



**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 (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:	<a href="https://api.centene.com/SBC/2016/27833IL0140002-01.pdf">https://api.centene.com/SBC/2016/27833IL0140002-01.pdf</a>		
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	<input checked="" type="checkbox"/> 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			
Four (non-preferred brand drugs)		20 after deductible	PA
Five/Specialty		20 after deductible	PA
Name of Formulary Used:			
Link to Formulary: <a href="https://ambetter.illinicare.com/content/dam/centene/IlliniCare%20Health/Ambetter/PDFs/IL-FORMULARY-AMBETTER_2016_FINAL.PDF">https://ambetter.illinicare.com/content/dam/centene/IlliniCare%20Health/Ambetter/PDFs/IL-FORMULARY-AMBETTER_2016_FINAL.PDF</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		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 (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X				X		QL
Tybost (cobicistat)	X		X						QL
Abacavir (generic)	X	X							QL





**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:	<a href="https://api.centene.com/SBC/2016/27833IL0140003-01.pdf">https://api.centene.com/SBC/2016/27833IL0140003-01.pdf</a>			
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**

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: <a href="https://ambetter.illinicare.com/content/dam/centene/IlliniCare%20Health/Ambetter/PDFs/IL-FORMULARY-AMBETTER_2016_FINAL.PDF">https://ambetter.illinicare.com/content/dam/centene/IlliniCare%20Health/Ambetter/PDFs/IL-FORMULARY-AMBETTER_2016_FINAL.PDF</a>			
Contact Number:			
Notes re: Deductible or Coverage: Drugs are not divided into tiers on the summary of benefits, which is why I marked Tier 4 N/A.			

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 (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X				X		QL





**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 (60606)			
Link to Summary of Benefits: <a href="https://api.centene.com/SBC/2016/27833IL0140005-01.pdf">https://api.centene.com/SBC/2016/27833IL0140005-01.pdf</a>			
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 Outpatient Health Services	20		Preapproval req	
Substance Use Disorder Outpatient Services	20		Preapproval req	
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 brand drugs)	50			
Three				
Four		20 after deductible		
Five/Specialty		20 after deductible		
Name of Formulary Used:				
Link to Formulary:	<a href="https://ambetter.illinicare.com/content/dam/centene/IlliniCare%20Health/Ambetter/PDFs/IL-FORMULARY-AMBETTER_2016_FINAL.PDF">https://ambetter.illinicare.com/content/dam/centene/IlliniCare%20Health/Ambetter/PDFs/IL-FORMULARY-AMBETTER_2016_FINAL.PDF</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		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 (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X				X		QL



