniavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)								X	
Tivicay (dolutegravir)								X	
Triumeq								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
(abacavir/dolutegravir/lamivudine)									
Truvada (emtricitabine/tenofovir)	X		X				X		QL
Tyboost (cobicistat)	X		X						QL
Abacavir (generic)	X	X							QL
Edurant (rilpivirine)	X		X						QL
Emtriva (emtricitabine)	X		X						QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X	X							QL
Sustiva (efavirenz)	X		X						QL
Tenofovir (generic)								X	
Ziagen (abacavir)								X	

Ambetter Insured by Celtic

Ambetter Balanced Care 10 HMO

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Ambetter Insured by Celtic			
Plan Name:	Ambetter balanced Care 10 (2016): Sinai/IlliniCare health Network			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Cook			
Link to Summary of Benefits:	https://api.centene.com/SBC/2016/27833IL0140005-01.pdf			
Individual Deductibles:	Medical: \$4,500	Prescription: \$NA	Out of Pocket Cap: \$6,500	
Family Deductibles:	Medical: \$9,000	Prescription: \$NA	Out of Pocket Cap: \$13,000	
Out of Network Deductibles:	Medical: \$NA	Prescription: \$NA	Out of Pocket Cap: \$NA	
Premiums (per month)	Individual:\$183	Family:\$571		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20		None	
Specialists	40		Preapproval req	
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20 after deductible		
Emergency Room		20 after deductible		
Mental/Behavioral	20		Preapproval req	
Outpatient Health Services				
Substance Use Disorder	20		Preapproval req	
Outpatient Services				
Laboratory Services		20 after deductible		
Out of network provider rules:	Not covered except for ER and ER medical transportation & urgent care			
Special provisions/exceptions for individuals living with HIV?	None			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (generic)	10		
Two (preferred)	50		PA
Three (non-preferred brand drugs)		20 after deductible	PA
Four	NA		
Five/Specialty		20 after deductible	PA
Name of Formulary Used:			
Link to Formulary: https://ambetter.illinicare.com/content/dam/centene/IlliniCare%20Health/Ambetter/PDFs/IL-FORMULARY-AMBETTER_2016_FINAL.PDF			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		QL
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)								X	
Epzicom (abacavir/lamivudine)	X		X						QL
Evotaz (atazanavir/cobicistat)								X	
Intelence (etravirine)	X		X						QL
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X								QL
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X		X						QL
Reyataz (atazanavir)	X		X						QL
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)								X	
Tivicay (dolutegravir)								X	
Triumeq (abacavir/dolutegravir/lamivudine)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Truvada (emtricitabine/tenofovir)	X		X				X		QL
Tybost (cobicistat)	X		X						QL
Abacavir (generic)	X	X							QL
Edurant (rilpivirine)	X		X						QL
Emtriva (emtricitabine)	X		X						QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X	X							QL
Sustiva (efavirenz)	X		X						QL
Tenofovir (generic)								X	
Ziagen (abacavir)								X	

Blue Cross Blue Shield of Illinois

BCBS Solution 102 PPO, A Multi-State Plan

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Blue Cross Blue Shield of Illinois		
Plan Name:	BCBS Solution 102, A Multi-State Plan		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Offered statewide; Cook		
Link to Summary of Benefits:	http://www.bcbsil.com/PDF/sbc/36096IL0970002-01.PDF		
Individual Deductibles:	Medical: \$3,750	Prescription: \$ NA	Out of Pocket Cap: \$6,500
Family Deductibles:	Medical: \$11,250	Prescription: \$NA	Out of Pocket Cap: \$13,700
Out of Network Deductibles:	Medical: \$15,000/45,000	Prescription: \$NA	Out of Pocket Cap: \$
Premiums (per month)	Individual:\$264	Family:\$824	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20		First 2 visits are no charge. No benefits will be provided for services which are not medically necessary.
Specialists		20		
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	400	20		Par member may be balance billed if preauthorization not received within 15 days prior. Non-par \$500 penalty if not preauthorized 2 business days prior
Emergency Room	750	20		Copayment waived if admitted
Mental/Behavioral Outpatient Health Services	No charge/office visits or 20% coinsurance			Pre-authorization is required for psych testing; neuropsych testing; electroconvulsive therapy; repetitive transcranial magnetic stimulation; and intensive outpatient treatment.
Substance Use Disorder Outpatient Services	No charge/office visits or 20% coinsurance			Pre-authorization is required for psych testing; neuropsych testing; electroconvulsive therapy; repetitive transcranial magnetic stimulation; and intensive outpatient treatment.
Laboratory Services		20 coinsurance	none	
Out of network provider rules:	50 % coinsurance or in some cases, 1,500 co-payment plus coinsurance.			
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (formulary generic)	0/5 copayment prescription; 0 home delivery		Lower copayment applies at preferred participating pharmacies. Retail covers a 30 day supply and home delivery covers a 90 day supply. Certain women's preventive services will be covered with no cost to the member.
Two (Non-formulary generic)	10/15 copayment; 30 home delivery		Same as above
Three (formulary brand drugs)	50/60 copayment; 150 home delivery		Same as above
Four (non-formulary brand drugs)	100/110; 300 home delivery		Same as above
Five/Specialty		30 in network; 50 out of network	
Name of Formulary Used:			
Link to Formulary:	https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2016/2016_IL_5T_EX.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		ltd dist
Harvoni (ledipasvir, sofosbuvir)	X					X	X		ltd dist
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		ltd dist

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				QL
Epzicom (abacavir/lamivudine)	X			X					QL
Evotaz (atazanavir/cobicistat)	X					X			QL; limited distribution
Intence (etravirine)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X			X					QL
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X					X			QL
Prezista (darunavir)	X			X					QL
Reyataz (atazanavir)	X			X					QL
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					QL
Triumeq (abacavir/dolutegravir/lamivudine)	X				X		X		QL
Truvada (emtricitabine/tenofovir)	X			X					QL
Tybst (cobicistat)	X					X			QL, limited dist
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X				X				QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X			X					QL
Viread (tenofovir)	X			X					QL
Ziagen (abacavir)	X			X					QL

Blue Cross Blue Shield of Illinois

Blue Care Direct Silver 102 with Advocate HMO

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Blue Cross Blue Shield of Illinois			
Plan Name:	Blue Care Direct Silver 102 with Advocate			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Cook, Dupage, Kane, Lake, Will			
Link to Summary of Benefits:	http://www.bcbsil.com/PDF/sbc/36096IL0950002-01.PDF			
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$NA	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 6,000	Prescription: \$NA	Out of Pocket Cap: \$ 13,700	
Out of Network Deductibles:	Medical: \$NA	Prescription: \$NA	Out of Pocket Cap: \$NA	
Premiums (per month)	Individual:\$ 221	Family: \$ 689		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30		Referral Req	
Specialists	50		Referral Req	
Referral required for specialists?	X Yes	<input type="checkbox"/> No		
Inpatient Services	750		Referral Req	
Emergency Room	1,000	20	Co-pay waived if admitted	
Mental/Behavioral Outpatient Health Services	30/visit	Or 20	Referral Req	
Substance Use Disorder Outpatient Services	30	Or 20	Referral Req	
Laboratory Services	250		Referral Req	
Out of network provider rules:	Not covered except ER and Emergency medical transportation			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (formulary generic)			No charge.
Two (non-formulary generic drugs)		20	
Three (formulary brand drugs)		20	
Four (non-formulary brand drugs)		30	
Five/Specialty		40	
Name of Formulary Used:			
Link to Formulary:	https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2016/2016_IL_5T_EX.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Limited dist
Harvoni (ledipasvir, sofosbuvir)	X					X	X		Limited dist
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		Limited dist

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				QL
Epzicom (abacavir/lamivudine)	X			X					QL
Evotaz (atazanavir/cobicistat)	X					X			QL; ltd dist
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					QL
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X					X			QL

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Prezista (darunavir)	X			X					QL
Reyataz (atazanavir)	X			X					QL
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					QL
Triumeq (abacavir/dolutegravir/lamivudine)	X				X		X		QL
Truvada (emtricitabine/tenofovir)	X			X					QL
Tyboost (cobicistat)	X					X			QL, ltd dist
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X				X				QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X			X					QL
Viread (tenofovir)	X			X					QL
Ziagen (abacavir)	X			X					QL

Blue Cross Blue Shield of Illinois

Blue Precision Silver HMO 102

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Blue Cross Blue Shield of Illinois		
Plan Name:	Blue Precision Silver HMO 102		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Cook , Boone, Dekalb, Dewitt, Dupage, Grundy, Kane, Kankakee, Kendall, Lake, Livingston, Marshall, Mchenry, Mclean, Ogle, Peoria, Stark, Tazewell, Will, Winnebago, Woodford		
Link to Summary of Benefits:	http://www.bcbsil.com/PDF/sbc/36096IL0810038-01.PDF		
Individual Deductibles:	Medical: \$2,000	Prescription: \$NA	Out of Pocket Cap: \$6,850
Family Deductibles:	Medical: \$6,000	Prescription: \$NA	Out of Pocket Cap: \$13,700
Out of Network Deductibles:	Medical: \$NA	Prescription: \$NA	Out of Pocket Cap: \$NA
Premiums (per month)	Individual:\$246	Family:\$766	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			Services or supplies that are not ordered by your PCP or Women's PCP, except ER and routine vision exams, are not covered
Specialists	50			Referral Required
Referral required for specialists?	X Yes	<input type="checkbox"/> No		
Inpatient Services	750/day			Referral required. Copayment applies per day until the out of pocket limit has been met.
Emergency Room	1,000	20 in addition to copay		Copayment waived if admitted
Mental/Behavioral Outpatient Health Services	30	OR 30 coinsurance		Referral required
Substance Use Disorder Outpatient Services	30	OR 30 coinsurance		Referral required
Laboratory Services	250			Referral required
Out of network provider rules:	Not covered EXCEPT for ER (1,000 copayment/visit plus 20% coinsurance; copayment waived if admitted) and emergency medical transportation (ground and air transportation covered)			
Special provisions/exceptions for individuals living with HIV?	None			
Other information:				

Plan Information			
	Co-Payments (\$)	Co-Insurance (%)	Notes
Tiers			
One	No charge		Formulary generic
Two		20 after deductible	Non-formulary generic
Three		20 after deductible	Formulary brand
Four		30 after deductible	Non-formulary brand
Five/Specialty		40 after deductible	Specialty
Name of Formulary Used:			
Link to Formulary:	https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2016/2016_IL_5T_EX.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Ltd dist
Harvoni (ledipasvir, sofosbuvir)	X					X	X		Ltd dist
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		Ltd dist

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				QL
Epzicom (abacavir/lamivudine)	X			X					QL
Evotaz (atazanavir/cobicistat)	X					X			QL; Ltd dist
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					QL
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X					X			QL
Prezista (darunavir)	X			X					QL

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Reyataz (atazanavir)	X			X					QL
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					QL
Triumeq (abacavir/dolutegravir/lamivudine)	X				X		X		QL
Truvada (emtricitabine/tenofovir)	X			X					QL
Tybost (cobicistat)	X					X			QL, Ltd dist
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X				X				QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X			X					QL
Viread (tenofovir)	X			X					QL
Ziagen (abacavir)	X			X					QL

Blue Cross Blue Shield of Illinois

Blue Choice Preferred Silver PPO 102

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Blue Cross Blue Shield of Illinois		
Plan Name:	Blue Choice Preferred Silver PPO 102		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Offered statewide; Cook		
Link to Summary of Benefits:	http://www.bcbsil.com/PDF/sbc/36096IL0990002-01.PDF		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$	Out of Pocket Cap: \$6,850
Family Deductibles:	Medical: \$6,000	Prescription: \$	Out of Pocket Cap: \$13,700
Out of Network Deductibles:	Medical: \$15,000/45,000	Prescription: \$	Out of Pocket Cap: \$unlimited
Premiums (per month)	Individual: \$288	Family: \$898	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	40	50 out of network	No benefits will be provided for services which are not medically necessary	
Specialists	60	50 out of network	none	
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	30		
Emergency Room	600	30	Copayment waived if admitted	
Mental/Behavioral Outpatient Health Services		30 in network; 50 out of network	Pre-authorization is required for psychtesting; neuropsych testing; electroconclusive therapy; repetitive transcranial magnetic stimulation; and intensive outpatient treatment	
Substance Use Disorder Outpatient Services		30 in network; 50 out of network	Pre-authorization is required for psychtesting; neuropsych testing; electroconclusive therapy; repetitive transcranial magnetic stimulation; and intensive outpatient treatment.	
Laboratory Services		30 in network; 50 out of network		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	0/5; 0 home delivery		
Two	10/15; 30 home delivery		
Three	50/60; 150 home delivery		
Four	100/110; 300 home delivery		
Five/Specialty		30	
Name of Formulary Used:			
Link to Formulary: https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2016/2016_IL_5T_EX.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Limited dist
Harvoni (ledipasvir, sofosbuvir)	X					X	X		Limited dist
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		Limited dist

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				QL
Epzicom (abacavir/lamivudine)	X			X					QL
Evotaz (atazanavir/cobicistat)	X					X			QL; ltd dist
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					QL
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X					X			QL
Prezista (darunavir)	X			X					QL
Reyataz (atazanavir)	X			X					QL
Atazanavir								X	
Stribild (cobicistat/elvitegravir/	X			X					QL

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
emtricitabine/tenofovir)									
Tivicay (dolutegravir)	X			X					QL
Triumeq (abacavir/dolutegravir/lamivudine)	X				X		X		QL
Truvada (emtricitabine/tenofovir)	X			X					QL
Tyboost (cobicistat)	X					X			QL, limited dist
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X				X				QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X			X					QL
Viread (tenofovir)	X			X					QL
Ziagen (abacavir)	X			X					QL

Blue Cross Blue Shield of Illinois

Blue Choice Preferred Silver PPO 103

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Blue Cross Blue Shield of Illinois			
Plan Name:	Blue Choice Preferred Silver PPO 103- Three \$0 PCP visits			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Offered statewide; Cook			
Link to Summary of Benefits:	http://www.bcbsil.com/PDF/sbc/36096IL0990003-01.PDF			
Individual Deductibles:	Medical: \$3,250	Prescription: \$	Out of Pocket Cap: \$6,850	
Family Deductibles:	Medical: \$9,750	Prescription: \$	Out of Pocket Cap: \$13,700	
Out of Network Deductibles:	Medical: \$15,000/45,000	Prescription: \$	Out of Pocket Cap: \$unlimited	
Premiums (per month)	Individual: \$271	Family: \$846		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Provider		20	First 3 visits no charge. No benefits provided for services which are not medically necessary.	50% coinsurance out of network
Specialists		20	None	50% coinsurance out of network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	400	20	Inpatient services: par member may be balance billed if preauthorization not received within 15 days prior.	
Emergency Room	600	20	Copayment waived if admitted	
Mental/Behavioral Outpatient Health Services	No charge office visits	or 20 coinsurance	Pre-authorization req for psychtesting; neuropsychological testing; electroconclusive therapy; repetitive transcranial magnetic stimulation; and intensive outpatient treatment.	
Substance Use Disorder Outpatient Services	No charge office visits	or 20 coinsurance	Pre-authorization req for psych testing; neuropsychological testing; electroconclusive therapy; repetitive transcranial magnetic stimulation; and intensive outpatient treatment.	
Laboratory Services		20	None	
Out of network provider rules:				
Special provisions/exceptions for indiv living w/ HIV				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One(formulary generic)	0/5 copayment prescription; 0 home delivery		Lower copayment applies at preferred participating pharmacies. Retail covers a 30 day supply and home delivery covers a 90 day supply. Certain women's preventive services will be covered with no cost to the member.
Two(Non-formulary generic)	10/15 copay; 30 home delivery		
Three(formulary brand drugs)	50/60 copay; 150 home delivery		
Four(non-formulary brand drugs)	100/110 copay; 300 home delivery		Same as above
Five/Specialty		30 in network; 50 out of network	
Name of Formulary Used:			
Link to Formulary:	myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2016/2016_IL_5T_EX.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Ltd dist
Harvoni (ledipasvir, sofosbuvir)	X					X	X		Ltd dist
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		Ltd dist

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				QL
Epzicom (abacavir/lamivudine)	X			X					QL
Evotaz (atazanavir/cobicistat)	X					X			QL; ltd dist
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					QL
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X					X			QL
Prezista (darunavir)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Reyataz (atazanavir)	X			X					QL
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					QL
Triumeq (abacavir/dolutegravir/lamivudine)	X				X		X		QL
Truvada (emtricitabine/tenofovir)	X			X					QL
Tyboost (cobicistat)	X					X			QL, ltd dist
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X				X				QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X			X					QL
Viread (tenofovir)	X			X					QL
Ziagen (abacavir)	X			X					QL

Blue Cross Blue Shield of Illinois

Blue Choice Preferred Silver PPO 104

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Blue Cross Blue Shield of Illinois			
Plan Name:	Blue Choice Preferred Silver PPO 104			
Plan Type:	X PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Offered statewide; Cook			
Link to Summary of Benefits:	http://www.bcbsil.com/PDF/sbc/36096ILO990004-01.PDF			
Individual Deductibles:	Medical: \$3,500	Prescription: \$NA	Out of Pocket Cap: \$3,500	
Family Deductibles:	Medical: \$10,500	Prescription: \$NA	Out of Pocket Cap: \$10,500	
	Medical:			
Out of Network Deductibles:	\$10,500/45,000	Prescription: \$NA	Out of Pocket Cap: \$unlimited	
Premiums (per month)	Individual: \$277	Family: \$865		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	No charge	50 (out of network)	No benefits will be provided for services which are not medically necessary	
Specialists	No charge	50 (out of network)	none	
Referral required for specialists?	<input type="checkbox"/> Yes	X No		
Inpatient Services	No charge	50 out of network	Inpatient services: par member may be balance billed if preauthorization not received within 15 days prior.	
Emergency Room	No charge	No charge		
Mental/Behavioral	No charge	50 out of network	Pre-auth is req for psychtesting; neuropsych testing; electroconclusive therapy; repetitive transcranial magnetic stimulation; and intensive outpatient treatment.	
Outpatient Health Services			Pre-auth is req for psychtesting; neuropsych testing; electroconclusive therapy; repetitive transcranial magnetic stimulation; and intensive outpatient treatment.	
Substance Use Disorder	No charge			
Outpatient Services				
Laboratory Services	No charge	50 out of network		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	No charge		Retail covers 30day supply and home delivery covers 90 day supply. Non-participating home delivery not covered. Non-participating specialty drug coverage limited to certain meds clarified in rx
Two	No charge		
Three	No charge		
Four	No charge		
Five/Specialty	No charge		
Name of Formulary Used:			
Link to Formulary:	https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2016/2016_IL_5T_EX.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Ltd dist
Harvoni (ledipasvir, sofosbuvir)	X					X	X		Ltd dist
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		Ltd dist

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				QL
Epzicom (abacavir/lamivudine)	X			X					QL
Evotaz (atazanavir/cobicistat)	X					X			QL; ltd dist
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					QL
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X					X			QL
Prezista (darunavir)	X			X					QL

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Reyataz (atazanavir)	X			X					QL
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					QL
Triumeq (abacavir/dolutegravir/lamivudine)	X				X		X		QL
Truvada (emtricitabine/tenofovir)	X			X					QL
Tyboost (cobicistat)	X					X			QL, ltd dist
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X				X				QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X			X					QL
Viread (tenofovir)	X			X					QL
Ziagen (abacavir)	X			X					QL

Coventry Health Care

Silver PPO \$10 Copay UnityPoint Health Quad Cities

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Coventry Health Care			
Plan Name:	Coventry Silver \$10 Copay			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Henry , Mercer, Rock Island, Whiteside			
Link to Summary of Benefits:	http://www.coventryone.com/IL68466			
Individual Deductibles:	Medical: \$3,500	Prescription: \$ 500	Out of Pocket Cap: \$6,200	
Family Deductibles:	Medical: \$7,000	Prescription: N/A	Out of Pocket Cap: \$12,400	
Out of Network Deductibles:	Medical: \$7,500/15,000	Prescription: \$1,000	Out of Pocket Cap: N/A	
Premiums (per month)	Individual: \$270.92	Family: \$844.98		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10		None	Deductible waive
Specialists	75		None	Deductible waive
Referral required for specialists?	Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	30		Prior authorization may be required
Emergency Room	500/visit			Co-pay waive if admitted
Mental/Behavioral				Prior authorization may be required
Outpatient Health Services	75			MHNet network must be use for in-network
Substance Use Disorder				Prior authorization required
Outpatient Services	75			MHNet network must be use for in-network
Laboratory Services		30		
Out of network provider rules:	Prior authorization required for imaging testing			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	15		5 co-pay/retail, 12.50 co-pay/mail, Tier 1a; 15 copay/retail, 37.50 co-pay/mail, Tier 1
Two	40		40 co-pay/retail, 100 co-pay/mail, Tier 2
Three	75		75 co-pay/retail, 187.50 copay/mail, Tier 3
Four		40	Limit to 31 day supply
Five/Specialty		50	Limit to 31 day supply; 40 co-ins/retail, NC/Mail, Tier 4; 50% coins/retail, NC/Mail, Tier 5
Name of Formulary Used:	2016 CoventryOne Prescription Drug List		
Link to Formulary:	https://client.formularynavigator.com/Search.aspx?siteCode=8459937751		
Contact Number:	1-855-449-2889		
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)z	X					X	X		ST

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X								
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)	X								
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Atazanavir	X								
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X			X		
Tivicay (dolutegravir)	X								
Triumeq	X		X						

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
(abacavir/dolutegravir/lamivudine)									
Truvada (emtricitabine/tenofovir)	X		X				X		
Tyboost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X		X	X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X	X	X	X					

Coventry Health Care

Coventry Silver \$15 Copay

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Coventry Health Care			
Plan Name:	Coventry Silver \$15 Copay			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage area (counties):	Offered Statewide; Kane			
Link to Summary of Benefits:	http://www.coventryone.com/IL68403			
Individual Deductibles:	Medical: \$3,500	Prescription: \$ 500	Out of Pocket Cap: \$6,200	
Family Deductibles:	Medical: \$7,000	Prescription: N/A	Out of Pocket Cap: \$12,400	
Out of Network Deductibles:	Medical: \$7,500/15,000	Prescription: \$1,000	Out of Pocket Cap: N/A	
Premiums (per month)	Individual: \$384	Family: 1\$196		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	15		None	Deductible waive
Specialists	75		None	Deductible waive
Referral required for specialists?	Yes	X No		
Inpatient Services	500	30		Prior authorization may be required
Emergency Room	500/visit			Co-pay waive if admitted
Mental/Behavioral	500	30		Prior authorization may be required
Outpatient Health Services	75			MHNet network must be use for in-network
Substance Use Disorder	500	30		Prior authorization required
Outpatient Services	75			MHNet network must be use for in-network
Laboratory Services		30		
Out of network provider rules:	Prior authorization required for imaging testing			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	15		
Two	40		
Three	75		
Four		40	Limit to 31 day supply
Five/Specialty		50	Limit to 31 day supply
Name of Formulary Used:	2016 CoventryOne Prescription Drug List		
Link to Formulary:	https://client.formularynavigator.com/Search.aspx?siteCode=8459937751		
Contact Number:	1-855-449-2889		
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		ST

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X								
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)	X								
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Atazanavir	X								
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X			X		
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Truvada (emtricitabine/tenofovir)	X		X				X		
Tyboost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X		X	X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X	X	X	X					

Coventry Health Care

Coventry Silver \$10 Copay Carelink Methodist

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Coventry Healthcare		
Plan Name:	Coventry Silver \$10 Copay Carelink Methodist		
Plan Type:	X PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton, Peoria, Tazewell		
Link to Summary of Benefits:	http://www.coventryone.com/web/groups/public/@cvty_individual_c1/documents/document/il68418.pdf		
Individual Deductibles:	Medical: \$3,500	Prescription: \$500 in-network; \$1,000 out-of-network	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$7,000	Prescription: \$	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: \$7,500	Prescription: \$	Out of Pocket Cap: None.
Premiums (per month)	Individual: \$228	Family: \$711	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Provider	10			Deductible waived for primary care.
Specialists	75			
Referral required for specialists?	X Yes			
Inpatient Services	250	30		
Emergency Room				
Mental/Behavioral	75			
Outpatient Health Services				
Substance Use Disorder	75			
Outpatient Services				
Laboratory Services		30		
Out of network provider rules:	50% coinsurance for out-of-network care.			
Special provisions/exceptions for indiv living w/ HIV				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	Tier 1: 5 Retail 12.50 Mail Tier 1a: 15 retail 37.50 Mail		Generic
Two	40 Retail 100 Mail		Preferred Brand
Three	75 Retail 187.50 Mail		Non-Preferred Brand
Four		40 Retail; not covered by mail	Specialty
Five/Specialty			
Name of Formulary Used:	2016 CoventryOne Prescription Drug List (Formulary Linked to Plan is Labeled for Georgia)		
Link to Formulary:	https://client.formularynavigator.com/Search.aspx?siteCode=8459937751		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		Step Therapy

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

Coventry Health Care

Coventry Silver \$10 Copay Carelink St. John's

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Coventry Healthcare		
Plan Name:	Coventry Silver \$10 Copay Carelink St Johns		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Macon , Mason, Sangamon, Shelby		
Link to Summary of Benefits:	http://www.coventryone.com/web/groups/public/@cvty_individual_c1/documents/document/il68440.pdf		
Individual Deductibles:	Medical: \$3,500	Prescription: \$500 in-network; \$1,000 out-of-network	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$7,000	Prescription: \$	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: \$7,500	Prescription: \$	Out of Pocket Cap: None.
Premiums (per month)	Individual: \$263	Family: \$820	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Provider	10			Deductible waived for primary care.
Specialists	75			
Referral required for specialists?	X Yes			
Inpatient Services	250	30		
Emergency Room				
Mental/Behavioral	75			
Outpatient Health Services				
Substance Use Disorder	75			
Outpatient Services				
Laboratory Services		30		
Out of network provider rules:	50% coinsurance for out-of-network care.			
Special provisions/exceptions for indiv living w/ HIV				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	Tier 1: 5 Retail 12.50 Mail Tier 1a: 15 retail 37.50 Mail		Generic
Two	40 Retail 100 Mail		Preferred Brand
Three	75 Retail 187.50 Mail		Non-Preferred Brand
Four		40 Retail; not covered by mail	Specialty
Five/Specialty			
Name of Formulary Used:	2016 CoventryOne Prescription Drug List (Formulary Linked to Plan is Labeled for Georgia)		
Link to Formulary:	https://client.formularynavigator.com/Search.aspx?siteCode=8459937751		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		Step Therapy

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

Coventry Health Care

Coventry Silver \$10 Copay Carelink SwedishAmerica

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Coventry Healthcare		
Plan Name:	Coventry Silver \$10 Copay Carelink SwedishAmerica		
Plan Type:	X PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Winnebago , Boone		
Link to Summary of Benefits:	http://www.coventryone.com/web/groups/public/@cvty_individual_c1/documents/document/il68440.pdf		
Individual Deductibles:	Medical: \$3,500	Prescription: \$500 in-network; \$1,000 out-of-network	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$7,000	Prescription: \$	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: \$7,500	Prescription: \$	Out of Pocket Cap: None.
Premiums (per month)	Individual: \$280	Family: \$873	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Provider	10			Deductible waived for primary care.
Specialists	75			
Referral required for specialists?	X Yes			
Inpatient Services	250	30		
Emergency Room				
Mental/Behavioral	75			
Outpatient Health Services				
Substance Use Disorder	75			
Outpatient Services				
Laboratory Services		30		
Out of network provider rules:	50% coinsurance for out-of-network care.			
Special provisions/exceptions for indiv living w/ HIV				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	Tier 1: 5 Retail 12.50 Mail Tier 1a: 15 retail 37.50 Mail		Generic
Two	40 Retail 100 Mail		Preferred Brand
Three	75 Retail 187.50 Mail		Non-Preferred Brand
Four		40 Retail; not covered by mail	Specialty
Five/Specialty			
Name of Formulary Used:	2016 CoventryOne Prescription Drug List (Formulary Linked to Plan is Labeled for Georgia)		
Link to Formulary:	https://client.formularynavigator.com/Search.aspx?siteCode=8459937751		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		Step Therapy

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

Harken Health

Care Silver I

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Harken Health		
Plan Name:	Care Silver I		
Plan Type:	X PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Cook		
Link to Summary of Benefits:	https://www.harkenhealth.com/benefits/ILCareSilverIInd.pdf		
Individual Deductibles:	Medical: \$ 3,750 (designated network); \$6,200 (network)	Prescription: \$NA	Out of Pocket Cap: \$ 6,200
Family Deductibles:	Medical: \$ 7,500 (designated network); 12,400 (network)	Prescription: \$NA	Out of Pocket Cap: \$12,400
Out of Network Deductibles:	Medical: \$12,400/person; \$24,800/family	Prescription: \$NA	Out of Pocket Cap: \$Unlimited
Premiums (per month)	Individual:\$ 248	Family:\$ 773	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	No charge (designated network); no charge after deductible (network)	20 after deductible for non-network provider		
Specialists	No charge after deductible	20 after deductible for non-network provider		
Referral required for specialists?	<input type="checkbox"/> Yes	X No		Permission from plan to see specialist required
Inpatient Services	No charge after deductible	20 after deductible for non-network provider	You must obtain prior authorization for non network or benefits will be reduced by the lesser of 50% or \$1,000.	
Emergency Room	No charge after deductible			
Mental/Behavioral Outpatient Health Services	No charge for designated network and network provider	20 after deductible for non-network provider	You must obtain prior authorization for non network or benefits will be reduced by the lesser of 50% or \$1,000.	
Substance Use Disorder Outpatient Services	No charge for designated network and network provider	20 after deductible for non-network provider	You must obtain prior authorization for non network or benefits will be reduced by the lesser of 50% or \$1,000.	
Laboratory Services	No charge after deductible for designated network and network providers.	20 after deductible for non-network provider	You must obtain prior authorization for non network or benefits will be reduced by the lesser of 50% or \$1,000.	
Out of network provider rules:	20% co-insurance after deductible for non-network providers; You must obtain prior authorization for non network or benefits will be reduced by the lesser of 50% or \$1,000.			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	Retail: 10; mail order: 20	20 after deductible for non-network provider	For all tiers: Limited to a 31 day supply per prescription or refill. Mail order limited to 90 day supply. Certain drugs may have a pre-authorization requirement.
Two	Retail: 40; Mail order: 80	20 after deductible for non-network provider	
Three	Retail: 250; mail order: 500		
Four	Retail: 500; mail order: 1,000	20 after deductible for non-network provider	
Five/Specialty			
Name of Formulary Used:	Your 2016 Prescription Drug List (Illinois Individual)		
Link to Formulary:	https://www.harkenhealth.com/content/dam/venus/benefits/HH_Essential%20PDL_072015_Illinois.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X		X				X		QL; step therapy; specialty medication
Harvoni (ledipasvir, sofosbuvir)	X		X				X		QL; specialty medication
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		QL; step therapy, specialty medication

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				Step therapy
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X				X				

Harken Health

Care Silver II

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Harken Health Insurance Company			
Plan Name:	Care Silver II			
Plan Type:	X PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Cook			
Link to Summary of Benefits:	https://www.harkenhealth.com/benefits/ILCareSilverIIInd.pdf			
Individual Deductibles:	Medical: \$3,000	Prescription: \$NA	Out of Pocket Cap: \$6,000	
Family Deductibles:	Medical: \$6,000	Prescription: \$NA	Out of Pocket Cap: \$12,000	
	Medical: \$12,000			
Out of Network Deductibles:	individual/\$24,000	Prescription: \$NA	Out of Pocket Cap: \$	
Premiums (per month)	Individual:\$255	Family:\$795		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	No charge (designated network provider); no charge after deductible (network provider)	20 after deductible (non-network provider)		
Specialists	No charge (designated network provider); no charge after deductible (network provider)	20 after deductible (non-network provider)		
Referral required for specialists?	<input type="checkbox"/> Yes	X No		
Inpatient Services	No charge after deductible	20 after deductible (non-network provider)		If no prior authorization, non network benefits will be reduced by the lesser of 50% or \$1,000.
Emergency Room	No charge after deductible			
Mental/Behavioral Outpatient Health Services	No charge	20 after deductible (non-network provider)		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Substance Use Disorder Outpatient Services	No charge	20 after deductible (non-network provider)		If no prior authorization, non network benefits will be reduced by the lesser of 50% or \$1,000.
Laboratory Services	No charge after deductible	20 after deductible (non-network provider)		
Out of network provider rules: Special provisions/exceptions for individuals living with HIV?	No			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	Retail: 10; mail order: 20	20 after deductible for non-network provider	For all tiers: Limited to a 31 day supply per prescription or refill. Mail order limited to 90 day supply. Certain drugs may have a pre-authorization requirement.
Two	Retail: 40; Mail order: 80	20 after deductible for non-network provider	
Three	Retail: 250; mail order: 500		
Four	Retail: 500; mail order: 1,000	20 after deductible for non-network provider	
Five/Specialty			
Name of Formulary Used:	Your 2016 Prescription Drug List (Illinois Individual)		
Link to Formulary:	https://www.harkenhealth.com/content/dam/venus/benefits/HH_Essential%20PDL_072015_Illinois.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Solvaldi (sofosbuvir)	X		X				X		
Harvoni (ledipasvir, sofosbuvir)	X		X				X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				Step therapy
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X	X							
Ziagen (abacavir)	X				X				

Health Alliance

HMO 3000b Elite Network Silver

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Health Alliance		
Plan Name:	HMO 3000b Elite Network Silver		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Offered in 97 Counties, Dekalb		
Link to Summary of Benefits:	https://www.healthalliance.org/docs/2016_IL_IND_PUB_SBC_HMO_3000b_EliteNetwork_Silver.pdf		
Individual Deductibles:	Medical: \$3,000	Prescription: \$	Out of Pocket Cap: \$6,850
Family Deductibles:	Medical: \$6,000	Prescription: \$	Out of Pocket Cap: \$13,700
Out of Network Deductibles:	Medical: n/a	Prescription: \$	Out of Pocket Cap:
Premiums (per month)	Individual: \$286.69	Family: \$894.15	
NOTE:	Deductible does not apply to office visits, urgent care, prescription drugs and other services.		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	40			
Specialists	80			
Referral required for specialists?	X Yes	<input type="checkbox"/> No		
Inpatient Services		30		
Emergency Room		30		
Mental/Behavioral	40			
Outpatient Health Services				
Substance Use Disorder	40			
Outpatient Services				
Laboratory Services		30		
Out of network provider rules:	HMO so not allowed.			
Special provisions/exceptions for individuals living with HIV?	None.			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred Formulary Generic drugs	10		
Two Preferred Formulary brand drugs	40		
Three non-preferred formulary brand	80		
Four preferred formulary specialty	200		PA required.
Five/Specialty non-preferred	300		PA required.
Six/Specialty non-formulary			50 co-insurance, PA required
Name of Formulary Used:	Public Individuals Plans & Employer Group Plans Formulary		
Link to Formulary:	http://www.healthalliance.org/media/Resources/Health-Alliance-Comprehensive-Formulary-Public.pdf		
Contact Number:	1-800-851-3379		
Notes re: Deductible or Coverage:	Note – six tier formulary.		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X					X			
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X					X	X		
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			
Tivicay (dolutegravir)	X					X	X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Triumeq (abacavir/dolutegravir/lamivudine)	X					X	X		
Truvada (emtricitabine/tenofovir)	X					X			
Tybost (cobicistat)	X			X					ST
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen	X	X							

Health Alliance

HMO 4500 Elite Network Silver

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Health Alliance		
Plan Name:	HMO 4500 Elite Network Silver		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Offered in 97 Counties, Dekalb		
Link to Summary of Benefits:	https://www.healthalliance.org/docs/2016_IL_IND_PUB_SBC_HMO_4500_EliteNetwork_Silver.pdf		
Individual Deductibles:	Medical: \$4,500	Prescription: \$	Out of Pocket Cap: \$6500
Family Deductibles:	Medical: \$9,000	Prescription: \$	Out of Pocket Cap: \$13,000
Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap:
Premiums (per month)	Individual: \$272.67	Family: \$850.44	
Note:	Deductible doesn't apply to Office Visits, Urgent Care Visits, Spinal Manipulations, Prescription Drugs, Pediatric Dental Exam, Pediatric Vision Care, Pediatric Vision Materials and Preventive Services.		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			
Specialists	60			
Referral required for specialists?	X Yes	<input type="checkbox"/> No		
Inpatient Services		20		
Emergency Room		20		
Mental/Behavioral				
Outpatient Health Services	30			
Substance Use Disorder				
Outpatient Services	30			
Laboratory Services		20		
Out of network provider rules:	n/a HMO			
Special provisions/exceptions for individuals living with HIV?	none			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred Formulary Generic drugs	7		
Two Preferred Formulary brand drugs	35		
Three non-preferred formulary brand	70		
Four preferred formulary specialty		30	PA required.
Five/Specialty non-preferred		40	PA required
Six/Specialty non-formulary		50	PA required
Name of Formulary Used:	Public Individuals Plans & Employer Group Plans Formulary		
Link to Formulary:	http://www.healthalliance.org/media/Resources/Health-Alliance-Comprehensive-Formulary-public-2016.pdf		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X					X			
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X					X	X		
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			
Tivicay (dolutegravir)	X					X	X		
Triumeq	X					X	X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
(abacavir/dolutegravir/lamivudine)									
Truvada (emtricitabine/tenofovir)	X					X			
Tyboost (cobicistat)	X			X					ST
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen	X	X							

Health Alliance

HMO 5000c Elite Network Silver

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Health Alliance			
Plan Name:	HMO 5000c Elite Network Silver			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Dekalb , 97 counties			
Link to Summary of Benefits:	https://www.healthalliance.org/docs/2016_IL_IND_PUB_SBC_HMO_5000c_EliteNetwork_Silver.pdf			
Individual Deductibles:	Medical: \$5,000	Prescription: \$	Out of Pocket Cap: \$6,250	
Family Deductibles:	Medical: \$10,000	Prescription: \$	Out of Pocket Cap: \$12,500	
Out of Network Deductibles:	Medical: n/a	Prescription: \$	Out of Pocket Cap: n/a	
Premiums (per month)	Individual: \$268.96	Family: \$836.68		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	25			
Specialists	50			
Referral required for specialists?	X Yes	<input type="checkbox"/> No		
Inpatient Services		30		
Emergency Room		30		
Mental/Behavioral				
Outpatient Health Services	25			
Substance Use Disorder				
Outpatient Services	25			
Laboratory Services		30		
Out of network provider rules:	Not covered (HMO)			
Special provisions/exceptions for individuals living with HIV?	none			
Other information:	** Does NOT apply to Office Visits, Urgent Care Visits, Spinal Manipulations, Prescription Drugs, Pediatric Dental Exam, Pediatric Vision Care, Pediatric Vision Materials and Preventive Services.			

Plan Information			
	Co-Payments (\$)	Co-Insurance (%)	Notes
Tiers			
One Preferred Formulary Generic drugs	10		
Two Preferred Formulary brand drugs	40		
Three non-preferred formulary brand	80		
Four preferred formulary specialty	200		PA required.
Five/Specialty non-preferred	300		PA required.
Six/Specialty non-formulary		50	PA required.
Name of Formulary Used:	Public Individuals Plans & Employer Group Plans Formulary		
Link to Formulary:	http://www.healthalliance.org/media/Resources/Health-Alliance-Comprehensive-Formulary-Public-2016.pdf		
Contact Number:	1-800-851-3379		
Notes re: Deductible or Coverage:	***Six tier formulary. Tier 4 is Preferred Formulary Specialty; Tier 5 is non-preferred formulary specialty; Tier 6 is Non-formulary specialty		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X					X			
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X					X	X		
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Stribild (cobicistat/elvitegravir/emtricitabine/	X					X			

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
tenofovir)									
Tivicay (dolutegravir)	X					X	X		
Triumeq (abacavir/dolutegravir/lamivudine)	X					X	X		
Truvada (emtricitabine/tenofovir)	X					X			
Tybost (cobicistat)	X			X					ST
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen	X	X							

Health Alliance

HMO 6000 Riverside Network Silver

2016 Illinois QHP

Overall Plan Information	
Issuer Name:	Health Alliance
Plan Name:	HMO 6000 Riverside Network Silver
Plan Type:	<input type="checkbox"/> PPO <input type="checkbox"/> POS <input checked="" type="checkbox"/> XHMO <input type="checkbox"/> Other
Coverage Area (counties):	Champaign, Clark, Coles, Cumberland, Douglas, Edgar, Ford, Grundy, Iroquois, Kankakee, Kendall, Piatt, Vermilion, Will
Link to Summary of Benefits:	https://www.healthalliance.org/docs/2016_IL_IND_PUB_SBC_HMO_6000_RiversideNetwork_Silver.pdf
Individual Deductibles:	Medical: \$6,000 Prescription: \$ Out of Pocket Cap: \$6,500
Family Deductibles:	Medical: \$12,000 Prescription: \$ Out of Pocket Cap: \$13,000
Out of Network Deductibles:	Medical: \$ Prescription: \$ Out of Pocket Cap:
Premiums (per month)	Individual: \$249.65 Family: \$778.64
Note:	Doesn't apply to Office Visits, Urgent Care, Spinal Manipulations, Prescription Drugs, Pediatric Vision Care, Pediatric Vision Materials, Pediatric Dental Exam, Inpatient Hospitalizations, Emergency Room Visits and Preventive Services.

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			
Specialists	20			
Referral required for specialists?	X Yes	<input type="checkbox"/> No		
Inpatient Services	200/stay			
Emergency Room	250			
Mental/Behavioral	20/visit			
Outpatient Health Services				
Substance Use Disorder	20/visit			
Outpatient Services				
Laboratory Services		0		
Out of network provider rules:	n/a - HMO plan.			
Special provisions/exceptions for individuals living with HIV?	none			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred Formulary Generic drugs	5		
Two Preferred Formulary brand drugs	50		
Three non-preferred formulary brand	100		
Four preferred formulary specialty		30	PA required.
Five/Specialty non-preferred		40	PA required
Six/Specialty non-formulary		50	PA required
Name of Formulary Used:	Public Individuals Plans & Employer Group Plans Formulary		
Link to Formulary:	http://www.healthalliance.org/media/Resources/Health-Alliance-Comprehensive-Formulary-Public-2016.pdf		
Notes re: Deductible or Coverage:	***Six tier formulary. Tier 4 is Preferred Formulary Specialty; Tier 5 is non-preferred formulary specialty; Tier 6 is Non-formulary specialty		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)						X	X		
Harvoni (ledipasvir, sofosbuvir)						X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)						X	X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X					X			
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X					X	X		
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			
Tivicay (dolutegravir)	X					X	X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Triumeq (abacavir/dolutegravir/lamivudine)	X					X	X		
Truvada (emtricitabine/tenofovir)	X					X			
Tybost (cobicistat)	X			X					ST
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen	X	X							

Health Alliance

HMO 4000b Elite Network Silver

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Health Alliance		
Plan Name:	HMO 4000b Elite Network Silver		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Offered in 97 counties; Dekalb		
Link to Summary of Benefits:	https://www.healthalliance.org/docs/2016_IL_IND_PUB_SBC_HMO_4000b_EliteNetwork_Silver.pdf		
Individual Deductibles:	Medical: \$4000	Prescription: \$	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$8000	Prescription: \$	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: n/a	Prescription: \$	Out of Pocket Cap:
Premiums (per month)	Individual:\$292.21 Family:\$911.38		
Notes:	Deductible doesn't apply to Office Visits, Urgent Care, Spinal Manipulations, Prescription Drugs, Emergency Room Services, Inpatient Hospitalizations, Outpatient Rehabilitation/Habilitative Visits, Diagnostic Testing, Imaging, Skilled Nursing Facility, Pediatric Vision Care, Pediatric Vision Materials, Pediatric Dental Exam and Preventive Services.		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			
Specialists	20			
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services	750 per days 1-3 then 0% coinsurance			
Emergency Room	750/visit			
Mental/Behavioral				
Outpatient Health Services	20			
Substance Use Disorder				
Outpatient Services	20			
Laboratory Services	50 per test			
Out of network provider rules:	n/a - HMO			
Special provisions/exceptions for individuals living with HIV?	None.			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred Formulary Generic drugs	7		
Two Preferred Formulary brand drugs	25		
Three non-preferred formulary brand	50		
Four preferred formulary specialty	100		PA required
Five/Specialty non-preferred	150		PA required.
Six/specialty non-formulary		50	PA required
Name of Formulary Used:	Public Individuals Plans & Employer Group Plans Formulary http://www.healthalliance.org/media/Resources/Health-Alliance-Comprehensive-Formulary-Public-2016.pdf		
Link to Formulary:			
Contact Number:	1-800-851-3379		
Notes re: Deductible or Coverage:	***Six tier formulary. Tier 4 is Preferred Formulary Specialty; Tier 5 is non-preferred formulary specialty; Tier 6 is Non-formulary specialty		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X					X			
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X					X	X		
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Tivicay (dolutegravir)	X					X	X		
Triumeq (abacavir/dolutegravir/lamivudine)	X					X	X		
Truvada (emtricitabine/tenofovir)	X					X			
Tyboost (cobicistat)	X			X					ST
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen	X	X							

Health Alliance

POS 6000b Elite Network Silver

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Health Alliance		
Plan Name:	POS 6000b Elite Network Silver		
Plan Type:	<input type="checkbox"/> PPO	<input checked="" type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	97 Counties, Dekalb		
Link to Summary of Benefits:	https://www.healthalliance.org/docs/2016_IL_IND_PUB_SBC_POS_6000b_EliteNetwork_Silver.pdf		
Individual Deductibles:	Medical: \$6,000	Prescription: \$	Out of Pocket Cap: \$6,000
Family Deductibles:	Medical: \$12,000	Prescription: \$	Out of Pocket Cap: \$12,000
Out of Network Deductibles:	Medical: \$12,000	Prescription: \$	Out of Pocket Cap: \$6,000
Premiums (per month)	Individual: \$285.57	Family: \$890.68	
Notes:	Deductible doesn't apply to Office Visits, Urgent Care, Spinal Manipulations, Prescription Drugs, Emergency Room Visits, Inpatient Hospitalizations, Pediatric Vision Care, Pediatric Vision Materials, Pediatric Dental Exam and Preventive Services.		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			
Specialists	50			
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services	250			
Emergency Room	500			
Mental/Behavioral				
Outpatient Health Services	30			
Substance Use Disorder				
Outpatient Services	30			
Laboratory Services		0 in-network		50% co-insurance out of network
Out of network provider rules:	Referral may be needed to see an out of network provider.			
Special provisions/exceptions for individuals living with HIV?	none			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred Formulary Generic drugs	7		
Two Preferred Formulary brand drugs	35		
Three non-preferred formulary brand	70		
Four preferred formulary specialty	140		PA required.
Five/Specialty non-preferred	210		PA required.
Six/Specialty non-formulary		50	PA required.
Name of Formulary Used:	Public Individuals Plans & Employer Group Plans Formulary		
Link to Formulary:	http://www.healthalliance.org/media/Resources/Health-Alliance-Comprehensive-Formulary-Public.pdf		
Contact Number:	1-800-851-3379		
Notes re: Deductible or Coverage:	Note – six tier formulary.		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X					X			
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X					X	X		
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			
Tivicay (dolutegravir)	X					X	X		
Triumeq (abacavir/dolutegravir/lamivudine)	X					X	X		
Truvada (emtricitabine/tenofovir)	X					X			
Tybost (cobicistat)	X			X					Step Therapy
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen	X	X							

Health Alliance

POS 6000b Methodist Network Silver

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Health Alliance			
Plan Name:	POS 6000b Methodist Network Silver			
Plan Type:	<input type="checkbox"/> PPO	<input checked="" type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Fulton, Knox, La Salle, Marshall, Mcdonough, Peoria, Putnam, Stark, Tazewell, Woodford			
Link to Summary of Benefits:	https://www.healthalliance.org/docs/2016_IL_IND_PUB_SBC_HMO_4000b_EliteNetwork_Silver.pdf			
Individual Deductibles:	Medical: \$6000	Prescription: \$	Out of Pocket Cap: \$6,00	
Family Deductibles:	Medical: \$12,000	Prescription: \$	Out of Pocket Cap: \$12,000	
Out of Network Deductibles:	Medical: \$12,000	Prescription: \$	Out of Pocket Cap:\$24,000	
Premiums (per month)	Individual	Family:\$		
Notes:	Doesn't apply to Office Visits, Urgent Care, Spinal Manipulations, Prescription Drugs, Emergency Room Visits, Inpatient Hospitalizations, Pediatric Vision Care, Pediatric Vision Materials, Pediatric Dental Exam and Preventive Services			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			
Specialists	30			
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services	250			
Emergency Room	500			
Mental/Behavioral				
Outpatient Health Services	30			
Substance Use Disorder				
Outpatient Services	30			
Laboratory Services		0 in-network		50% co-insurance out of network
Out of network provider rules:	Referral needed for specialists.			
Special provisions/exceptions for individuals living with HIV?	None.			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred Formulary Generic drugs	7		
Two Preferred Formulary brand drugs	35		
Three non-preferred formulary brand	70		
Four preferred formulary specialty	140		PA required
Five/Specialty non-preferred	210		PA required.
Six/specialty non-formulary		50	PA required.
Name of Formulary Used:	Public Individuals Plans & Employer Group Plans Formulary		
Link to Formulary:	http://www.healthalliance.org/media/Resources/Health-Alliance-Comprehensive-Formulary-Public.pdf		
Contact Number:	1-800-851-3379		
Notes re: Deductible or Coverage:	Note – six tier formulary.		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X					X			
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X					X	X		
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			
Tivicay (dolutegravir)	X					X	X		
Triumeq (abacavir/dolutegravir/lamivudine)	X					X	X		
Truvada (emtricitabine/tenofovir)	X					X			
Tybost (cobicistat)	X			X					Step Therapy
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen	X	X							

Health Alliance

POS 6000 Riverside Network Silver

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Health Alliance			
Plan Name:	POS 6000 Riverside Network Silver			
Plan Type:	<input type="checkbox"/> PPO	<input checked="" type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Champaign , Clark, Coles, Cumberland, Douglas, Edgar, Ford, Grundy, Iroquois, Kankakee, Kendall, Piatt, Vermilion, Will			
Link to Summary of Benefits:	https://www.healthalliance.org/docs/2016_IL_IND_PUB_SBC_POS_6000_RiversideNetwork_Silver.pdf			
Individual Deductibles:	Medical: \$6000	Prescription: \$	Out of Pocket Cap: \$6,500	
Family Deductibles:	Medical: \$12,000	Prescription: \$	Out of Pocket Cap: \$13,000	
Out of Network Deductibles:	Medical: \$12,000	Prescription: \$	Out of Pocket Cap: \$13,200	
Premiums (per month)	Individual: \$260.03	Family: \$811.02		
Notes:	Doesn't apply to Office Visits, Urgent Care, Spinal Manipulations, ER visits, Inpatient Hospitalization, Prescription Drugs, Pediatric Vision Care, Pediatric Vision Materials, Pediatric Dental Exam, and Preventive Services.			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			
Specialists	20			
Referral required for specialists?	X Yes	<input type="checkbox"/> No		
Inpatient Services	200			
Emergency Room	250			
Mental/Behavioral				
Outpatient Health Services	20			
Substance Use Disorder				
Outpatient Services	20			
Laboratory Services		0 in-network		50% co-insurance out-of-network
Out of network provider rules:	Out-of-network allowed with high cost-sharing.			
Special provisions/exceptions for individuals living with HIV?	None			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred Formulary Generic drugs	5		
Two Preferred Formulary brand drugs	50		
Three non-preferred formulary brand	100		
Four preferred formulary specialty		30	PA Required.
Five/Specialty non-preferred		40	PA Required
Six/Specialty non-formulary		50	PA Required.
Name of Formulary Used:	Public Individuals Plans & Employer Group Plans Formulary		
Link to Formulary:	http://www.healthalliance.org/media/Resources/Health-Alliance-Comprehensive-Formulary-Public.pdf		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X					X			
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X					X	X		
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			
Tivicay (dolutegravir)	X					X	X		
Triumeq (abacavir/dolutegravir/lamivudine)	X					X	X		
Truvada (emtricitabine/tenofovir)	X					X			
Tybost (cobicistat)	X			X					Step Therapy
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen	X	X							

Health Alliance

PPO 4500b Elite Network Silver

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Health Alliance			
Plan Name:	PPO 4500b Elite Network			
Plan Type:	X PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	97 Counties, Dekalb			
Link to Summary of Benefits:	https://www.healthalliance.org/docs/2016_IL_IND_PUB_SBC_PPO_4500b_EliteNetwork_Silver.pdf			
Individual Deductibles:	Medical: \$4,500	Prescription: \$	Out of Pocket Cap: \$6,350	
Family Deductibles:	Medical: \$9,000	Prescription: \$	Out of Pocket Cap: \$12,700	
Out of Network Deductibles:	Medical: \$9,000	Prescription: \$	Out of Pocket Cap: \$12,700	
Premiums (per month)	Individual: \$305.19 Family: \$951.86			
Notes:	Deductible doesn't apply to Office Visits, Urgent Care, Prescription Drugs, Emergency Room Visits, Inpatient Hospitalizations, Spinal Manipulations, Pediatric Dental Exams, Pediatric Vision Materials and Preventive Services.			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			
Specialists	50			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	250	20% after co-pay		
Emergency Room	500	20% after co-pay		
Mental/Behavioral				
Outpatient Health Services	30			
Substance Use Disorder				
Outpatient Services	30			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	None			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred Formulary Generic drugs	10		
Two Preferred Formulary brand drugs	40		
Three non-preferred formulary brand	80		
Four preferred formulary specialty	200		PA required.
Five/Specialty non-preferred	300		PA required.
Six/Specialty non-formulary		50	PA Required.
Name of Formulary Used:	Public Individuals Plans & Employer Group Plans Formulary		
Link to Formulary:	http://www.healthalliance.org/media/Resources/Health-Alliance-Comprehensive-Formulary-Public.pdf		
Contact Number:	1-800-851-3379		
Notes re: Deductible or Coverage:	Note – six tier formulary.		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X					X			
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X					X	X		
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Stribild (cobicistat/elvitegravir/emtricitabine/ tenofovir)	X					X			
Tivicay (dolutegravir)	X					X	X		
Triumeq (abacavir/dolutegravir/lamivudine)	X					X	X		
Truvada (emtricitabine/tenofovir)	X					X			
Tybost (cobicistat)	X			X					Step Therapy
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen	X	X							

Humana

Silver 3800/Illinois HMOx

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Humana Health Plan		
Plan Name:	Silver 3800/IllinoisHMOx		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Boone, Brown, Carroll, Cass, Christian, Dekalb , Dewitt, Fulton, Jo Daviess, Knox, La Salle, Lee, Livingston, Macon, Marshall, Mcdonough, Mclean, Moultrie, Ogle, Peoria, Putnam, Sangamon, Schuyler, Scott, Shelby, Stark, Stephenson, Tazewell, Winnebago, Woodford		
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2620397		
Individual Deductibles:	Medical: \$3,800	Prescription: N/A	Out of Pocket Cap: \$6,300
Family Deductibles:	Medical: \$7,600	Prescription: N/A	Out of Pocket Cap: \$12,600
Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month)	Individual:\$300.46	Family:\$937.12	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			
Specialists	40			
Referral required for specialists?	X Yes	<input type="checkbox"/> No		
Inpatient Services		20		
Emergency Room	250	20		
Mental/Behavioral				
Outpatient Health Services		20		
Substance Use Disorder		20		
Outpatient Services		20		
Laboratory Services		See notes.		\$500 per calendar year paid at 100%; then 20% co-insurance after deductible.

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible applies to emergency room visits, inpatient services, mental/behavioral health outpatient services, substance use disorder services, and laboratory services.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	10		Preferred generics
Two	20		Non-preferred generics
Three	50		Preferred brands
Four		50	Non-preferred brands
Five/Specialty		50	40% co-insurance when filled via a preferred network pharmacy
Name of Formulary Used:	2016 Humana Drug List		
Link to Formulary:	http://apps.humana.com/marketing/documents.asp?file=2614807		
Contact Number:	1-800-833-6917.		
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		QL
Harvoni (ledipasvir, sofosbuvir)	X					X	X		QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			QL
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			QL
Epzicom (abacavir/lamivudine)	X					X			QL
Evotaz (atazanavir/cobicistat)	X					X			QL
Intelence (etravirine)	X					X			QL
Isentress (raltegravir)	X					X			QL
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X					X			QL
Prezista (darunavir)	X					X			QL
Reyataz (atazanavir)	X					X			QL
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			QL
Tivicay (dolutegravir)	X					X			QL
Triumeq (abacavir/dolutegravir/lamivudine)	X					X			QL
Truvada (emtricitabine/tenofovir)	X					X			QL
Tybost (cobicistat)	X			X					QL
Abacavir (generic)	X		X						QL
Edurant (rilpivirine)	X					X			QL
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X					X			QL
Viread (tenofovir)	X					X			QL
Ziagen (abacavir)	X			X					QL

Land of Lincoln

Adventist LLH 3-Tier Silver PPO

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Land of Lincoln Health			
Plan Name:	Adventist LLH 3-Tier Silver PPO			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Cook , Dupage, Kane, Will			
Link to Summary of Benefits:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/I_050000201_SBC.pdf			
Individual Deductibles:	Medical: \$3,400	Prescription: N/A	Out of Pocket Cap: \$6,850	
Family Deductibles:	Medical: \$6,800	Prescription: N/A	Out of Pocket Cap: \$13,700	
	Medical:			
	\$10,000/individual			
Out of Network Deductibles:	\$20,000/individual	Prescription: N/A	Out of Pocket Cap: \$	
Premiums (per month)	Individual:\$280	Family:\$873		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			None
Specialists	60			None
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	850/day for first 3 days			Based on the semi-private room rate
Emergency Room	500/visit			Notification required w/i 2 business days.
Mental/Behavioral	850/day for first 3 days			Precertification required.
Outpatient Health Services	30/visit			Precertification not required.
Substance Use Disorder	850/day for first 3 days			Precertification required.
Outpatient Services	40/visit			Precertification not required.
Laboratory Services				
Out of network provider rules:				

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:	Different costs for in-Network Tier 2			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Formulary Low-Cost Generic drugs)	4		Covers up to a 34-day supply for all tiers
Two (Formulary Generic Drugs)	20		
Three (Formulary Preferred Brand drugs)	50		
Four (Formulary Non-Preferred Brand drugs)		25 subject to deductible	
Five/Specialty Formulary Specialty Generic & Preferred Brand drugs)		25 subject to deductible/ generic	
		50 subject to deductible/ specialty	
Name of Formulary Used:	Optum Rx		
Link to Formulary:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/CF220_HIM_ENHANCED_COMPREHENSIVE_1.1.16_v.1.pdf		
Contact Number:	1-844-674-3834		
Notes re: Deductible or Coverage:	Not all specialty drugs are covered and prior authorization may be required. Specialty drugs must be filled through LLH's specialty drug pharmacy – Briova Network Tier 1 Generics, Tier 2 Preferred, Tier 3 Non Preferred, 4 Generic Specialty, 5 Specialty		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					QL
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X				X				
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)	X				X				
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X			X			X		
Tybost (cobicistat)								X	
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X						X		
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

Land of Lincoln

Centegra LLH 3-Tier Silver PPO

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Land of Lincoln Mutual Health Insurance Company			
Plan Name:	Centegra LLH 3-Tier Silver PPO			
Plan Type:	X PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Lake, Mchenry			
Link to Summary of Benefits:	https://www.landoflincolnhealth.org/wpcontent/uploads/2015/10/L_048000201_SBC.pdf			
Individual Deductibles:	Medical: \$3,100	Prescription: \$	Out of Pocket Cap: \$6,850	
Family Deductibles:	Medical: \$6,200	Prescription: \$	Out of Pocket Cap: \$13,700	
Out of Network Deductibles:	Medical: \$10,000	Prescription: \$	Out of Pocket Cap: None	
Premiums (per month)	Individual: \$313	Family: \$906		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Provider	Tier 1: 30 Tier 2: 50			Deductible does not apply to preventive care. Out of network care is 50% coinsurance after deductible.
Specialists	Tier 1: 80 Tier 2: 160			
Referral required for specialists?	<input type="checkbox"/> Yes	X No		
Inpatient Services	950/day for first 3 days			
Emergency Room	500			
Mental/Behavioral	30			
Outpatient Health Services				
Substance Use Disorder	30			
Outpatient Services				
Laboratory Services	Tier 1: 40 Tier 2: 80			
Out of network provider rules:	Out of network care is 50% coinsurance after deductible.			
Special provisions/exceptions for indiv living w/ HIV	None.			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	Retail: 4 Mail-Order: 10		Low-cost Generic; 50% Coinsurance after deductible for out-of-network providers.
Two	Retail: 20 Mail-Order: 50		Generic
Three	Retail: 50 Mail Order: 125		Preferred Brand
Four		25 after deductible	Non-Preferred Brand
Five/Specialty		25 after deductible/ 50 after deductible	Specialty Generic & Preferred Brand Specialty Non-Preferred Brand
Name of Formulary Used:	OptumRx 2016 Essential Health Benefits Enhanced Formulary Reference Guide		
Link to Formulary:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/CF220_HIM_ENHANCED_COMPREHENSIVE_1.1.16_v.1.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					QL
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X				X				
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)	X				X				
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Atazanavir								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X			X			X		
Tybost (cobicistat)								X	
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X						X		
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

Land of Lincoln

Champion LLH 3-Tier Silver PPO

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Land of Lincoln Health			
Plan Name:	Champion LLH 3-Tier Silver PPO			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Cook, Dupage, Kane, Lake, Mclean, Will			
Link to Summary of Benefits:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/L_044000201_SBC.pdf			
Individual Deductibles:	Medical: \$3,100	Prescription: N/A	Out of Pocket Cap: \$6,850	
Family Deductibles:	Medical: \$6,200	Prescription: N/A	Out of Pocket Cap: \$13,700	
	Medical: \$10,000/individual			
Out of Network Deductibles:	\$20,000/individual	Prescription: N/A	Out of Pocket Cap: \$	
Premiums (per month)	Individual:\$298	Family:\$931		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			None
Specialists	80			None
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	950/day for first 3 days			Based on the semi-private room rate
Emergency Room	500/visit			Notification required within 2 business days.
Mental/Behavioral Outpatient Health Services	950/day for first 3 days 30/visit			Precertification required. Precertification not required.
Substance Use Disorder Outpatient Services	950/day for first 3 days 30/visit			Precertification required. Precertification not required.
Laboratory Services				
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:	Different costs for in-Network Tier 2			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Formulary Low-Cost Generic drugs)	4		Covers up to a 34-day supply for all tiers
Two (Formulary Generic Drugs)	20		
Three (Formulary Preferred Brand drugs)	50		
Four (Formulary Non- Preferred Brand drugs)		25 subject to deductible 25 subject to deductible/ generic	
Five/Specialty Formulary Specialty Generic & Preferred Brand drugs)		50 subject to deductible/ specialty	
Name of Formulary Used:	Optum Rx		
Link to Formulary:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/CF220_HIM_ENHANCED_COMPREHENSIVE_1.1.16_v.1.pdf		
Contact Number:	1-844-674-3834		
Notes re: Deductible or Coverage:	Not all specialty drugs are covered and prior authorization may be required. Specialty drugs must be filled through LLH's specialty drug pharmacy - Brivoa Network		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					QL
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X				X				
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X				X				
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X			X			X		
Tybost (cobicistat)								X	
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X						X		
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

Land of Lincoln

Chicago Health System LLH 3-Tier Silver PPO

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Land of Lincoln			
Plan Name:	Chicago Health System LLH 3-Tier Silver PPO			
Plan Type:	X PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties): Cook				
Link to Summary of Benefits:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/L_052000201_SBC.pdf			
Individual Deductibles:	Medical: \$3,100.00	Prescription: \$NA	Out of Pocket Cap: \$6,850	
Family Deductibles:	Medical: \$6,200	Prescription: \$NA	Out of Pocket Cap: \$13,700	
Out of Network Deductibles:	Medical: \$	Prescription: \$NA	Out of Pocket Cap: \$unlimited	
Premiums (per month)	Individual:\$249	Family:\$776		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			
Specialists	80			
Referral required for specialists?	Yes	X No		
Inpatient Services	950 first 3 days			Based on the semi-private room rate. Excludes patient convenience items. Precertification required
Emergency Room	500			
Mental/Behavioral Outpatient Health Services	30			Precert not required for office visits for outpatient therapy or medical mgmt. Precert required for all other outpatient services.
Substance Use Disorder Outpatient Services	30			Precert not required for office visits for outpatient therapy or medical mgmt. Precert required for all other outpatient services
Laboratory Services	40			Includes outpatient Lab tests, x-ray, pathology, imaging/diagnostic testing. Genetic testing requires precert and only covered if medically necessary
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	No			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	Retail: 4 Mail-Order: 10		
Two	Retail: 20 Mail-Order: 50		
Three	Retail: 50 Mail-Order: 125		
Four		Retail: 25 subject to deductible Mail-Order: 25 subject to deductible	
Five/Specialty		Retail: 50 subject to deductible Mail-Order: 50 subject to deductible	
Name of Formulary Used:	Optum Rx Essential Health Benefits Enhanced Formulary Reference Guide		
Link to Formulary:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/CF220_HIM_ENHANCED_COMPREHENSIVE_1.1.16_v.1.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					QL
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X				X				
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X				X				
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X			X			X		
Tyboost (cobicistat)								X	
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X						X		
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

Land of Lincoln

Family Health Network LLH 3-Tier Silver PPO

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Land of Lincoln Health		
Plan Name:	Family Health Network LLH 3-Tier Silver PPO		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Cook, Lake		
Link to Summary of Benefits:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/L_051000201_SBC.pdf		
Individual Deductibles:	Medical: \$2,800	Prescription: N/A	Out of Pocket Cap: \$6,850
Family Deductibles:	Medical: \$5,600	Prescription: N/A	Out of Pocket Cap: \$13,700
	Medical: \$10,000/individual		
Out of Network Deductibles:	\$20,000/family	Prescription: N/A	Out of Pocket Cap: Unlimited
Premiums (per month)	Individual:\$246	Family:\$769	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			To be eligible for the In-Network Tier 1 Benefits, you must choose a Family Health Network (FHN) PCP referral required
Specialists	75			
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services	850/day for first 3 days			Based on the semi-private room rate.
Emergency Room	500			Notification required within 2 business days.
Mental/Behavioral	850 copay/day for first 3 days			Precertification required and PCP referral required
Outpatient Health Services	30 copay/visit			Precertification not required.
Substance Use Disorder	850 copay/day for first 3 days			Precertification required and PCP referral required.
Outpatient Services	30 copay/visit			Precertification not required.
Laboratory Services	40			PCP referral required.Includes outpatient Lab tests, x-ray, pathology, imaging/diagnostic testing.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Formulary Low-Cost Generic drugs)	4		Covers up to a 34-day supply (retail prescription)
Two (Formulary Generic Drugs)	20		Prior Authorization, Step Therapy or Quantity Limits may apply.
Three (Formulary Preferred Brand drugs)	50		
Four (Formulary Non- Preferred Brand drugs)		35 subject to deductible	
		35 preferred;	
Five/Specialty Formulary Specialty Generic & Preferred Brand drugs)		50 non-preferred brand subject to deductible	
Name of Formulary Used:	Optum Rx		
Link to Formulary:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/CF220_HIM_ENHANCED_COMPREHENSIVE_1.1.16_v.1.pdf		
Contact Number:	1-844-674-3834		
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					QL
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X				X				
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)	X				X				
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X			X			X		
Tybost (cobicistat)								X	
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X						X		
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

Land of Lincoln

Illinois Health Partner LLH 3-Tier Silver PPO

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	Land of Lincoln		
Plan Name:	Illinois Health Partner LLH 3-Tier Silver PPO		
Plan Type:	<input checked="" type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> HMO <input type="checkbox"/> Other		
Coverage Area (counties):	Cook , Dupage, Kane		
Link to Summary of Benefits:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/I_045000201_SBC.pdf		
Individual Deductibles:	Medical: \$3,100	Prescription: \$NA	Out of Pocket Cap: \$6,850
Family Deductibles:	Medical: \$6,200	Prescription: \$NA	Out of Pocket Cap: \$13,700
Out of Network Deductibles:	Medical: \$10,00/20,000	Prescription: \$NA	Out of Pocket Cap: \$unlimited
Premiums (per month)	Individual:\$270	Family:\$ 842	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			
Specialists	80			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	850 first 3 days			
Emergency Room	500			
Mental/Behavioral	30			
Outpatient Health Services				
Substance Use Disorder	30			
Outpatient Services				
Laboratory Services	40		50 subject to deductible	
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	No			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	Retail: 4 Mail-Order: 10		
Two	Retail: 20 Mail-Order: 50		
Three	Retail: 50 Mail-Order: 125		
Four		Retail: 25 subject to deductible Mail-Order: 25 subject to deductible	
Five/Specialty		Retail: 50 subject to deductible Mail-Order: 50 subject to deductible	
Name of Formulary Used:			
Link to Formulary:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/CF220_HIM_ENHANCED_COMPREHENSIVE_1.1.16_v.1.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					QL
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X				X				
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X				X				
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X			X			X		
Tybost (cobicistat)								X	
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X						X		
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

Land of Lincoln

Presence Health 3-Tier Silver PPO

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Land of Lincoln Health			
Plan Name:	Presence Health 3-Tier Silver PPO			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Cook , Dupage, Kane, Kankakee, Will			
Link to Summary of Benefits:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/I_046000201_SBC.pdf			
Individual Deductibles:	Medical: \$3,400	Prescription: N/A	Out of Pocket Cap: \$6,850	
Family Deductibles:	Medical: \$6,800	Prescription: N/A	Out of Pocket Cap: \$13,700	
Out of Network Deductibles:	Medical: \$10,000/individual \$20,000/family	Prescription: N/A	Out of Pocket Cap: Unlimited	
Premiums (per month)	Individual: \$240	Family: \$749		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			None
Specialists	60			None
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	850/day for first 3 days			Based on the semi-private room rate.
Emergency Room	500			Notification required within 2 business days.
Mental/Behavioral Outpatient Health Services	30 / visit			Precert not required for outpatient therapy or med mgmt. office visits Precert req for all other services
Substance Use Disorder Outpatient Services	30 / visit			Precert not req. for outpatient therapy or med mgmt. office visits Precert req for all other services.
Laboratory Services	40			Includes outpatient Lab tests, x-ray, pathology, imaging/diagnostic testing.
Out of network provider rules: Special provisions/exceptions for indiv living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Formulary Low-Cost Generic drugs)	4		Covers up to a 34-day supply (retail prescription)
Two (Formulary Generic Drugs)	20		
Three (Formulary Preferred Brand drugs)	50		
Four (Formulary Non- Preferred Brand drugs)		25 subject to deductible	
Five/Specialty Formulary Specialty Generic & Preferred Brand drugs)		25 preferred, 50 specialty non-preferred brand subject to deductible	
Name of Formulary Used:	Optum Rx		
Link to Formulary:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/CF220_HIM_ENHANCED_COMPREHENSIVE_1.1.16_v.1.pdf		
Contact Number:	1-844-674-3834		
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					QL
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X				X				
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)	X				X				
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Atazanavir								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X			X			X		
Tyboost (cobicistat)								X	
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X						X		
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

Land of Lincoln

Riverside LLH 3-Tier Silver PPO

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Land of Lincoln Mutual Health Insurance Company			
Plan Name:	Riverside LLH 3-Tier Silver PPO			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Kankakee			
Link to Summary of Benefits:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/L_075000201_SBC.pdf			
Individual Deductibles:	Medical: \$3,100	Prescription: \$	Out of Pocket Cap: \$6,850	
Family Deductibles:	Medical: \$6,200	Prescription: \$	Out of Pocket Cap: \$13,700	
Out of Network Deductibles:	Medical: \$10,000	Prescription: \$	Out of Pocket Cap: None	
Premiums (per month)	Individual: \$294	Family: \$850		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Provider	Tier 1: 30 Tier 2: 50			Deductible does not apply to preventive care. Out of network care is 50% coinsurance after deductible.
Specialists	Tier 1: 80 Tier 2: 160			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	950/day for first 3 days			
Emergency Room	500			
Mental/Behavioral	30			
Outpatient Health Services				
Substance Use Disorder	30			
Outpatient Services				
Laboratory Services	Tier 1: 40 Tier 2: 80			
Out of network provider rules:	Out of network care is 50% coinsurance after deductible.			
Special provisions/exceptions for indiv living w/ HIV	None.			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	Retail: 4 Mail-Order: 10		Low-cost Generic; 50% Coinsurance after deductible for out-of-network providers.
Two	Retail: 20 Mail-Order: 50		Generic
Three	Retail: 50 Mail Order: 125		Preferred Brand
Four		25 after deductible	Non-Preferred Brand
Five/Specialty		25 after deductible/ 50 after deductible	Specialty Generic & Preferred Brand Specialty Non-Preferred Brand
Name of Formulary Used:	OptumRx 2016 Essential Health Benefits Enhanced Formulary Reference Guide		
Link to Formulary:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/CF220_HIM_ENHANCED_COMPREHENSIVE_1.1.16_v.1.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					QL
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X				X				
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)	X				X				
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Atazanavir								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X			X			X		
Tybost (cobicistat)								X	
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X						X		
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

Land of Lincoln

Swedish Covenant LLH 3-Tier Silver PPO

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Land of Lincoln Health			
Plan Name:	Swedish Covenant LLH 3-Tier Silver PPO			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Cook 60606			
Link to Summary of Benefits:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/L_043000201_SBC.pdf			
Individual Deductibles:	Medical: \$3,100	Prescription: N/A	Out of Pocket Cap: \$6,850	
Family Deductibles:	Medical: \$6,200	Prescription: N/A	Out of Pocket Cap: \$13,700	
Out of Network Deductibles:	Medical: \$10,000/individual	Prescription: N/A	Out of Pocket Cap: Unlimited	
	\$20,000/family			
Premiums (per month)	Individual:\$249	Family:\$775		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			None
Specialists	80			None
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	850/day for first 3 days			Based on the semi-private room rate.
Emergency Room	500			Notification required within 2 business days.
Mental/Behavioral Outpatient Health Services	30 copay/visit			Precert not required for office visits for outpatient therapy or medical mgmt. Precert required for all other outpatient services.
Substance Use Disorder Outpatient Services	30 copay/visit			Precert not required for office visits for outpatient therapy or medical mgmt. Precert required for all other outpatient services.
Laboratory Services	40			Includes outpatient Lab tests, x-ray, pathology, imaging/diagnostic testing.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Formulary Low-Cost Generic drugs)	4		Covers up to a 34-day supply (retail prescription)
Two (Formulary Generic Drugs)	20		Prior Authorization, Step Therapy or Quantity Limits may apply.
Three (Formulary Preferred Brand drugs)	50		
Four (Formulary Non- Preferred Brand drugs)		25 subject to deductible	
Five/Specialty Formulary Specialty Generic & Preferred Brand drugs)		25 preferred, 50 non-preferred brand subject to deductible	
Name of Formulary Used:	Optum Rx		
Link to Formulary:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/CF220_HIM_ENHANCED_COMPREHENSIVE_1.1.16_v.1.pdf		
Contact Number:	1-844-674-3834		
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					QL
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X				X				
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X				X				
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X			X			X		
Tyboost (cobicistat)								X	
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X						X		
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

Land of Lincoln Traditional Silver PPO 2016 Illinois QHP

Overall Plan Information				
Issuer Name:	Land of Lincoln Health			
Plan Name:	Traditional Silver PPO			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Cook , offered statewide.			
Link to Summary of Benefits:	https://www.landoflincolnhealth.org/wp-content/uploads/2015/10/L_067000201_SBC.pdf			
Individual Deductibles:	Medical: \$1,900	Prescription: N/A	Out of Pocket Cap: \$6,500	
Family Deductibles:	Medical: \$3,800	Prescription: N/A	Out of Pocket Cap: \$13,000	
	Medical: \$8,000/individual			
Out of Network Deductibles:	\$16,000/family	Prescription: N/A	Out of Pocket Cap: \$	
Premiums (per month)	Individual: \$299	Family: \$932		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		30 subject to deductible		None
Specialists		30 subject to deductible		None
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30 subject to deductible		Based on the semi-private room rate. Notification required within 2 business days.
Emergency Room		30 subject to deductible		
Mental/Behavioral				
Outpatient Health Services		30 subject to deductible		
Substance Use Disorder				
Outpatient Services		30 subject to deductible		
Laboratory Services		30 subject to deductible		Includes outpatient Lab tests, x-ray, pathology, imaging/diagnostic testing.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Formulary Low-Cost Generic drugs)		30 subject to deductible	Covers up to a 34-day supply (retail prescription)
Two (Formulary Generic Drugs)		30 subject to deductible	
Three (Formulary Preferred Brand drugs)		30 subject to deductible	
Four (Formulary Non- Preferred Brand drugs)		30 subject to deductible	
Five/Specialty Formulary Specialty Generic & Preferred Brand drugs)		50 subject to deductible	
Name of Formulary Used:	Optum Rx		
Link to Formulary:	landoflincolnhealth.org/wp-content/uploads/2015/10/CF220_HIM_ENHANCED_COMPREHENSIVE_1.1.16_v.1.pdf		
Contact Number:	1-844-674-3834		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		
Harvoni (ledipasvir, sofosbuvir)	X					X	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X					QL
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					QL
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X				X				
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)	X				X				
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X			X					
Atazanavir								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X			X			X		
Tyboost (cobicistat)								X	
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X						X		
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

United Healthcare

Silver Compass 2000

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	United Healthcare			
Plan Name:	Silver Compass 2000			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Cook , Bureau, Dupage, Fulton, Grundy, Hancock, Henderson, Henry, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Marshall, McDonough, Mchenry, Mercer, Peoria, Putnam, Rock Island, Stark, Tazewell, Warren, Whiteside, Will, Woodford			
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhc.com/en/iex/il/Silver-Compass-2000.pdf			
Individual Deductibles:	Medical: \$2,000	Prescription: \$500	Out of Pocket Cap: \$6,850	
Family Deductibles:	Medical: \$4,000	Prescription: \$500	Out of Pocket Cap: \$13,700	
Out of Network Deductibles:	Medical: N/A	Prescription: \$	Out of Pocket Cap: N/A	
Premiums (per month)	Individual:\$272	Family:\$850		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			PCP must be assigned. No referral required for OB/GYN
Specialists	60			Referrals must be from assigned PCP.
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		30 for facility and surgeon fees		None
Emergency Room		30 after deductible		\$500 ER per occurrence, applies before the annual deductible
Mental/Behavioral Outpatient Health Services	30	30 after deductible		Partial hospitalization/intensive
Substance Use Disorder Outpatient Services	30	30 after deductible		Partial hospitalization/intensive
Laboratory Services (Diagnostic)		30 after deductible		Hospital: 50% co-ins after deductible
Out of network provider rules:	Not Covered			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:	If an OON provider charges more than allowed amount, you may have to pay the difference.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	5		Up to 31 days for all tiers
Two	35		
Three	100 min	20 after deductible	
Four	200	30 after deductible	
Five/Specialty	N/A		
Name of Formulary Used:	UnitedHealthcare Prescription Drug List		
Link to Formulary:	http://www.uhc.com/iex/doc?id=il0040&st=il		
Contact Number:	1-877-512-9940		
Notes re: Deductible or Coverage:	Not all drugs are covered. Pharmacy deductible of \$500 per person for Tiers 3 & 4. Pharmacy Deductible does not apply to Tier 1 & 2		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X		X				X		ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		ST, QL

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X	X							
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir	X		X						

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tyboost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X					X			
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X		X				

United Healthcare

Silver Compass 2000 1

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	United Healthcare		
Plan Name:	UnitedHealthcare · Silver Compass 2000 1		
Plan Type:	<input type="checkbox"/> PPO <input type="checkbox"/> POS <input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other		
Coverage Area (counties):	Cook , Bureau, Dupage, Fulton, Grundy, Hancock, Henderson, Henry, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Marshall, Mcdonough, Mchenry, Mercer, Peoria, Putnam, Rock Island, Stark, Tazewell, Warren, Whiteside, Will, Woodford		
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhcdotcom/en/iex/il/Silver-Compass-2000-1.pdf		
Individual Deductibles:	Medical: \$2,000	Prescription: N/A	Out of Pocket Cap: \$6,500
Family Deductibles:	Medical: \$4,000	Prescription: N/A	Out of Pocket Cap: \$13,000
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A
Premiums (per month)	Individual: \$270	Family: \$843	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary care	25 after deductible			Primary care provider (PCP) must be assigned. No referral required for OB/GYN.
Specialists	50 after deductible			Referrals must be from assigned PCP.
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services	1,500 after deductible	0 after deductible		
Emergency Room	500	surgeon fees		None
Mental/Behavioral Outpatient Health Services	25			None
Substance Use Disorder Outpatient Services	25			Partial hospitalization
Laboratory Services (Diagnostic Test)				None
		0 after deductible		Partial hospitalization
Out of network provider rules:	Not Covered			Hospital: 30 co-ins after deductible
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	10		Up to 31 days for all Tiers
Two	50		
Three	120 min	20 after deductible	
Four	250 min	30 after deductible	
Five/Specialty	N/A		
Name of Formulary Used:	United Healthcare Prescription Drug List		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFE4ILIN&st=PMFE4ILIN&State=Illinois&Plan=4%20Tier%20Essential%20PDL&Phone=1-877-512-9940&Welcome=Guest		
Contact Number:	1-877-512-9940		
Notes re: Deductible or Coverage:	No Charge. May be required to use a lower-cost drug(s). Not all drugs are covered		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X		X				X		ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		ST

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X	X	X						
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						
Prezista (darunavir)	X		X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Reyataz (atazanavir)	X		X						
Atazanavir	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X	X					
Ziagen (abacavir)	X		X		X				

United Healthcare

Silver Compass HSA 3000

2016 Illinois QHP

Overall Plan Information			
Issuer Name:	United Healthcare		
Plan Name:	Silver Compass HSA 3000		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Cook, Bureau, Dupage, Fulton, Grundy, Hancock, Henderson, Henry, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Marshall, McDonough, McHenry, Mercer, Peoria, Putnam, Rock Island, Stark, Tazewell, Warren, Whiteside, Will, Woodford		
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhc.com/en/iex/il/Silver-Compass-HSA-3000.pdf		
Individual Deductibles:	Medical: \$3,000	Prescription: N/A	Out of Pocket Cap: \$6,500
Family Deductibles:	Medical: \$6,000	Prescription: N/A	Out of Pocket Cap: \$13,000
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$260	Family:\$810	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		0 after deductible		PCP must be assign
Specialists		0 after deductible		Referral must be assign by PCP
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		0 after deductible		None
Emergency Room		0 after deductible		None
Mental/Behavioral Outpatient Health Services		0 after deductible		Partial hospitalization/intensive outpatient treatment
Substance Use Disorder Outpatient Services		0 after deductible		Partial hospitalization/intensive outpatient treatment
Laboratory Services		0 after deductible		Hospital: 30% co-ins after deductible
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information: Out-of-network	not covered			

Plan Information					
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes		
One	5		Up to 31 day supply		
Two	40				
Three	150 min	20			
Four	300	30			
Five/Specialty	N/A				
Name of Formulary Used:	UnitedHealthcare Prescription drug list				
Link to Formulary:	http://www.uhc.com/iex/doc?id=il0040&st=il				
Contact Number:	1-877-512-9940				
Notes re: Deductible or Coverage:	After deductible				

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X		X				X		ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X						X		
						X			ST, QL

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X	X							
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/ tenofovir)	X		X						

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tyboost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X	X					
Ziagen (abacavir)	X		X		X				

United Healthcare

Silver Compass 3500

2016 Illinois QP

Overall Plan Information			
Issuer Name:	United Healthcare		
Plan Name:	Silver Compass 3500		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Cook , Bureau, Dupage, Fulton, Grundy, Hancock, Henderson, Henry, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Marshall, Mcdonough, Mchenry, Mercer, Peoria, Putnam, Rock Island, Stark, Tazewell, Warren, Whiteside, Will, Woodford		
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhc.com/en/iex/il/Silver-Compass-3500.pdf		
Individual Deductibles:	Medical: \$3,500	Prescription: \$1,000 for Tiers 3&4	Out of Pocket Cap: \$6,850
Family Deductibles:	Medical: \$7,000	Prescription: \$1,000 for Tiers 3&4	Out of Pocket Cap: \$13,700
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A
Premiums (per month)	Individual: \$274	Family: \$855	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			Primary care provider (PCP) must be assigned. No referral required for OB/GYN.
Specialists	60			Referrals must be from assigned PCP.
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		20 after deductible		
Emergency Room		20 after deductible		\$500 emergency room per occurrence. The \$500 applies before the annual deductible
Mental/Behavioral Outpatient Health Services	20			Partial hospitalization/intensive outpatient treatment: 20% co-ins after deductible
Substance Use Disorder Outpatient Services	20	20 after deductible		Partial hospitalization/intensive outpatient treatment: 20% co-ins after deductible
Laboratory Services(Diagnostic)		20 after deductible		Hospital: 40% co-ins after deductible
Out of network provider rules:	Not covered			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:	If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	5		Up to 31 days
Two	40		
Three	100 min	20 after deductible	
Four	300 min	30 after deductible	
Five/Specialty	N/A		
Name of Formulary Used:	UnitedHealthcare Prescription Drug List		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFE4ILIN&st=PMFE4ILIN&State=Illinois&Plan=4%20Tier%20Essential%20PDL&Phone=1-877-512-9940&Welcome=Guest		
Contact Number:	1-877-512-9940		
Notes re: Deductible or Coverage:	Not all drugs are covered. Pharmacy Deductible does not apply to Tier 1 or 2.		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X		X				X		ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		ST

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X	X							
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						
Tivicay (dolutegravir)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tyboost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X	X					
Ziagen (abacavir)	X		X		X				

United Healthcare

Silver Compass 4500

2016 Illinois QHP

Overall Plan Information				
Issuer Name:	United Healthcare			
Plan Name:	Silver Compass 4500			
Plan Type:	<input type="checkbox"/> PPO <input type="checkbox"/> POS <input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other			
Coverage Area (counties):	Cook , Bureau, Dupage, Fulton, Grundy, Hancock, Henderson, Henry, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Marshall, Mcdonough, Mchenry, Mercer, Peoria, Putnam, Rock Island, Stark, Tazewell, Warren, Whiteside, Will, Woodford			
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhc.com/en/iex/il/Silver-Compass-4500.pdf			
Individual Deductibles:	Medical: \$ 4,000	Rx: \$1,000 for tiers 3&4	Out of Pocket Cap: \$6,850	
Family Deductibles:	Medical: \$9,000	Rx: \$1,000 for tiers 3&4	Out of Pocket Cap: \$13,700	
Out of Network Deductibles:	Medical:	Rx:	Out of Pocket Cap:	
Premiums (per month)	Individual:\$280	Family:\$874		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10			PCP must be assigned. No referral required for OB/GYN.
Specialists	30			Referrals must be from assigned PCP.
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		0 after deductible		None
Emergency Room		0 after deductible		500 ER per occurrence, applies before the annual deductible.
Mental/Behavioral				None
Outpatient Health Services	10			Partial hospitalization
Substance Use Disorder				None
Outpatient Services	10			Partial hospitalization
Laboratory Services		0 after deductible		Hospital: 20 co-ins after deductible
Out of network provider rules:	Not covered			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	5		Up to 31 days for all Tiers
Two	40		
Three	120 min	20 after deductible	
Four	250 min	30 after deductible	
Five/Specialty	N/A		
Name of Formulary Used:	United Healthcare Prescription Drug List		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFE4ILIN&st=PMFE4ILIN&State=Illinois&Plan=4%20Tier%20Essential%20PDL&Phone=1-877-512-9940&Welcome=Guest		
Contact Number:	1-877-512-9940		
Notes re: Deductible or Coverage:	No Charge. You may be required to use a lower-cost drug(s). Not all drugs are covered		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X		X				X		ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		ST, QL

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X	X							
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X	X					
Ziagen (abacavir)	X		X		X				