

Overall Plan Information			
Issuer Name: United Healthcare			
Plan Name: Silver Compass 2000			
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://www.uhc.com/content/dam/uhcdotcom/en/iex/il/Silver-Compass-2000.pdf			
Individual Deductibles:	Medical: \$2,000	Prescription: \$500	Out of Pocket Cap: \$6,850
Family Deductibles:	Medical: \$4,000	Prescription: \$500	Out of Pocket Cap: \$13,700
Out of Network Deductibles:	Medical: N/A	Prescription: \$	Out of Pocket Cap: N/A
Premiums (per month)	Individual: \$272	Family: \$850	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			PCP must be assigned. No referral required for OB/GYN
Specialists	60			Referrals must be from assigned PCP.
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		30 for facility and surgeon fees		None
Emergency Room		30 after deductible		\$500 ER per occurrence, applies before the annual deductible
Mental/Behavioral Outpatient Health Services	30	30 after deductible		Partial hospitalization/intensive
Substance Use Disorder Outpatient Services	30	30 after deductible		Partial hospitalization/intensive
Laboratory Services (Diagnostic)		30 after deductible		Hospital: 50% co-ins after deductible
Out of network provider rules: Not Covered				
Special provisions/exceptions for individuals living with HIV? N/A				
Other information: If an OON provider charges more than allowed amount, you may have to pay the difference				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	5		Up to 31 days for all tiers
Two	35		
Three	100 min	20 after deductible	
Four	200	30 after deductible	
Five/Specialty	N/A		
Name of Formulary Used:	UnitedHealthcare Prescription Drug List		
Link to Formulary:	http://www.uhc.com/iex/doc?id=il0040&st=il		
Contact Number:	1-877-512-9940		
Notes re: Deductible or Coverage:	Not all drugs are covered. Pharmacy Deductible does not apply to Tier 1 2		

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		ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)							X		ST, QL

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		X						
Prezista (darunavir)	X		X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Reyataz (atazanavir)	X		X						
Atazanavir	X		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		X				



Overall Plan Information				
Issuer Name: United Healthcare				
Plan Name: UnitedHealthcare · Silver Compass 2000 1				
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://www.uhc.com/content/dam/uhcdotcom/en/iex/il/Silver-Compass-2000-1.pdf				
Individual Deductibles:	Medical: \$2,000	Prescription: N/A	Out of Pocket Cap: \$6,500	
Family Deductibles:	Medical: \$4,000	Prescription: N/A	Out of Pocket Cap: \$13,000	
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A	
Premiums (per month)	Individual: \$270	Family: \$843		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary care	25 after deductible			Primary care provider (PCP) must be assigned. No referral required for OB/GYN.
Specialists	50 after deductible			Referrals must be from assigned PCP.
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	0 after deductible	
Inpatient Services	1,500 after deductible		surgeon fees	
Emergency Room	500			None
Mental/Behavioral Outpatient Health Services	25			None Partial hospitalization
Substance Use Disorder Outpatient Services	25			None Partial hospitalization
Laboratory Services (Diagnostic Test)			0 after deductible	Hospital: 30 co-ins after deductible
Out of network provider rules:				Not Covered
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	10		Up to 31 days for all Tiers
Two	50		
Three	120 min	20 after deductible	
Four	250 min	30 after deductible	
Five/Specialty	N/A		
Name of Formulary Used:	United Healthcare Prescription Drug List		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFE4ILIN&st=PMFE4ILIN&State=Illinois&Plan=4%20Tier%20Essential%20PDL&Phone=1-877-512-9940&Welcome=Guest		
Contact Number:	1-877-512-9940		
Notes re: Deductible or Coverage:	No Charge. May be required to use a lower-cost drug(s). Not all drugs are covered		

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		ST
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	X						
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
	X		X						
Atazanavir									
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						
	X								
Tivicay (dolutegravir)				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	X					
Ziagen (abacavir)	X		X		X				



Overall Plan Information				
Issuer Name: United Healthcare				
Plan Name: Silver Compass HSA 3000				
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://www.uhc.com/content/dam/uhc.com/en/iex/il/Silver-Compass-HSA-3000.pdf			
Individual Deductibles:	Medical: \$3,000	Prescription: N/A	Out of Pocket Cap: \$6,500	
Family Deductibles:	Medical: \$6,000	Prescription: N/A	Out of Pocket Cap: \$13,000	
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A	
Premiums (per month)	Individual:\$260	Family:\$810		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		0 after deductible		PCP must be assign
Specialists		0 after deductible		Referral must be assign by PCP
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		0 after deductible		None
Emergency Room		0 after deductible		None
Mental/Behavioral Outpatient Health Services		0 after deductible		Partial hospitalization/intensive outpatient treatment
Substance Use Disorder Outpatient Services		0 after deductible		Partial hospitalization/intensive outpatient treatment
Laboratory Services		0 after deductible		Hospital: 30% co-ins after deductible
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information: Out-of-network not covered				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	5		Up to 31 day supply
Two	40		
Three	150 min	20	
Four	300	30	
Five/Specialty	N/A		
Name of Formulary			
Used: UnitedHealthcare Prescription drug list			
http://www.uhc.com/iex/doc?id=il0040&st=il			
Contact Number: 1-877-512-9940			
Notes re: Deductible or Coverage: After deductible			

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		ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		
							X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X			ST, QL

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		X						
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir	X		X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
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	X					
Ziagen (abacavir)	X		X		X				



Overall Plan Information

Issuer Name: United Healthcare			
Plan Name: Silver Compass 3500			
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://www.uhc.com/content/dam/uhc.com/en/iex/il/Silver-Compass-3500.pdf		
Individual Deductibles:	Medical: \$3,500	Prescription: \$1,000 for Tiers 3&4	Out of Pocket Cap: \$6,850
Family Deductibles:	Medical: \$7,000	Prescription: \$1,000 for Tiers 3&4	Out of Pocket Cap: \$13,700
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$274	Family:\$855	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			Primary care provider (PCP) must be assigned. No referral required for OB/GYN.
Specialists	60			Referrals must be from assigned PCP.
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		20 after deductible		
Emergency Room		20 after deductible		\$500 emergency room per occurrence. The \$500 applies before the annual deductible
Mental/Behavioral Outpatient Health Services	20			Partial hospitalization/intensive outpatient treatment: 20% co-ins after deductible
Substance Use Disorder Outpatient Services	20	20 after deductible		Partial hospitalization/intensive outpatient treatment: 20% co-ins after deductible
Laboratory Services(Diagnostic)		20 after deductible		Hospital: 40% co-ins after deductible
Out of network provider rules: Not covered				
Special provisions/exceptions for individuals living with HIV? N/A				
Other information: If an out-of-network provider charges more than the allowed amount, you may have to pay the difference				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	5		Up to 31 days
Two	40		
Three	100 min	20 after deductible	
Four	300 min	30 after deductible	
Five/Specialty	N/A		
Name of Formulary			
Used: UnitedHealthcare Prescription Drug List			
Link to Formulary:			
https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFE4ILIN&st=PMFE4ILIN&State=Illinois&Plan=4%20Tier%20Essential%20PDL&Phone=1-877-512-9940&Welcome=Guest			
Contact Number: 1-877-512-9940			
Notes re: Deductible or Coverage: Not all drugs are covered. Pharmacy Deductible does not apply to Tier 1 or 2			

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		ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	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		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir	X		X						
Stribild	X		X						
(cobicistat/elvitegravir/emtricitabine/tenofovir)									
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
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	x					
Ziagen (abacavir)	x		x		x				



Overall Plan Information				
Issuer Name:	United Healthcare			
Plan Name:	Silver Compass 4500			
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://www.uhc.com/content/dam/uhcdotcom/en/iex/il/Silver-Compass-4500.pdf			
Individual Deductibles:	Medical: \$ 4,000	Rx: \$1,000 for tiers 3&4	Out of Pocket Cap: \$6,850	
Family Deductibles:	Medical: \$9,000	Rx: \$1,000 for tiers 3&4	Out of Pocket Cap: \$13,700	
Out of Network Deductibles:	Medical:	Rx:	Out of Pocket Cap:	
Premiums (per month)	Individual:\$280	Family:\$874		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10			PCP must be assigned. No referral required for OB/GYN.
Specialists	30			Referrals must be from assigned PCP.
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		0 after deductible		None
Emergency Room		0 after deductible		500 ER per occurrence, applies before the annual deductible.
Mental/Behavioral				None
Outpatient Health Services	10			Partial hospitalization
Substance Use Disorder				None
Outpatient Services	10			Partial hospitalization
Laboratory Services		0 after deductible		Hospital: 20 co-ins after deductible
Out of network provider rules:	Not covered			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	5		Up to 31 days for all Tiers
Two	40		
Three	120 min	20 after deductible	
Four	250 min	30 after deductible	
Five/Specialty	N/A		
Name of Formulary Used:	United Healthcare Prescription Drug List		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFE4ILIN&st=PMFE4ILIN&State=Illinois&Plan=4%20Tier%20Essential%20PDL&Phone=1-877-512-9940&Welcome=Guest		
Contact Number:	1-877-512-9940		
Notes re: Deductible or Coverage:	No Charge. You may be required to use a lower-cost drug(s). Not all drugs are covered		

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		ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X						X		ST, QL

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		X						
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
	X		X						
Atazanavir									
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	X					
Ziagen (abacavir)	X		X		X				