



Overall Plan Information			
Issuer Name: Harken Health			
Plan Name: Care Silver 1			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties): Cook (60606)			
Link to Summary of Benefits: https://www.harkenhealth.com/benefits/ILCareSilverIInd.pdf			
Individual Deductibles:	Medical: \$ 3,750 (designated network); \$6,200 (network)	Prescription: \$NA	Out of Pocket Cap: \$ 6,200
Family Deductibles:	Medical: \$ 7,500 (designated network); 12,400 (network)	Prescription: \$NA	Out of Pocket Cap: \$12,400
Out of Network Deductibles:	Medical: \$12,400/person; \$24,800/family	Prescription: \$NA	Out of Pocket Cap: \$Unlimited
Premiums (per month)	Individual:\$ 248	Family:\$ 773	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	No charge (designated network); no charge after deductible (network)	20 after deductible for non-network provider		
Specialists	No charge after deductible	20 after deductible for non-network provider		
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Permission from plan to see specialist required
Inpatient Services	No charge after deductible	20 after deductible for non-network provider		You must obtain prior authorization for non network or benefits will be reduced by the lesser of 50% or \$1,000.
Emergency Room	No charge after deductible			
Mental/Behavioral Outpatient Health Services	No charge for designated network and network provider	20 after deductible for non-network provider		You must obtain prior authorization for non network or benefits will be reduced by the lesser of 50% or \$1,000.
Substance Use Disorder Outpatient Services	No charge for designated network and network provider	20 after deductible for non-network provider		You must obtain prior authorization for non network or benefits will be reduced by the lesser of 50% or \$1,000.
Laboratory Services	No charge after deductible for designated network and network providers.	20 after deductible for non-network provider		You must obtain prior authorization for non network or benefits will be reduced by the lesser of 50% or \$1,000
Out of network provider rules:		20% co-insurance after deductible for non-network providers;		You must obtain prior authorization for non network or benefits will be reduced by the lesser of 50% or \$1,000.
Special provisions/exceptions for individuals living with HIV?	No			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
			For all tiers: Limited to a 31 day supply per prescription or refill. Mail order limited to 90 day supply. Certain drugs may have a pre-authorization requirement.
One	Retail: 10; mail order: 20	20 after deductible for non-network provider	
Two	Retail: 40; Mail order: 80	20 after deductible for non-network provider	
Three	Retail: 250; mail order: 500		
Four	Retail: 500; mail order: 1,000	20 after deductible for non-network provider	
Five/Specialty			
Name of Formulary Used:	Your 2016 Prescription Drug List (Illinois Individual)		
Link to Formulary:	https://www.harkenhealth.com/content/dam/venus/benefits/HH_Essential%20PDL_072015_Illinois.pdf		
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; step therapy; specialty medication
Harvoni (ledipasvir, sofosbuvir)	X		X				X		QL; specialty medication
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		QL; step therapy, specialty medication

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				Step therapy
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: Harken Health Insurance Company			
Plan Name:	Care Silver II		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties): Cook County (60606)			
https://www.harkenhealth.com/benefits/ILCareSilverIIInd.pdf			
Link to Summary of Benefits:			
Individual Deductibles:	Medical: \$3,000	Prescription: \$NA	Out of Pocket Cap: \$6,000
Family Deductibles:	Medical: \$6,000	Prescription: \$NA	Out of Pocket Cap: \$12,000
Out of Network Deductibles:	Medical: \$12,000 individual/\$24,000	Prescription: \$NA	Out of Pocket Cap: \$
Premiums (per month)	Individual:\$255	Family:\$795	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	No charge (designated network provider); no charge after deductible (network provider)	20 after deductible (non-network provider)		
Specialists	No charge (designated network provider); no charge after deductible (network provider)	20 after deductible (non-network provider)		
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	No charge after deductible	20 after deductible (non-network provider)		If no prior authorization, non network benefits will be reduced by the lesser of 50% or \$1,000.
Emergency Room	No charge after deductible			
Mental/Behavioral Outpatient Health Services	No charge	20 after deductible (non-network provider)		
Substance Use Disorder Outpatient Services	No charge	20 after deductible (non-network provider)		

Laboratory Services	No charge after deductible	20 after deductible (non-network provider)	If no prior authorization, non network benefits will be reduced by the lesser of 50% or \$1,000.
Out of network provider rules:			
Special provisions/exceptions for individuals living with HIV?	No		

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
			For all tiers: Limited to a 31 day supply per prescription or refill. Mail order limited to 90 day supply. Certain drugs may have a pre-authorization requirement.
One	Retail: 10; mail order: 20	20 after deductible for non-network provider	
Two	Retail: 40; Mail order: 80	20 after deductible for non-network provider	
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Five/Specialty			
Name of Formulary Used:	Your 2016 Prescription Drug List (Illinois Individual)		
Link to Formulary:	https://www.harkenhealth.com/content/dam/venus/benefits/HH_Essential%20PDL_072015_Illinois.pdf		
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
Solvaldi (sofosbuvir)	X		X				X		
Harvoni (ledipasvir, sofosbuvir)	X		X				X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		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						
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			Step therapy
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				