

2016 HIV Pre-Exposure Prophylaxis (PrEP) Coverage on the Illinois Health Marketplace in Cook County, Illinois

Nov. 30, 2015

People who are HIV-negative but vulnerable to HIV infection can take a daily medication to help prevent HIV. This is known as pre-exposure prophylaxis, or PrEP. A drug called Truvada was approved by the U.S. Food and Drug Administration (FDA) for use as PrEP in 2012. PrEP is recommended by the U.S. Centers for Disease Control and Prevention. When taken consistently and correctly, PrEP can reduce one's risk of contracting HIV by close to 100%.

This document summarizes the monthly out-of-pocket cost a person can expect to pay for Truvada under each of the plans on the Illinois health insurance marketplace offered in Cook County, IL. To learn more about the marketplace and health care coverage, get started at GetCoveredIllinois.com.

While most insurance plans are covering PrEP, the amount of coverage varies widely by plan. Please bear in mind that insurance companies can change their formulary and coverage at any time. Always verify medication coverage directly with a plan before enrolling. If you are trying to get on PrEP and your health care provider refuses to prescribe it or your insurance won't cover it, you can contact Lambda Legal's Help Desk at 1-866-542-8336 or lambdalegal.org/help. Lambda Legal wants to hear about any problems people are having accessing PrEP, so they can find ways to address these barriers.

All coverage information was accessed between Nov. 1 and Nov. 24, 2015, using the marketplace website (healthcare.gov), the health insurance companies' websites and calls to insurance companies' customer service representatives. This information may change at any time and should be verified with the insurance company before enrolling in any plan.

Coinurance costs are based on the average wholesale price of Truvada of \$1,539.90 per month, as listed in the [2015 Positively Aware HIV Drug Guide](#). Actual prices will vary between pharmacies, and consumers should check with pharmacies before purchasing medications or selecting a plan that relies on coinsurance. Consumers should strongly consider selecting a plan that requires a copay rather than coinsurance. A copay is a fixed and predictable amount of money and is typically considerably less expensive than coinsurance when applied to a medication as costly as Truvada.

When choosing a plan, consider how much it will cost to visit your health care provider four times a year for HIV and STI testing and lab work, as recommended by medical guidelines for people who take PrEP. Make sure your provider of choice is in the health plan's network to save the most money.

Prior authorization

Plans that require prior authorization for Truvada will require your health care provider to fill out forms for you to receive PrEP. This could cause delays or PrEP could be denied. Choose a plan that requires prior authorization carefully. Note that plans can add or remove prior authorization requirements at any time.

Payment assistance options

Gilead (the manufacturer of Truvada, the only medication approved by the FDA for PrEP) has a copay assistance card that will help reduce the cost of Truvada. You can apply for a card at GileadCoPay.com. The card will pay up to \$3,600 per year toward the cost of your prescription. Note that not all insurance plans will allow you to use a copay card. Check with your pharmacy and insurance plan before enrolling. The column “Good value w/copay card” highlights some plans that may provide more affordable access to PrEP when used with the copay card because they have lower deductibles and maximum out-of-pocket costs, although they may have higher premiums. This column contains highly subjective assessments, and each person should consider carefully what medical care they use.

Gilead also has a Medication Assistance Program that helps people without insurance access Truvada as PrEP. Information can be found here: [https://start.truvada.com/Content/pdf/Medication Assistance Program.pdf](https://start.truvada.com/Content/pdf/Medication_Assistance_Program.pdf).

The Patient Access Network Foundation (up to an income limit of 500% FPL or \$58,850 per year for a single person) and Patient Advocate Foundation (up to an income limit of 400% FPL or \$47,080 for a single person) will cover copays, coinsurance and deductibles up to \$4,000 per year (PAN Foundation) or \$5,000 per year (PAF). The Gilead copay card and PAN or PAF can be used together to cover the cost of PrEP.

Gilead has a site that can help people navigate their insurance <http://www.gileadadvancingaccess.com/insurance-support> and obtain financial support (their access programs) <http://www.gileadadvancingaccess.com/financial-support>.

People who earn less than \$29,425 (250% of FPL) will have lower deductibles and out-of-pocket costs if (and only if) they choose a silver plan. If you can afford it, choose a gold or silver plan — you will get much better coverage for a slightly higher premium. Catastrophic and bronze plans will generally be more expensive for people who take PrEP and are usually not good value.

About the guide

The examples of premium costs in this guide are for a single adult age 30. Deductibles and maximum out-of-pocket cost limits shown are for a single person. This is not a comprehensive guide to choosing a health plan. It is meant to help you make decisions about PrEP coverage, not other considerations. For more information, visit healthcare.gov or Greater Than AIDS (www.greaterthan.org).

Need help choosing a plan?

For help applying for coverage — either marketplace plans or Medicaid — visit Get Covered Illinois at <https://getcovered.illinois.gov/en/how-to-get-covered/get-help> or call 866-311-1119.

More information

This document was prepared by John Peller, jpeller@aidschicago.org, Ramon Gardenhire, rgardenhire@aidschicago.org and Billy Minshall, wminshall@aidschicago.org. Please let us know if you find mistakes or identify a plan that may have changed its coverage.

Plan information

Aetna

Truvada is tier 2. Prior authorization IS required. View the formulary here: <http://client.formularynavigator.com/Search.aspx?siteCode=8454906849>

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out of Pocket	Primary Care Physician - Standard	Lab cost	Tier 2 (Truvada)	Good value with copay card?
Bronze	Aetna Whole Health Chicago Bronze \$15 Copay	HMO	\$198.04	\$6,850	Included in Medical	\$6,850	\$15	0% coinsurance	No Charge after Deductible	No
Bronze	AetnaWholeHealth Chicago Bronze Deductible Only HSA Eligible	HMO	\$200.44	\$6,450	Included in Medical	\$6,450	No Charge after Deductible	0% coinsurance	No Charge after Deductible	No
Silver	Aetna Whole Health Chicago Silver \$10 Copay	HMO	\$252.47	\$3,500	\$500	\$6,250	\$10	30% coinsurance	\$40 copay after deductible	Yes
Gold	Aetna Whole Health Chicago Gold \$10 Copay	HMO	\$338.81	\$1,400	\$250	\$5,000	\$10	20% coinsurance	\$40 copay after deductible	Yes

Ambetter

Ambetter uses the 2016 Preferred Drug List formulary. Truvada is tier 2. Prior authorization IS required. View the formulary here:

<http://ambetter.illinicare.com/formulary>

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 2)	Good value with copay card?
Bronze	Ambetter Essential Care 1 (2016): Sinai / IlliniCare Health Network	HMO	\$145.31	\$6,800	Included in Medical	\$6,800	No charge after Deductible	No charge after deductible	No charge after Deductible	No

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 2)	Good value with copay card?
								and prior approval required		
Silver	Ambetter Balanced Care 1 (2016): Sinai / IlliniCare Health Network	HMO	\$175.41	\$5,500	Included in Medical	\$6,500	\$30	20% after deductible and prior authorization	\$50	No
Silver	Ambetter Balanced Care 2 (2016): Sinai / IlliniCare Health Network	HMO	\$172.99	\$6,500	Included in Medical	\$6,500	\$30	No charge after deductible and prior authorization	\$50	No
Silver	Ambetter Balanced Care 10 (2016): Sinai / IlliniCare Health Network	HMO	\$183.02	\$4,500	Included in Medical	\$6,500	\$20	20% after deductible	\$50	No
Silver	Ambetter Balanced Care 1 (2016) + Vision + Adult Dental: Sinai / IlliniCare Health Network	HMO	\$189.56	\$5,500	Included in Medical	\$6,500	\$30	20% Coinsurance after deductible and prior approval required	\$50	No
Silver	Ambetter Balanced Care 2 (2016) + Vision + Adult Dental: Sinai / IlliniCare Health Network	HMO	\$186.95	\$6,500	Included in Medical	\$6,500	\$30	No charge after deductible and prior approval required	\$50	No
Silver	Ambetter Balanced Care 10 (2016) + Vision + Adult Dental: Sinai / IlliniCare Health Network	HMO	\$197.79	\$4,500	Included in Medical	\$6,500	\$20	20% coinsurance after deductible	\$50	No

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 2)	Good value with copay card?
Gold	Ambetter Secure Care 1 (2016) with 3 Free PCP Visits: Sinai / IlliniCare Health Network	HMO	\$230.76	\$1,000	\$500	\$6,350	20% Coins. after deductible	20% Coinsurance after deductible and prior approval required	\$25 copay after deductible	Yes

Coventry

View the CoventryOne Prescription Drug List here: <http://client.formularynavigator.com/Search.aspx?siteCode=9669596360>

The formulary indicates that prior authorization IS required, but a call to customer service on Nov. 24, 2015 indicated that prior authorization is not required.

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out Of Pocket	Primary Care Physician	Lab coverage	Truvada coverage (tier 2)	Good value with copay card?
Bronze	Coventry Bronze \$20 Copay	PPO	\$337.93	\$6,850	Included in Medical	\$6,850	\$20	0% coinsurance	No Charge after Deductible	No
Bronze	Coventry Bronze Deductible Only HSA Eligible	PPO	\$346.07	\$6,450	Included in Medical	\$6,450	No Charge after Deductible	0% coinsurance	No Charge after Deductible	No
Silver	Coventry Silver \$15 Copay	PPO	\$426.35	\$3,500	\$500	\$6,200	\$15	30% coinsurance	\$40 Copay after deductible	Yes
Gold	Coventry Gold \$15 Copay	PPO	\$533.06	\$1,400	\$250	\$4,950	\$15	20% coinsurance	\$40 Copay after deductible	Yes

Blue Cross Blue Shield of Illinois (BCBS)

All plans offered through the Marketplace use the Generics Plus Formulary:

https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2016/2016_IL_5T_EX.pdf

Truvada is Tier 3. Prior approval is NOT required.

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Max. Out Of Pocket	Primary Care Physician	Lab coverage	Truvada (Tier 3 Coverage)	Good value with copay card?
Catastrophic	Blue Choice Preferred Security PPO 100	PPO	\$195.19	\$6,850	Included in medical	\$6,850	\$50	\$80 copayment/visit	No Charge after Deductible (\$1,540 till hit ded.)	No
Bronze	Blue Precision Bronze HMO 103	HMO	\$211.66	\$6,000	Included in medical	\$6,850	\$50	\$250 copayment/visit and referral required	30% Co-ins. after deductible (\$462)	No
Bronze	BlueCare Direct Bronze 103 with Advocate	HMO	\$190.50	\$6,000	Included in medical	\$6,850	\$50	\$250 copayment/visit and referral required	30% Co-ins. after deductible (\$462)	No
Bronze	Blue Choice Preferred Bronze PPO 105	PPO	\$215.78	\$4,500	Included in medical	\$6,450	30% Co-ins. after deductible	30% coinsurance	40% Co-ins. after deductible \$616)	No
Bronze	Blue Choice Preferred Bronze PPO 106	PPO	\$214.65	\$6,000	Included in medical	\$6,000	No Charge after Deductible	No charge	No Charge after Deductible (\$1,539.90 till hit ded.)	No
Bronze	Blue Choice Preferred Bronze PPO 107 - One \$0 PCP Visit	PPO	\$207.28	\$6,800	Included in medical	\$6,850	20% Co-ins. after deductible	\$80 copayment/visit	40% Co-ins. after deductible (\$616)	No
Bronze	Blue Cross Blue Shield Basic 103, a Multi-State Plan	PPO	\$203.56	\$6,250	Included in medical	\$6,850	30% Co-ins. after deductible	30% coinsurance	40% Co-ins. after deductible (\$616)	No

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Max. Out Of Pocket	Primary Care Physician	Lab coverage	Truvada (Tier 3 Coverage)	Good value with copay card?
Silver	Blue Precision Silver HMO 102	HMO	\$245.54	\$2,000	Included in medical	\$6,850	\$30	\$250	30% Co-ins. after deductible (\$462)	Maybe
Silver	BlueCare Direct Silver 102 with Advocate	HMO	\$220.99	\$2,000	Included in medical	\$6,850	\$30	\$250	30% Co-ins. after deductible (\$462)	Maybe
Silver	Blue Choice Preferred Silver PPO 102	PPO	\$287.78	\$2,000	Included in medical	\$6,850	\$40	30% co-insurance	\$100	Yes
Silver	Blue Choice Preferred Silver PPO 103 - Three \$0 PCP Visits	PPO	\$271.23	\$3,250	Included in medical	\$6,850	20% Co-ins. after deductible	20% Co-ins. after deductible	\$100	No
Silver	Blue Choice Preferred Silver PPO 104	PPO	\$277.36	\$3,500	Included in medical	\$3,500	No Charge after Deductible	No Charge after deductible.	No Charge after Deductible (\$1539.90 till hit ded.)	Yes
Silver	Blue Cross Blue Shield Solution 102, a Multi-State Plan	PPO	\$264.12	\$3,750	Included in medical	\$6,500	20% Co-ins. after deductible	20% Co-ins. after deductible	\$100	Maybe
Gold	Blue Precision Gold HMO 101	HMO	\$279.68	\$1,750	Included in medical	\$3,500	\$25	\$50 copay per visit	30% Co-ins. after deductible (\$462)	Yes
Gold	BlueCare Direct Gold 101 with Advocate	HMO	\$251.71	\$1,750	Included in medical	\$3,500	\$25	\$50 copay per visit	30% Co-ins. after deductible (\$462)	Yes
Gold	Blue Choice Preferred Gold PPO 101	PPO	\$338.00	\$500	Included in medical	\$5,250	\$20	20% Co-ins. after deductible	\$100	Maybe
Gold	Blue Cross Blue Shield Premier 101, a Multi-State Plan	PPO	\$329.88	\$1,750	Included in medical	\$3,300	20% Co-ins. after deductible	20% Co-ins. after deductible	\$100	Yes

Harken Health

Truvada is Tier 2. It is a specialty medication, meaning mail order is not allowed and only 30 days of medications are dispensed at a time. View the formulary here: https://www.harkenhealth.com/content/dam/venus/benefits/HH_Essential%20PDL_072015_Illinois.pdf

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out Of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 2)	Good value w/Gilead copay card?
Bronze	Care Bronze	PPO	\$215.29	\$6,850	\$0	\$6,850	No Charge	No charge after deductible and prior approval for out-of-network	\$70	No
Silver	Care Silver I	PPO	\$247.98	\$3,750	\$0	\$6,200	No Charge	No charge after deductible and prior approval for out-of-network	\$40	No
Silver	Care Silver II	PPO	\$254.88	\$3,000	\$0	\$6,000	No Charge	No charge after deductible and prior approval for out-of-network	\$40	No
Gold	Care Gold I	PPO	\$293.95	\$1,750	\$0	\$3,500	No Charge	No charge after deductible and prior approval for out-of-network	\$35	Yes
Gold	Care Gold II	PPO	\$302.63	\$1,375	\$0	\$2,750	No Charge	No charge after deductible and prior approval for out-of-network	\$35	Yes

Humana Health

Humana uses the HDHP Plus formulary for Catastrophic and Bronze plans, found at <http://www.humana.com/2016-HDHP-Plus>. Individuals pay the full cost of the drug up to the deductible, and there are no tiers on these formularies. Truvada is a specialty drug. Prior authorization is not required.

Silver and Gold plans use the Rx5-Plus formulary, found here: <http://www.humana.com/2016-Rx5-Plus>. Truvada is Tier 5, and Truvada is a specialty drug. Prior authorization is not required.

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out of Pocket	Primary Care Physician	Lab Coverage	Truvada Coverage (tier 5, specialty)	Good value w/Gilead copay card?
Catastrophic	Humana Basic 6850/Chicago HMOx	HMO	\$177.87	\$6,850	Included in Medical	\$6,850	No Charge after Deductible	No charge after deductible	No Charge after Deductible	No
Bronze	Humana Bronze 6450/Chicago HMOx	HMO	\$238.88	\$6,450	Included in Medical	\$6,450	No Charge after Deductible	No charge after deductible	No Charge after Deductible	No
Bronze	Humana Bronze 4850/Chicago HMOx	HMO	\$260.19	\$4,850	\$1,500	\$6,350	\$25	\$300/calendar year paid at 100%; then 20%	50% Coins. after deductible (\$770)	No
Silver	Humana Silver 3800/Chicago HMOx	HMO	\$290.19	\$3,800	\$0	\$6,300	\$20	No charge	50% co-insurance (\$770)	No
Gold	Humana Gold 2250/Chicago HMOx	HMO	\$343.01	\$2,250	\$0	\$3,500	\$20	\$500/calendar year paid at 100%; then 20%	30% co-insurance (\$462)	Yes

Land of Lincoln

Land of Lincoln uses the Essential Health Benefits Formulary, found at <https://www.landoflincolnhealth.org/2016-prescription-drug-benefit-formulary/>. Truvada is Tier 2. Prior authorization IS required.

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out Of Pocket	Primary Care Physician	Lab Coverage	Truvada cost (Preferred brand, tier 2)	Good value w/Gilead copay card?
Bronze	Family Health Network LLH 3-Tier Bronze PPO	PPO	\$185.31	\$5,000	Included in Medical	\$6,500	40% Coins. after deductible	40% subject to deductible and PCP referral required	40% Coins. after deductible (\$616)	No
Bronze	Land of Lincoln Health Traditional Bronze PPO	PPO	\$241.26	\$5,500	Included in Medical	\$6,500	40% Coins. after deductible	40% subject to deductible and Includes outpatient Lab tests	40% Coins. after deductible (\$616)	No
Bronze	Adventist LLH 3-Tier Bronze PPO	PPO	\$220.65	\$6,000	Included in Medical	\$6,850	\$50	40% subject to deductible and Includes outpatient Lab tests	40% Coins. after deductible (\$616)	No
Silver	Land of Lincoln Health Traditional Silver PPO	PPO	\$298.85	\$1,900	Included in Medical	\$6,500	30% Coins. after deductible	30% subject to deductible and Includes outpatient Lab tests	30% Coins. after deductible (\$462)	Yes
Silver	Family Health Network LLH 3-Tier Silver PPO	PPO	\$246.44	\$2,800	Included in Medical	\$6,850	\$30	\$40 copay/visit and PCP referral required	\$50	Yes
Silver	Swedish Covenant LLH 3-Tier Silver PPO	PPO	\$248.63	\$3,100	Included in Medical	\$6,850	\$30	\$40 copay/visit and Includes outpatient Lab tests	\$50	Yes
Silver	Champion LLH 3-Tier Silver PPO	PPO	\$298.40	\$3,100	Included in Medical	\$6,850	\$30	\$40 copay/visit and Includes outpatient Lab tests	\$50	Yes

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out Of Pocket	Primary Care Physician	Lab Coverage	Truvada cost (Preferred brand, tier 2)	Good value w/Gilead copay card?
Silver	Illinois Health Partners LLH 3-Tier Silver PPO	PPO	\$269.99	\$3,100	Included in Medical	\$6,850	\$30	\$40 copay/visit and Includes outpatient Lab tests	\$50	Yes
Silver	Chicago Health System LLH 3-Tier Silver PPO	PPO	\$248.93	\$3,100	Included in Medical	\$6,850	\$30	\$40 copay/visit and Includes outpatient Lab tests	\$50	Yes
Silver	Presence Health LLH 3-Tier Silver PPO	PPO	\$240.01	\$3,400	Included in Medical	\$6,850	\$30	\$40 copay/visit and Includes outpatient Lab tests	\$50	Yes
Silver	Adventist LLH 3-Tier Silver PPO	PPO	\$279.83	\$3,400	Included in Medical	\$6,850	\$30	\$40 copay/visit and Includes outpatient Lab tests	\$50	Yes
Gold	Swedish Covenant LLH 3-Tier Gold PPO	PPO	\$305.79	\$500	Included in Medical	\$5,500	\$15	\$25 copay/visit and Includes outpatient Lab tests	\$35	Yes
Gold	Champion LLH 3-Tier Gold PPO	PPO	\$364.00	\$500	Included in Medical	\$5,800	\$15	\$25 copay/visit and Includes outpatient Lab tests	\$35	Yes
Gold	Illinois Health Partners LLH 3-Tier Gold PPO	PPO	\$330.87	\$500	Included in Medical	\$6,800	\$10	\$15 copay/visit and Includes outpatient Lab tests	\$35	Yes
Gold	Presence Health LLH 3-Tier Gold PPO	PPO	\$295.69	\$500	Included in Medical	\$6,800	\$10	\$15 copay/visit and Includes outpatient Lab tests	\$35	Yes
Gold	Adventist LLH 3-Tier Gold PPO	PPO	\$339.81	\$500	Included in Medical	\$5,500	\$15	\$25 copay/visit and Includes outpatient Lab tests	\$35	Yes
Gold	Chicago Health System LLH 3-Tier Gold PPO	PPO	\$305.20	\$750	Included in Medical	\$5,100	\$10	\$20 copay/visit and Includes outpatient Lab tests	\$35	Yes

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out Of Pocket	Primary Care Physician	Lab Coverage	Truvada cost (Preferred brand, tier 2)	Good value w/Gilead copay card?
Gold	Land of Lincoln Health Traditional Gold PPO	PPO	\$356.40	\$1,350	Included in Medical	\$3,300	20% Coins. after deductible	20% subject to deductible and Includes outpatient Lab tests	20% Coins. after deductible (\$308)	Yes

UnitedHealthcare

UnitedHealthcare uses the 4 Tier Essential PDL: <http://www.uhc.com/iex/doc?id=il0040&st=il>. Prior Authorization is NOT required for Truvada, which is on Tier 2. The pharmacy deductible does not apply to T2.

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible (not applicable to Truvada)	Medical Max. Out Of Pocket	Primary Care Physician	Lab Cost	Truvada cost (Preferred brand, tier 2)	Good value w/Gilead copay card?
Bronze	Bronze Compass 6500	HMO	\$238.59	\$6,500	Included in Medical	\$6,850	\$45	40% coinsurance after deductible	\$50 Copay after deductible	No
Bronze	Bronze Compass HSA 5500	HMO	\$226.35	\$5,500	Included in Medical	\$6,500	No Charge after Deductible	0% coinsurance after deductible	\$50 Copay after deductible	No
Silver	Silver Compass 4500	HMO	\$280.35	\$4,500	\$1,000	\$6,850	\$10	0% coinsurance after deductible	\$40	Maybe
Silver	Silver Compass 2000	HMO	\$272.37	\$2,000	\$500	\$6,850	\$30	30% coinsurance	\$50	Yes

Metal Level	Plan Marketing Name	Plan Type	Premium Age 30	Medical Deductible	Drug Deductible (not applicable to Truvada)	Medical Max. Out Of Pocket	Primary Care Physician	Lab Cost	Truvada cost (Preferred brand, tier 2)	Good value w/Gilead copay card?
								after deductible		
Silver	Silver Compass HSA 3000	HMO	\$259.60	\$3,000	Included in Medical	\$6,500	No Charge after Deductible	0% coinsurance after deductible	\$40 Copay after deductible	Yes
Silver	Silver Compass 3500	HMO	\$274.23	\$3,500	\$1,000	\$6,850	\$20	20% coinsurance after deductible	\$40	Yes
Silver	Silver Compass 2000 1	HMO	\$270.24	\$2,000	Included in Medical	\$6,500	\$25 Copay after deductible	20% coinsurance after deductible	\$50 Copay after deductible	Yes
Gold	Gold Compass 1000	HMO	\$312.53	\$1,000	\$500	\$6,850	\$10	20% coinsurance after deductible	\$35	Yes
Gold	Gold Compass 500	HMO	\$311.20	\$500	\$250	\$6,850	\$20	25% coinsurance after deductible	\$40	Yes
Gold	Gold Compass 0	HMO	\$307.75	\$0	\$0	\$6,850	\$30	30% coinsurance after deductible	\$40	Yes