

Coverage of Contraception and Abortion in Illinois' Qualified Health Plans



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The Section of Family Planning and Contraceptive Research (Section of Family Planning), at the University of Chicago, is committed to helping women and girls reach their full potential. We are dedicated to fostering interdisciplinary collaborations and situating family planning in its biological, social, and political contexts in order to develop recommendations for improving the health of girls, women, families, and communities. We provide clinical reproductive health services and train health providers; conduct research focusing on contraception, unintended pregnancy, and adolescent health; and research policy approaches to reduce disparities and improve sexual and reproductive health.

EverThrive Illinois works to improve the health of women, children, and families over the lifespan through community engagement, partnerships, policy analysis, education, and advocacy. EverThrive IL has been at the forefront of implementing the Affordable Care Act through policy advocacy, support for Navigators, and capacity building aimed at those serving low and middle income families. EverThrive Illinois envisions an Illinois that works towards equity and social justice, fosters the development of healthy families, and provides fair access to quality health care - the basic rights of all human beings. We work toward this vision through the management of the following core initiatives: Child and Adolescent Health, Health Disparities, Healthy Lifestyles, Health Reform and Immunization. We work with our members and partners across Illinois to identify critical issues affecting the health of Illinoisans, share best practices, and provide educational opportunities. As an organization, we have extensive experience reaching vulnerable populations, working with youth, serving as trainers, organizing and maintaining diverse coalitions, and advocating for health policy changes.

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EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act (ACA) is improving health coverage for tens of millions of Americans by expanding access to health insurance and establishing stronger consumer protections. One of the key provisions affecting women's health is the requirement that nearly every health insurance plan provide coverage for certain preventive services, including the full range of FDA-approved contraceptive methods without cost sharing. This provision is estimated to save the average woman up to \$600 per year.¹

The ACA created new health insurance marketplaces where consumers can purchase individual and family plans. In Illinois, these plans, called “qualified health plans” or QHPs, are currently available through healthcare.gov, a portal that allows consumers to compare plan benefits and prices. To evaluate coverage options for women purchasing insurance through the marketplace in Illinois, EverThrive Illinois and The Section of Family Planning and Contraceptive Research at the University of Chicago conducted a review of contraception and abortion coverage for a selection of qualified health plans.

This review revealed significant barriers to understanding coverage for both contraception and abortion among QHPs currently available on the Illinois marketplace, including numerous instances in which consumer facing materials were not aligned with internal policies and instances in which information about covered services could not be fully accessed without logging into a member portal. Additionally, this review highlighted considerable need for additional training and resources for customer service representatives, particularly regarding abortion care.

While this review revealed that carriers are offering, and updating, coverage for many contraceptive methods, it also revealed the use of medical management techniques to limit access to certain contraceptive methods. These tactics step therapy, and, most commonly, limiting coverage to generic products. This review found that two of the eight insurance carriers were not compliant with the ACA requirement to provide coverage for the full range of FDA-approved contraception.²⁻⁴

In 2015, women represent 54% of individuals enrolled in qualified health plans made available through state and federal marketplaces.⁵ Access to effective contraceptive methods can help women to plan their pregnancies, improve birth spacing, and avoid unintended pregnancy—all of which lead to significant health, social, and economic benefits.^{6,7} Knowledge about abortion coverage alongside other reproductive health care services will give women a complete understanding of their benefits. Carriers must comply with the requirements of the ACA and ensure women have easy access to reliable information without judgment.

BACKGROUND

In 2015, women represent 54% of individuals enrolled in qualified health plans (QHPs) made available through state and federal marketplaces.⁵ Considering that 99% of sexually experienced women have used contraception and one in three women will have an abortion before they turn 45, information regarding coverage for both contraception and abortion in health plans is critical for women who are purchasing coverage.^{8,9} This report describes the findings of a structured review of QHPs offered by insurance carriers participating in the Illinois marketplace to assess transparency and scope of coverage regarding contraception and abortion care.

ACA Guidelines on Contraceptive Coverage

For each individual, finding a contraceptive method that works best involves consideration of various factors—the woman’s health status, reproductive goals, method effectiveness and longevity, comfort with the method, side effects, and partner support. However, cost can be a significant barrier for a woman as she attempts to access her preferred method.¹⁰

Contraceptive coverage provisions in the ACA and accompanying regulations reflect the understanding that women benefit from access to a wide range of methods. In 2012, the U.S. Health Resources and Service Administration (HRSA) issued guidelines identifying preventive services that specifically address the unique health needs of women, implementing a statutory requirement of the ACA. These services were recommended to be covered without cost-sharing by the majority of health insurance plans, including all QHPs.¹¹ This guidance was meant to ensure “women’s access to the full range of FDA-approved contraceptive methods”¹²

The latest guidance on contraceptive coverage, released in May of 2015, makes clear that plans “must cover without cost sharing at least one form of contraception in each of the methods (currently 18) that the FDA has identified for women in its current Birth Control Guide.”¹³ This coverage must also include clinical services such as patient education and counseling that are needed to provide the contraceptive method.¹²

Federal regulations do permit plans to use “reasonable medical management techniques” to control costs and promote efficient delivery of care. However, as the recent guidance explains, plans must have “an easily accessible, transparent, and sufficiently expedient exceptions process that is not unduly burdensome on the individual or a provider” to accommodate situations when a health care provider recommends a certain drug or service based on a determination of medical necessity.¹³ In these cases, the plan must defer to the provider’s determination and the drug or service must be covered without cost sharing.¹³

ACA Guidelines on Abortion Coverage

One in three U.S. women will have an abortion by age 45.⁹ This statistic suggests that abortion is part of many women’s reproductive lives and experiences; in fact, about 61% of abortions are obtained by women who already have one or more children.¹⁴ Women seeking health insurance should have health benefits that reflect this healthcare need or, at the very least, clear information about whether and when coverage is available.

Under the ACA, abortion care is not an explicitly mandated or excluded benefit and Illinois does not prohibit plans from covering this service. If they cover abortion, plans must provide information in the uniform summary of benefits and coverage (SBC), which must be available through a public website and provided at the time of enrollment. Currently, it is up to the plan how they address abortion benefits, and they are not required to provide any information on circumstances in which coverage for abortion may be limited.

Under the ACA's Nelson Amendment, plans sold on the marketplace that elect to provide coverage for abortion must pay for that coverage and any claims using non-federal money. This requires plans to implement specific accounting methods for those members who take advantage of federal financial assistance in the form of advanced premium tax credits. ACA regulations provide a methodology for states to segregate funding in these instances.¹¹

The Kaiser Family Foundation conducted a national review of abortion coverage in QHPs in early 2015.¹⁵ This review, which assessed only publicly available documents for plans, concluded that Illinois did not have any marketplace plans that offer abortion coverage.¹⁵ In a similar review, which also included Illinois, the Guttmacher Institute noted difficulty in locating any clear information about abortion coverage in online plan documents.¹⁶

PROJECT OVERVIEW

Preliminary research and anecdotal patient information indicated that a number of plans available on the Illinois health insurance marketplace for the 2015 plan year were either not adhering to the contraceptive coverage requirements of the Affordable Care Act or did not provide sufficient information for consumers. To better assess the scope of contraception and abortion coverage, as well as ease of access to information regarding these benefits, the authors analyzed publicly available documents for a sample of health plans offered for the 2015 plan year on the Illinois marketplace. The authors reached out to each of the carriers prior to public release of this report to discuss findings and provide an opportunity to respond.

Methods

With more than 400 individual health plans on the marketplace and more than 100 FDA-approved contraceptive products, a full review of plans and methods was not feasible. It was determined that the most efficient method for evaluating coverage available to Illinois residents was to sample plan types and metal levels for each carrier in three geographic rating areas. In total, 48 plans were reviewed; a listing of each reviewed plan is included in appendix A. While attempting to represent a broad sample of plans, the findings of this report do not necessarily reflect coverage available in all plans. However, most carriers use the same formularies across plans and the same contraceptive requirements apply to all plans.

A PPO and HMO plan from each carrier was evaluated in each of the three rating areas (see appendix B for map). Catastrophic plans were not evaluated. Any plan that was offered in more than one rating area was evaluated once for all rating areas. The lowest-cost bronze plan and the second lowest-cost silver plan were included for each rating area. The rating areas selected for evaluation were¹⁷:

- Rating Area 1, which includes the city of Chicago and Cook County, representing the largest market in the state;
- Rating Area 10, which includes Springfield (state capitol) and surrounding areas; and
- Rating Area 11, which includes a rural portion of southeast Illinois.

Data collection was performed by reviewing publicly available documents from healthcare.gov and carrier websites, including the summary of benefits and coverage (SBC). Phone calls were made to each plan to fill any significant gaps in information after reviewing documents. In understanding coverage, the authors made a decision to limit the number of phone calls to customer service and not to rely on additional contact with those employed by carriers to clarify details. The intention was to simulate the experience of a consumer searching for coverage information.

Initial review was conducted in December 2014 and January 2015 during the open enrollment time frame. Quality checks were conducted in May 2015, and at that time it was discovered that several carriers had updated plan documents and the report was updated. The authors shared a draft of this report with each carrier three weeks prior to release, allowing an opportunity to respond to five questions verbally and/or in writing. Information obtained from these communications is reflected in the descriptions of coverage for each carrier and additional carrier response notes.

To guide data collection, the authors evaluated plans using a list of 30 contraceptive options from the following method categories: oral contraceptives; injections; implants; intrauterine devices, both copper and hormonal; hormonal patches; rings; emergency contraception, including Ella; cervical caps; and diaphragms.¹ The authors consulted several physicians to determine which oral contraceptives to include, and selected a sample of commonly prescribed monophasic, triphasic, progestin-only and continuous cycle pills. The authors did not review coverage for the recently-approved intrauterine device (IUD), Liletta, as it was not approved at the time that the review began. Additional drugs and devices may have been available with and without cost sharing from each carrier, including generic products. However, going forward all discussion of contraceptives in this report will refer to these 30 drugs and devices.

Table 1 provides a complete list of the specific methods reviewed; with the exception of oral contraceptives, this chart organizes the options reviewed under the same category headings at the FDA's Birth Control Guide. While the list of FDA-approved oral contraceptives is too long to have been reviewed in full, the other method categories in this table reflect unique options approved by the FDA and allow the authors to determine whether a carrier or plan is compliant with current guidelines regarding contraception coverage.

SUMMARY OF FINDINGS

The authors identified significant barriers to understanding coverage for both contraception and abortion among QHPs currently available on the Illinois marketplace, as well as gaps in coverage for both services. A summary of findings is available below, followed by detailed findings for each of the eight carriers.

Contraceptive Coverage and Information

After reviewing recent plan updates and communicating with carriers, the authors ultimately found that coverage for contraception was relatively similar among carriers and largely met current federal guidelines. The authors found universal coverage for both implantable rods and three intrauterine devices across the eight carriers and nearly universal coverage for the three and near universal coverage for the NuvaRing.

Among the contraceptive options reviewed, those that were least likely to be covered without cost sharing were branded hormonal products if a generic was available (though the generics may not be therapeutically equivalent). For example, the Ortho Evra patch and Plan B One Step emergency contraception are branded, hormonal options for which generics are available; in both cases the generic options were almost universally covered without cost sharing and the

¹In this report, we do not review coverage for physician visits or counseling related to contraception, nor did we review coverage for additional services such as insertion or removal of contraceptive devices. However, coverage without cost-sharing is also required in many of these circumstances and important for ensuring women's access to reproductive health care.

branded almost universally excluded. In the case of hormonal contraceptives, many carriers indicated in plan documents and/or their responses that they only include branded products in the formulary when a generic option is not available. The authors found that the three branded oral contraceptive products reviewed were much less likely to be covered without cost sharing than the generic products reviewed.

Many carriers were not covering Ella prior to the guidance issued by the U.S. Department of Health and Human Services in early May. As a result of that guidance, nearly every carrier has revised their coverage, or will revise coverage beginning July 1, so that this emergency contraceptive product is covered without cost sharing.

Assurant required step therapy for the NuvaRing, the only carrier to have step therapy requirements. Step therapy is a medical management technique permitted by federal guidance wherein treatment begins with the most cost-effective and/or low-risk option and progresses to more costly or high-risk options only if necessary.

Two carriers, Assurant Health and Land of Lincoln, did not provide coverage without cost sharing for at least one option in each of the method categories reviewed, as required by guidance issued by the U.S. Department of Health and Human Services in 2012 and clarified in 2015. Every other carrier is currently compliant with this guidance, or will become compliant by July 1, 2015. The authors found that many of the carriers could become compliant with this guidance by changing coverage for just one or two methods, most often the emergency contraceptive Ella.

The authors found considerable barriers to determining exactly which contraceptive products would be covered and whether they would be covered with or without cost sharing among many of the carriers. Determining coverage for contraceptive devices, including intrauterine devices and implants, was often most challenging as carriers did not have a uniform way of documenting coverage and often did not describe coverage of contraceptive devices alongside coverage of contraceptive drugs in the prescription drug formulary. As a result, initial conclusions regarding the scope of coverage for contraception were often revised following carrier communications.

Land of Lincoln Health had the most readily available, consumer friendly information on contraceptive coverage. Drugs and devices were each addressed in the drug formulary linked from healthcare.gov, allowing a consumer to browse all available options. Land of Lincoln made information regarding cost sharing simple by labeling contraception under the "preventive" tier when available with cost sharing. United also had very consumer friendly materials, including an easy to read contraceptive coverage list at the end of the formulary. Including as much information in the formulary as possible is critical, as women are routed directly to this resource from the marketplace.

For other carriers, it was much more difficult to discern the full scope of contraceptive coverage from the drug formulary linked from healthcare.gov. In the case of Assurant, information was provided on both drugs and devices, but a call was required to determine whether there were cost sharing requirements for covered methods. Many carriers (Blue Cross Blue Shield of Illinois, Health Alliance, Illinicare and United) excluded information about contraceptive devices in the drug formulary completely, making it difficult for a consumer to browse the full scope of coverage.

In an apparent attempt to improve access to information about those drugs and devices covered without cost sharing, some plans (Assurant, Blue Cross Blue Shield, Humana, Health Alliance and United) did provide separate documents addressing preventive services in clear and plain language. While these documents could be extremely useful for consumers, often providing information that could not be determined from the documents linked from healthcare.gov, they themselves were not linked from healthcare.gov or the formulary and were often found by the authors only while intentionally searching carrier websites. These documents sometimes provided information on scope of coverage that contradicted information available from plan documents and the call center.

Calling carriers with questions regarding contraception coverage also led to contradicting information in some cases. For example, while one caller to Illinicare was told that “all FDA-approved drugs” would be covered without cost sharing, another caller was told that only items listed in the formulary were covered.

Abortion Coverage and Information

The findings of this report suggest that coverage for abortion was more nuanced than a recent review by the Kaiser Family Foundation indicated; however it was almost impossible to determine this only from publicly available documents.

The authors found that three carriers (Assurant, Coventry and Illinicare) covered "medically necessary" abortion services. The authors also found that five carriers (Blue Cross Blue Shield of Illinois, Health Alliance, Humana, Land of Lincoln, and United) covered abortion in one or more of the following instances: threat of life to the woman, rape and/or incest.

Determining the scope of coverage for abortion services was exceptionally difficult as this information often was not provided in the summary of benefits and coverage or other plan documentation and several plan representatives were grossly unprepared to talk about abortion services in any capacity. This could be extremely problematic for a woman who enrolls in one of these plans and then finds herself seeking abortion services.

Given the limited information on abortion in plan documents, calls were placed to each carrier in order to determine scope of coverage. From those calls, clear and definitive answers regarding the scope of coverage were provided by just four of the eight carriers. These carriers had information regarding abortion available quickly and often seemed to be speaking from a script. In the remaining calls, representatives were unable to provide clear information because it was not available to them or they were uncomfortable discussing coverage. In more than one instance, call center representatives seemed to be guessing at coverage and showed discomfort by whispering or giggling nervously while providing information. Call center representatives were most uncomfortable explaining that abortion may be covered in instances of rape or incest.

Seeking abortion coverage information may require women to discuss incredibly personal situations and insurance carriers have a responsibility to answer questions in a decisive and non-judgmental manner.

Table 1: Coverage of contraceptive methods included in this review by insurance carrier

Drug or Device	Assurant	Blue Cross Blue Shield	Coventry	Health Alliance	Humana	Illinicare	Land of Lincoln	United
Oral Contraceptives								
<i>*This includes the following categories from the FDA's Birth Control Guide: combined pills, progestin only, and extended/continuous use</i>								
ORTHO-CYCLEN	CS ST	CS	CS	CS	NC	CS	CS	NCS
ORTHO-TRICYCLEN	CS ST	CS	CS	CS	NC	NCS	CS	NCS
Sprintec	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NC
LoMedia 24 FE	NCS	CS	NCS	CS	NCS	NCS	NCS	CS
Minipill/Norethindrone	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NC
SEASONALE	NC	NCS	CS	NC	NC	CS	NC	NC
Injections								
DEPO-PROVERA INJECTION	CS	NCS	CS	NC	CS	NC	NC	CS
DEPO-PROVERASUBQ	CS	NCS	CS	NC	NCS	CS	CS	CS
Medroxyprogesterone acetate	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS
Implants								
IMPLANON	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS
NEXPLANON	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS
Intrauterine-Copper								
PARAGARD	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS
Intrauterine-Progestin								
MIRENA	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS
SKYLA	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS
Patch								
ORTHO EVRA	NC	NCS	CS	CS	NCS	NCS	CS	NC
Xulane Patch	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS**
Ring								
NUVARING	CS ST	NCS	NCS	NCS	NCS	NCS	NCS	NCS***
Emergency Contraception - Plan B, Plan B One Step, Next Choice								
PLAN B/ONE-STEP	NC	CS	CS	CS	NC	NC	NC	NCS
levonorgestral	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS
My Way	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS
Next Choice/One Dose	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS
Emergency Contraception-Ella								
ELLA	NC	NCS***	NCS***	NCS	NCS	NCS	CS	NCS
Cervical Caps								
FEMCAP	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS
PRENTIF CAVITY-RIM	NCS	NCS	NCS	NCS	NC	NCS	NCS	NCS**
PRENTIF FITTING SET	NCS	NCS	NCS	NCS	NC	NCS	NCS	NCS**
Diaphragms								
OMNIFLEX DIAPHRAGM	NCS	NCS	NCS	NCS	NC	NCS	NCS	NCS
ORTHO ALL-FLEX	NCS	NCS	NCS	NCS	NCS	NCS	NCS	NCS
ORTHO COIL SPRING KIT	NCS	NCS	NCS	NCS	NC	NCS	NCS	NCS
ORTHO FLAT SPRING KIT	NCS	NCS	NCS	NCS	NC	NCS	NC	NCS
WIDE SEAL SILICONE	NC	NCS	NCS	NCS	NCS	NCS	NCS	NCS
KEY	NCS: No Cost Sharing		CS: Cost sharing dependent on plan and coverage tier			NC: Not Covered		

ST- Step Therapy

*Brand name contraceptives are written in all uppercase letters

**United's drug list indicated coverage only for Prentif MIS 22MM with no cost sharing; in their response they indicated this may not be the case and will provide clarification

***Effective July 1, 2015

RECOMMENDATIONS

This review of qualified health plans available in the Illinois health insurance marketplace identified significant barriers to determining the scope of coverage for contraception and abortion. EverThrive Illinois and The Section of Family Planning and Contraceptive Research at the University of Chicago make the following recommendations to improve access to care and information for consumers.

Recommendations for Insurance Carriers

1. Carriers should ensure that information on contraception and abortion coverage is easily accessible, up to date, and accurate.

Consumers shopping for coverage on healthcare.gov have direct links to the carrier websites only through the prescription drug formulary and the provider network. It is critical that these resources are updated frequently and are designed with consumers in mind. In reviewing coverage for contraception and abortion, EverThrive IL and The Section identified best practices for consumer friendly prescription drug formularies (described below) which will help consumers to better understand coverage for contraception and minimize the need to navigate through carrier websites. Several carriers already employ one or more of these practices, which others are encouraged to adopt.

- a. **Formularies should include information regarding contraceptive drugs as well as devices.** While medical devices are typically not represented on prescription drug formularies, this change will allow women to quickly understand the full scope of contraceptive options available. Women who do not see contraceptive devices listed alongside other contraceptive options may assume that they are not covered.
- b. **Formularies should include a special designation for preventive services covered without cost sharing, such as a tier zero or a preventive tier, and should use a symbol to identify each drug as such.** The use of a preventive tier or tier zero to identify those drugs which are covered without cost sharing allows women to quickly and easily determine whether there are any costs associated with their preferred method. If this designation is used, it is important to provide a definition at the beginning of the formulary and to include a symbol alongside each preventive drug in the formulary, so women must not navigate the document to determine cost.
- c. **Formularies should include all contraceptive options under a clear heading and be electronically searchable.** Rather than listing all drugs in the formulary in alphabetical order, carriers should organize formularies using headings for different types of drugs. All contraceptive drugs and devices should be listed under a single heading.
- d. **Carriers should create a brief fact sheet which provides information on women's preventive services covered without cost sharing which is clearly linked within the formulary.** Some carriers offered a one to three page fact sheet on preventive services covered without cost sharing, which made it easier to determine the scope of coverage; however, these documents may not be easily found by a woman following the prescription drug formulary link from healthcare.gov. In order to make these more accessible, each formulary should include a sentence which explains that a brief fact sheet is available and provide a hyperlink to this document. This sentence should be

included at the beginning of the formulary and should be included under the contraceptive heading.

Clarity in the formulary is not only helpful, but required by Illinois law. Legislation passed in 2014 (the Health Insurance Consumer Protection Act) in support of consumer transparency requires insurance carriers selling plans on the marketplace to publish a plan's formulary where a "consumer can view covered prescription drugs in one location; information on tiering and the cost-sharing structure for each tier; and information about how a consumer can obtain specific copayment amounts or coinsurance percentages for a specific QHP before enrolling in that plan", and that "this information shall clearly identify the qualified health plan to which it applies."²⁰

Information about coverage for abortion care should also be made available so consumers can easily determine the scope of abortion coverage and any cost sharing before purchasing a plan. When explaining the scope of coverage for abortion, carriers should clearly define any limitations or exceptions using appropriate terminology.

2. Carriers should ensure that they have an easily accessible, transparent, and sufficiently expedient waiver process that is not unduly burdensome on the consumer or provider.

Many of the carriers are employing medical management techniques, such as only covering generic products, which limits access to the full range of contraceptive options. In doing so, carriers should ensure not just that they have a waiver process which is compliant with federal guidance and requirements outlined in the Illinois Health Insurance Consumer Protection Act regarding medical exceptions and prior authorizations. Carriers should also ensure that this process is explained to consumers in a meaningful way. Carriers should add language about this process to the prescription drug formulary and any other materials describing contraceptive coverage. Additionally, carriers should consider options which minimize burden on consumers and providers, such as ensuring providers can call to receive an immediate waiver for non-formulary contraceptive options.

3. Carriers should provide adequate training and support for call center representatives, particularly regarding abortion coverage.

In many instances, call center representatives did not have information regarding benefits available to them, and seemed to guess about coverage as a result. In the worst cases, call center representatives who were asked about abortion coverage were obviously uncomfortable and behaved in a manner which was unprofessional and could be troubling for a woman seeking this care. Provision of a script that clearly states instances in which abortion may or may not be covered and the costs of this care would greatly reduce the likelihood that a woman feels confused, shamed, or insulted. Additional training around discussing a range of sensitive services is also recommended.

Recommendations for Regulatory Agencies

4. The Illinois Department of Insurance (DOI) should ensure that all qualified health plans are compliant with the requirements outlined in federal guidance clarifying contraceptive coverage and the requirements set forth in Public Act 98-1035, enacted in 2014.

Federal guidelines released in May of 2015 affirm the ACA's requirement to provide coverage without cost sharing for at least one form of contraception from each of the contraceptive method categories (currently 18) that the FDA has identified for women in its current Birth Control Guide.¹³ DOI should ensure that all plans meet the requirements outlined in the guidance.

The Health Insurance Consumer Protection Act requires that information be made available to all consumers before purchasing plans regarding: tiering, the cost sharing structure for each tier, and instructions for obtaining information regarding specific copayment amounts and coinsurance percentages. Additionally, it must be clear to which plan this information pertains. Not all carriers are meeting this requirement with regard to contraceptive coverage. DOI must carefully review plan documents to enforce this Act. DOI should also make plan filings public with an opportunity for public comment, so that health care providers, advocates, consumers, and others may weigh in on the design of plans, including scope of contraception and abortion coverage.

Recommendations for Providers and Patients

Given the wide variation in coverage and access to information, the authors recommend that health care providers and women seeking coverage and/or care take the following steps.

5. Providers should be aware of coverage barriers when providing counseling or writing prescriptions for birth control methods and should ensure that office staff are aware of coverage requirements when checking benefits.

Providers should inform women when a generic option may or may not be appropriate and educate women on their ability to apply for waivers from their carriers and file complaints with the Department of Insurance. A simple form letter or fact sheet providing this information could be shared with every birth control prescription and would empower women to claim their benefits and increase access to care. Providers should ensure that office staff are trained on coverage policies and are prepared to advocate on behalf of patients when calling insurance companies to check benefits. Pharmacists could also provide information to women about seeking a waiver for coverage without cost sharing.

6. Women enrolled in qualified health plans should report any barriers to contraceptive care to the Illinois Department of Insurance's Office of Consumer Health Insurance (OCHI) and file appeals with their insurance carriers.

Women should learn about their rights to access contraceptive services, as protected by state and federal law. Reporting any barriers will allow the Department to review the actions of the carrier and identify instances where the carrier may not be in compliance with state or federal law or the plan's written policy. Such reporting may improve access to coverage and could strengthen enforcement of these requirements.

More information on the process of filing complaints with OCHI can be found at this web address: (http://insurance.illinois.gov/OCHI/office_consumer_health_ins.asp) or by calling toll-free: 877-527-9431.

The National Women's Law Center provides resources and support for any woman who is insured and asked to pay out of pocket for birth control and related care, including a free hotline, through the Cover Her campaign; more information is available at CoverHer.org.

INDIVIDUAL CARRIER ASSESSMENTS

Assurant Health

Contraceptive Coverage

Assurant offered coverage without cost sharing for some products in 9 of the 11 categories reviewed. The vaginal ring was covered but required cost sharing and step therapy. Ella was not covered at all. Assurant must update their coverage in order to be compliant with federal guidance.

Of the 30 contraceptive options reviewed, 20 were covered without cost sharing, 5 were covered with cost sharing, and 5 did not appear to be covered. Three of the drugs available with cost sharing required step therapy: Ortho-Cyclen, Ortho Tri-Cyclen and NuvaRing (which does not have a generic equivalent). Assurant was the only carrier noted to require step therapy for contraceptives.

Abortion Coverage

The SBC for Assurant Health did not address abortion coverage. Other plan documents found on the Assurant website associated with a silver plan indicated that "charges related to non-spontaneous abortion" were excluded. A call center representative for Assurant Health stated that abortion services would only be covered in cases of medical necessity, which means that the pregnancy could not be carried to term or in cases where there is a danger to the health of the woman.

Ease of Access to Information

Assurant's drug formulary was easily accessible and available with one click from healthcare.gov. The formulary provided information about both contraceptive drugs and devices, but did not address cost sharing for contraception.

In order to access the summary of benefits and coverage (SBC), it was necessary to find the correct SBC from a landing document, linked from healthcare.gov. While not requiring significant navigation of the website, it would be easy to look at the wrong SBC, particularly for a consumer purchasing a family plan.

Assurant provided a separate document through their website called *Women's Contraceptive Drug and Device List* which was easy to use and listed all of the contraceptive drugs and devices available without cost sharing. However, the drug formulary did not reflect the fact that these drugs and devices were available without cost sharing and a consumer would be required to search for this information since the document was not directly linked.

Abortion coverage was not listed in the SBC, but was addressed in other plan documents. Unfortunately, these plan documents conflicted with information received through calls to the carrier. Early in the review, the authors placed several calls to Assurant. These calls were unsuccessful due to long wait times and looping within the automated phone system. In May of 2015, the authors placed a final call to Assurant and were able to receive a clear and definitive answer from a customer service representative that was friendly, non-judgmental and had information on abortion benefits readily available.

Carrier Response

Assurant could not be reached to provide a response. In June of 2015, Assurant Health's parent company announced an exit from the health insurance marketplace. Assurant is winding down major medical operations and will not offer a QHP in the 2016 plan year.

Blue Cross Blue Shield of Illinois (BCBS)

Contraceptive Coverage

BCBS offered coverage without cost sharing for some products in all of the 11 categories reviewed. Beginning July 1, 2015, BCBS will no longer require cost sharing for Ella. Of the 30 contraceptive options reviewed, 26 were covered without cost sharing and 4 were covered with cost sharing. By updating their coverage to include Ella, BCBS will be compliant with federal guidance.

Abortion Coverage

The summary of benefits and coverage states, "termination of pregnancy excluded except in limited circumstances." Upon calling BCBS, it was not possible to obtain more detailed information regarding the scope of those limited circumstances as the call center representative did not have information on abortion coverage available to her. However, a meeting with BCBS in response to this report confirmed that abortion is covered in cases of threat to the life of the woman, rape and incest.

Ease of Access to Information

The BCBS drug formulary was available with one click from healthcare.gov and was easy to read. The drug formulary included information about contraceptive drugs, but not devices. Information about contraceptive devices was obtained from a separate document that was not linked from the formulary. The formulary stated that some contraceptive drugs and devices may be available with limited or no cost sharing, and that the customer should contact customer services to get a list of these drugs.

In order to access the SBC and plan brochure, it was necessary to navigate many levels of the BCBS website. Many SBCs were listed with names that were not easily distinguished and may result in a consumer reading the wrong SBC or brochure.

BCBS provided a document entitled *Women's Contraceptive Drug List*. This document provided a user-friendly list of all of the drugs and devices available without cost sharing. This document provided information that was not available in, and sometimes conflicted with, the formulary and a consumer would have no way of knowing about this document without a specific search.

When calling BCBS to discern the scope of abortion coverage, the call center representative did not have information on abortion available, was not familiar with the language in the SBC, and did not offer to help the caller get this information.

Carrier Response

BCBS is currently updating coverage and policies. Beginning on July 1, 2015, Ella will be covered without cost sharing and a waiver process will be implemented to allow women an opportunity to receive medically necessary drugs and devices without cost sharing.

BCBS was open to identifying areas where policies may not be effectively communicated in consumer facing materials. As an example, they expressed willingness to include a link to their *Women's Contraceptive Drug List* document within the formulary. Additionally, they recognized that using chemical names of drugs in the formulary, but brand names in the *Women's Contraceptive Drug List* document may lead to confusion and considered the possibility of including both names in each document.

Finally, BCBS indicated that they will provide additional training and resources for call center representatives to address the problems identified in this report in a timely manner.

Coventry Health

Contraceptive Coverage

Coventry offered coverage without cost sharing for some products in all of the 11 categories reviewed. At the time of writing, Ella was covered with cost sharing, but will become available without cost sharing beginning on July 1, 2015. Of the 30 contraceptive options reviewed, 23 were covered without cost sharing and 7 were covered with cost sharing. Coventry will be compliant with recently federal guidance once coverage for Ella is updated.

Abortion Coverage

The SBC stated that "elective abortions are not covered by Coventry." In their response, Coventry shared the following language regarding abortion coverage from the individual policy materials:

B. Specifically excluded services include but are not limited to (this is not an exhaustive list):
1. Abortion services and supplies, except in the cases where (i) a Member suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the Member in danger of death unless an abortion is performed or (ii) the pregnancy is the result of an act of rape or incest.

A provider may call or submit a written request in order to certify that abortion services are to be provided in a circumstance covered above.

Ease of Access to Information

Coventry's drug formulary was available with one click from healthcare.gov, but it was not user friendly. The formulary was in an online searchable format and allowed for two search options: the name of the drug itself or a search by indication. There were two categories that contained information about contraceptives: *Contraceptives (e.g. foams, devices)* and *Hormones and synthetic substitutes* which contained the subcategory 'contraceptives.' Within the formulary, it was easy to identify which drugs and devices would be covered without cost sharing. The formulary included information on both contraceptive drugs and devices.

The SBC stated that "elective abortions are not covered by Coventry," but did not define the term "elective". No additional information regarding abortion coverage was available on the website. A call was made to customer service to determine whether it would be covered in instances of threat to the life of the woman, rape and/or incest; during this call, the call center representative said "that is a hairy topic" and giggled nervously. The representative did not seem to have information regarding coverage available and seemed to guess that "elective abortion" meant "if you got pregnant and just don't want to have the baby." The caller asked whether abortion may be covered in instances of a threat to the health of the woman, or in cases of rape or incest and was told that was correct. However, the tone of the response did not seem to be definitive. Coventry shared language describing their abortion coverage in their response to this report and promised to provide additional training for their call center.

Carrier Response

Coventry indicated in their response that coverage for 13 of the methods reviewed was incorrectly noted in the draft report. Importantly, they indicated that Skyla, the Ortho Evra patch, the NuvaRing, levonorgestral, and My Way are all covered without cost sharing. The publicly

available materials at the time of their response did not indicate this; representatives from Coventry indicate that this will be addressed when an updated formulary is posted on July 1. Coventry explained that, broadly, it is their policy to cover only generic prescriptions, when available.

Coventry was receptive of feedback provided by the authors, particularly related to challenges in the call center and have indicated that they will incorporate feedback into their ongoing training and coaching.

Coventry explained their existing waiver process, whereby women can receive coverage for non-formulary birth control methods. This waiver process allows for a provider to call or submit written documentation of medical necessity pre- or post-service. These requests are typically resolved within 24 to 48 hours after they are received by Coventry and remain on file for 12 months.

Health Alliance

Contraceptive Coverage

Health Alliance offered coverage without cost sharing for some products in all of the 11 categories reviewed, including Ella. Of the 30 contraceptive options reviewed, 22 were covered without cost sharing, 5 were covered with cost sharing, and 3 did not appear to be covered. Health Alliance's coverage is compliant with federal guidance.

Abortion Coverage

Health Alliance policies only provided coverage for abortion in instances where there is a threat to the life of the woman.

Ease of Access to Information

The drug formulary was available with one click from healthcare.gov and was user friendly. It offered detailed information on coverage and limitations in the introduction. The heading *Contraceptive Coverage Under Preventive Health Wellness Benefit* explained how to determine which contraceptives were covered without cost sharing and provided some information on dispensing limits.

The formulary only listed drugs and failed to address devices. Coverage of devices could not otherwise be determined on the website. A phone call was required to clarify the scope of this coverage, though the information gained proved to be incorrect. Health Alliance provided information on coverage for devices in their response to this report.

Health Alliance provided a separate document through their website titled *Be Healthy*. This listed all covered contraceptive devices and surgical procedures. The document stated cost sharing may be associated with listed devices and services. This document provided information that was not available through the drug formulary, but was not complete; and a consumer would need to know to search for it. This was not a useful document for consumers.

Health Alliance did not provide any information regarding abortion coverage in the plan brochure or SBC, requiring a call to customer assistance. The customer service representative was well prepared to discuss abortion coverage and gave a definitive answer.

Carrier Response

Health Alliance indicated in their response that contraceptive devices (including IUDs, implantable rods, cervical caps, and diaphragms) are covered without cost sharing. They

specifically stated that they will not update their formulary to include medical devices and pointed the authors to their *Be Healthy* wellness guide. This guide includes confusing language, which states that preventive visits could require copayments or be subject to the deductible, which could easily be interpreted as indicating the listed preventive services are not free. The guide provides little information besides a list of preventive services and applicable billing codes and may not be an effective consumer education tool.

While Health Alliance was not open to adding devices to the formulary, they indicate that they are working to improve the formulary and reviewing ways to link to the *Be Healthy* resource from the formulary.

Health Alliance explained that non-formulary contraceptive products can be covered without cost sharing after their standard prior authorization form is submitted. This process is already in place and is clearly explained in the pre-ambule to their formulary.

Humana

Contraceptive Coverage

Humana offered coverage without cost sharing for some products in all of the 11 categories reviewed. Of the 30 contraceptive options reviewed, 20 were covered without cost sharing, 1 was covered with cost sharing, and 9 did not appear to be covered. Humana's coverage is compliant with federal guidance.

Abortion Coverage

Humana only provided coverage for abortion in cases of rape or threat to the life of the woman.

Ease of Access to Information

The drug formulary was accessible with one click from healthcare.gov but was not easy to use. This formulary listed all drugs covered by the plan in alphabetical order without indication. It would be possible to search for a specific drug using the electronic search function, but it was not possible to browse all contraceptive options covered by the plan/carrier.

After calling the carrier, the customer representative suggested using a second formulary, which required considerable navigation of the Humana website. The second online formulary allowed for a search by indication, in this case "contraception." This yielded a three page list of covered drugs and devices in alphabetical order. After clicking a particular option, it was necessary to select the state, county, and plan. Having done so, it was possible to learn the tier of coverage. Following this process, cost sharing requirements still remained unclear. This process was extremely cumbersome and would likely deter a woman seeking information about coverage.

Humana did provide a document entitled *Women's Preventive Drug List* on their website. This document provided a user-friendly list of all of the drugs and devices available without cost sharing.

Information regarding abortion was not available through the SBC or other documents. A phone call was made to clarify coverage. The call center representative was polite, but clearly uncomfortable discussing abortion, actually whispering about the level of coverage, and was not able to provide a definitive answer regarding coverage. This experience could be problematic for a Humana member seeking abortion services.

Carrier Response

Humana did not provide a response for this report.

Illinicare

Contraceptive Coverage

Illinicare offered coverage without cost sharing for some products in all of the 11 categories reviewed. Of the 30 options reviewed, 25 were covered without cost sharing, 3 required cost sharing, and 2 were not covered. Illinicare's coverage is compliant with federal guidance.

Abortion Coverage

Illinicare offered coverage for abortion services when deemed medically necessary, requiring a physician's referral.

Ease of Access to Information

It was very difficult to determine the scope of contraceptive coverage for Illinicare because of conflicting responses from customer service representatives. Coverage could only be fully understood after conversations with Illinicare in response to the report.

The drug formulary was available with one click from healthcare.gov and the information was presented in a straightforward format. Illinicare indicated coverage for preventive drugs available without cost sharing under "Tier 0." However, the list of covered contraceptives in the formulary was very limited, showing only 39 options, all of which were oral contraceptives, the vaginal ring, or injections.

Given the limited scope and absence of information about any contraceptive devices, a call was made to customer service and the representative stated generally that "all FDA-approved methods were covered" without cost sharing. This contradicted the information available in the formulary.

A second call was placed to Illinicare in May to verify that all FDA-approved methods would be covered. On this call, the call center representative said "if it's not on the list, I'm afraid we don't cover it. We have all of the contraceptive methods that we cover on that list—some methods are not covered." The caller asked about IUDs and implants specifically, but the call center representative said none of these options would be covered.

After sharing this report with Illinicare, the authors learned that some devices were already covered and that, as a result of the work of the authors and groups in other states, Illinicare added coverage without cost sharing for the remaining devices.

Information regarding abortion was not available through the SBC or other documents. A phone call was made to clarify coverage and the representative was able to provide a definitive answer.

Carrier Response

Illinicare has updated their coverage and policies for contraception. Several contraceptive methods were recently approved for coverage without cost-sharing (e.g., emergency contraceptives) and the formulary is being revised; overall, Illinicare indicated they have a policy of covering only generic products without cost-sharing (including for those brand name oral contraceptives in Table 1). Illinicare has a waiver process similar to a prior authorization request that allows a doctor to request a particular method for coverage without cost-sharing if it is not already covered.

Illinicare was open to identifying areas where policies may not be effectively communicated in their consumer-facing materials. They are evaluating how to indicate when brand name drugs correspond with covered generic drugs and how to include medical devices (e.g., implants, IUDs, caps, and diaphragms) on the drug formulary or in an appendix to indicate zero cost-sharing. They are also evaluating how to share documents that clarify contraception and abortion coverage for consumers before they purchase and receive member contracts.

Illinicare indicated they recently made changes in training for call center representatives by creating new reference documents and scripts; they are also considering additional training for staff to handle calls regarding a range of sensitive services.

Land of Lincoln Health

Contraceptive Coverage

Land of Lincoln offered coverage without cost sharing for some products in 10 of the 11 categories reviewed. Land of Lincoln required cost sharing for Ella. Of the 30 contraceptive options reviewed, 22 were covered without cost sharing, 5 were covered with cost sharing, and 3 did not appear to be covered. Land of Lincoln must update their coverage in order to be compliant with federal guidance.

Abortion Coverage

Land of Lincoln plans offered coverage for abortion only in circumstances where the woman's life is in danger.

Ease of Access to Information

The drug formulary was easily accessible with one click from healthcare.gov and was very easy to use. The formulary explained that the Affordable Care Act made certain preventive drugs available without cost sharing and clearly labeled these drugs under the "preventive" tier. The formulary included information on both contraceptive drugs and devices.

Land of Lincoln was the most transparent of carriers on the marketplace, making it easy to determine exactly which contraceptive options were covered with and without cost sharing.

Abortion coverage was not addressed in the SBC or other plan documents. A phone call was made to clarify the level of coverage available. The customer service representative was well prepared to discuss abortion coverage and gave a definitive answer.

Carrier Response

Land of Lincoln did not provide a response for this report.

United Health Care

Contraceptive Coverage

United offered coverage without cost sharing for some products in each of the 11 categories reviewed. Beginning July 1, 2015, the NuvaRing and Xulane Patch will be covered without cost sharing. Of the 30 contraceptive options reviewed, 23 were covered without cost sharing, 3 were covered with cost sharing, and 4 did not appear to be covered. By updating their coverage, United will be compliant with federal guidance.

Abortion Coverage

United plan materials indicated that abortion is covered only in instances of risk to the life of the mother. In their response, the carrier indicated that they will review whether abortion would also be covered if determined medically necessary.

Ease of Access to Information

The link to the drug formulary from healthcare.gov was broken and led to an error page. From the United Health Care home page, navigating to the drug formulary required four clicks. The formulary listed drugs in alphabetical order with no mention of indication. However, methods available without cost sharing were listed as "HCR Preventive Care." The end of this document included a separate list specifying contraceptives available without cost sharing. This section included a user-friendly list of all of the drugs and devices available without cost sharing. United is the only carrier providing this information in the formulary, a best practice identified for consumer friendly information on contraception.

The formulary did not address coverage of contraceptive devices and coverage could not otherwise be determined on the website. A call was made to customer service, and it was determined that they would be fully covered without cost sharing when provided by a primary care provider or obstetrician/gynecologist.

Information regarding abortion was not available through the SBC or other documents. A phone call was made to clarify coverage and the representative was able to provide a definitive response, though this proved to be incorrect. Scope of abortion coverage was determined after conversations with the carrier.

Carrier Response

United indicated in their response that they are updating coverage for some contraceptive products in order to comply with new federal guidance, effective July 1, 2015. An updated formulary will be available after this date. United has promised to clarify coverage regarding certain Prentif cervical caps and abortion coverage; this report will be updated once that information is provided. Importantly, United indicated in their response that they provide coverage without cost sharing for Ortho Micronor, the branded version of the minipill/norethindrone, without cost sharing.

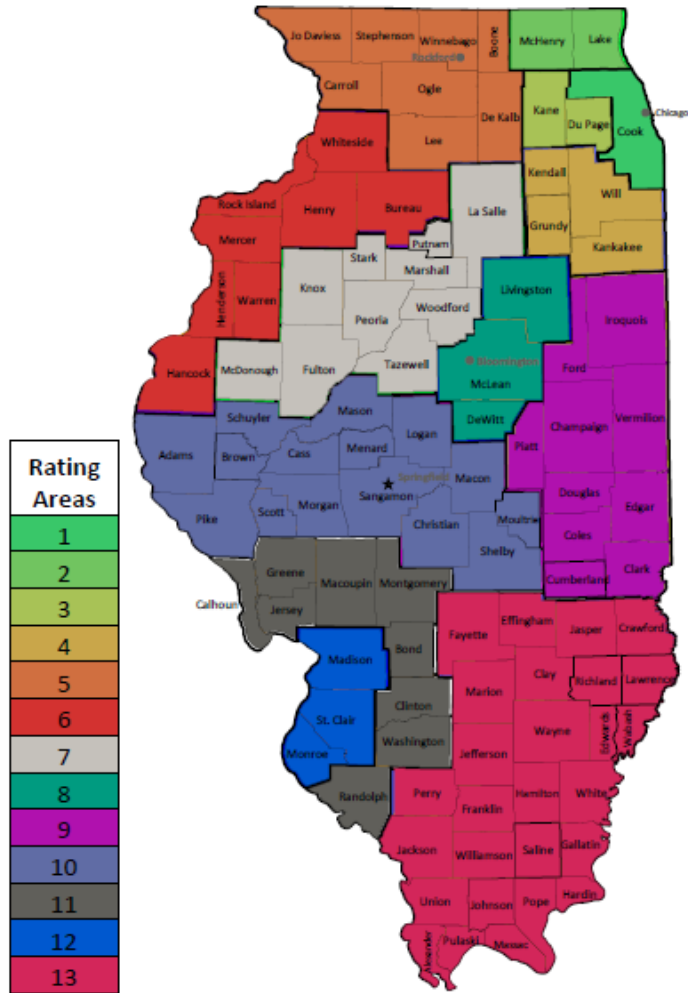
United shared information about their waiver process, whereby a provider can certify medical necessity, over the phone or via written request, for a non-formulary contraceptive product. This exception is typically processed within two days, though it can be expedited, and would allow for coverage of that product without cost sharing. A member may start this process by calling the number on their insurance card to request an exception, and United will pro-actively reach out to their provider to obtain necessary information.

Appendix A: Plans Reviewed for this Report

Carrier	Level	Insurance Type	Plan ID	Plan Name	Rating Areas Available
Assurant	Platinum	PPO	67807IL0280026	Assurant Health Platinum Plan 002	1
Assurant	Platinum	PPO	67807IL0280029	Assurant Health Platinum Plan 002	10
Assurant	Gold	PPO	67807IL0280021	Assurant Health Gold Plan 002	1
Assurant	Gold	PPO	67807IL0280024	Assurant Health Gold Plan 002	10
Assurant	Silver	PPO	67807IL0280006	Assurant Health Silver Plan 001	1
Assurant	Silver	PPO	67807IL0280009	Assurant Health Silver Plan 001	10
Assurant	Bronze	PPO	67807IL0280001	Assurant Health Bronze Plan 001	1
Assurant	Bronze	PPO	67807IL0280014	Assurant Health Bronze Plan 002	10
Blue Cross Blue Shield	Gold	HMO	36096IL0810001	Blue Precision Gold HMO 001	1
Blue Cross Blue Shield	Silver	HMO	36096IL0810002	Blue Precision Silver HMO 002	1
Blue Cross Blue Shield	Bronze	HMO	36096IL0810003	Blue Precision Bronze HMO 003	1
Blue Cross Blue Shield	Gold	PPO	36096IL0760001	Blue PPO Gold 001	1,10, 11
Blue Cross Blue Shield	Silver	PPO	36096IL0760003	Blue PPO Silver 003	1, 10
Blue Cross Blue Shield	Bronze	PPO	36096IL0790006	Blue Choice Bronze PPO 006	1
Blue Cross Blue Shield	Bronze	PPO	36096IL0760005	Blue PPO Bronze 005	10
Coventry	Gold	PPO	96601IL0230001	Coventry Gold \$5 Copay Select	1
Coventry	Gold	PPO	96601IL0170001	Coventry Gold \$10 Copay	10
Coventry	Gold	PPO	35670IL0060001	Coventry Gold \$10 Copay	11
Coventry	Silver	PPO	96601IL0230002	Coventry Silver \$10 Copay Select	1
Coventry	Silver	PPO	96601IL0170006	Coventry Silver \$10 Copay 2750	10
Coventry	Silver	PPO	35670IL0060006	Coventry Silver \$10 Copay 2750	11
Coventry	Bronze	PPO	96601IL0230003	Coventry Bronze \$20 Copay Select	1
Coventry	Bronze	PPO	96601IL0170003	Coventry Bronze \$25 Copay	10
Coventry	Bronze	PPO	35670IL0060003	Coventry Bronze \$25 Copay	11
Health Alliance	Gold	HMO	20129IL0330017	Health Alliance HMO 1500a Gold	10, 11
Health Alliance	Silver	HMO	20129IL0330014	Health Alliance HMO 4000b Silver	10, 11
Health Alliance	Bronze	HMO	20129IL0290011	Health Alliance HMO 4000d Bronze	10, 11
Health Alliance	Gold	PPO	20129IL0370009	Health Alliance PPO 2000 Gold	10, 11
Health Alliance	Silver	PPO	20129IL0370007	Health Alliance PPO 4000 Silver	10, 11
Humana	Platinum	HMO	58288IL0380018	Humana Platinum 1000/Chicago HMOx	1
Humana	Gold	HMO	58288IL0380017	Humana Gold 2500/Chicago HMOx	1
Humana	Silver	HMO	58288IL0380016	Humana Silver 4600/Chicago HMOx	1
Humana	Bronze	HMO	58288IL0380014	Humana Bronze 6300/Chicago	1

HMOx					
Humana	Gold	PPO	68303IL0680006	Humana Gold 2500/Choice POS	1
Humana	Silver	PPO	68303IL0680004	Humana Silver 4250/Choice POS	1
Humana	Bronze	PPO	68303IL0680002	Humana Bronze 6300/Choice POS	1
IlliniCare Health	Platinum	HMO	68432IL0010001	Ambetter Platinum Care 1 Sinai Health Select Network	1
IlliniCare Health	Gold	HMO	68432IL0010002	Ambetter Secure Care 2 Sinai Health Select Network	1
IlliniCare Health	Silver	HMO	68432IL0010004	Ambetter Balanced Care 3 Sinai Health Select Network	1
IlliniCare Health	Bronze	HMO	68432IL0010009	Ambetter Essential Care 3 Sinai Health Select Network	1
Land of Lincoln	Platinum	PPO	79763IL0440004	Land of Lincoln Champion PPO Platinum	1
Land of Lincoln	Gold	PPO	79763IL0670001	Land of Lincoln Preferred PPO Gold	1, 10, 11
Land of Lincoln	Silver	PPO	79763IL0670002	Land of Lincoln Preferred PPO Silver	1, 10, 11
Land of Lincoln	Bronze	PPO	79763IL0670003	Land of Lincoln Preferred PPO Bronze	1, 10, 11
United Healthcare	Platinum	HMO	16724IL0010005	UnitedHealthcare Platinum Compass 250	1
United Healthcare	Gold	HMO	16724IL0010004	UnitedHealthcare Gold Compass 500	1
United Healthcare	Silver	HMO	16724IL0010007	UnitedHealthcare Silver Compass 2000	1
United Healthcare	Bronze	HMO	16724IL0010001	UnitedHealthcare Bronze Compass 5500	1

Appendix B: Map of Rating Areas for 2015¹⁷



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