

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 (60606)		
Link to Summary of Benefits:	<a href="http://www.aetna.com/individuals-families/document-library/SBC/2016/ON/IL/IL_SBC_709350.pdf">http://www.aetna.com/individuals-families/document-library/SBC/2016/ON/IL/IL_SBC_709350.pdf</a>		
Individual Deductibles:	Medical: \$3,500	Prescription: \$500	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$7,000	Prescription: \$500 per 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?	<input checked="" type="checkbox"/> 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		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.
Five/Specialty			
Name of Formulary Used:	Aetna Pharmacy Drug Guide – Individual Formulary: IL		
Link to Formulary:	<a href="https://client.formularynavigator.com/Search.aspx?siteCode=8454906849">https://client.formularynavigator.com/Search.aspx?siteCode=8454906849</a>		
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						
Tybost (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					