

Overall Plan Information				
Issuer Name: Coventry Healthcare of Illinois				
Plan Name: Coventry Silver \$10 Copay Carelink Methodist				
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):				
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?	<input checked="" type="checkbox"/> 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:				

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	
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						
Ziagen (abacavir)	X		X						

Overall Plan Information				
Issuer Name: Coventry Healthcare of Illinois				
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				
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:				

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	
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						
Ziagen (abacavir)	X		X						

Overall Plan Information				
Issuer Name: Coventry Healthcare of Illinois				
Plan Name: Coventry Silver \$10 Copay Carelink SwedishAmerica				
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties): Winnebago				
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						

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	
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						
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
Silver PPO \$10 Copay UnityPoint Health Quad Cities
2016 Illinois QHP**

Overall Plan Information				
Issuer Name: Coventry				
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):				
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	xNo		
Inpatient Services	500	30		Prior authorization may be required
Emergency Room	500/visit			Co-pay waive if admitted
Mental/Behavioral	75			Prior authorization may be required
Outpatient Health Services				MHNet network must be use for in-network
Substance Use Disorder	75			Prior authorization required
Outpatient Services				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:				

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				X		
Tybost (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 of Illinois
Coventry Silver \$15 Copay
2016 Illinois QHP**

Overall Plan Information

Issuer Name: Coventry Health Care of Illinois, Inc.

Plan Name: Coventry Silver \$15 Copay

Plan Type: PPO POS HMO Other

Coverage area (counties): 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: 1196

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					
	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						
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)	X		X						

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
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					