



Overall Plan Information			
Issuer Name: Humana Health Plan			
Plan Name: Humana Silver 3800/Chicago HMOx			
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: http://apps.humana.com/marketing/documents.asp?file=2605746			
Individual Deductibles:	Medical: \$3,800 SBC states \$0	Prescription: N/A	Out of Pocket Cap: 6,300 SBC states \$0
Family Deductibles:	Medical: \$7,600 SBC states \$0	Prescription: N/A	Out of Pocket Cap: \$12,600 SBC states \$0
Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month)	Individual:\$290	Family:\$905	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			Summary of benefits (no charge)
Specialists	40			SBC (no charge)
Referral required for specialists?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		N/A
Inpatient Services		20 after deductible		SBC (no charge)
Emergency Room	250 before deductible	20 after deductible		SBC (no charge)
Mental/Behavioral		20 after deductible		SBC (no charge)
Outpatient Health Services				
Substance Use Disorder		20 after deductible		SBC (no charge)
Outpatient Services				
Laboratory Services		20 after deductible		SBC (no charge)
Out of network provider rules: N/A				
Special provisions/exceptions for individuals living with HIV?				
Other information: Plan's information on healthcare.gov does not match summary of benefits!				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	16		
Two	50		Summary of benefits (no charge)
Three		50	SBC (no charge)
Four		50	SBC (no charge)
Five/Specialty		0	40 coinsurance when filled via a preferred network pharmacy (SBC)
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)									

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	X		QL
Complera (emtricitabine/rilpivirine/tenofovir)	X					X	X		QL
Epzicom (abacavir/lamivudine)	X					X	X		QL
Evotaz (atazanavir/cobicistat)	X					X			QL
Intelence (etravirine)	X					X			QL
Isentress (raltegravir)	X					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									
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



**Humana
Humana Silver 3800/Illinois HMOx
2016 Illinois QHP**

Overall Plan Information			
Issuer Name: Humana Health Plan			
Plan Name: Humana 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):			
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?	<input checked="" type="checkbox"/> 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.
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.				

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