

2016 PLAN ANALYSIS FOR QUALIFIED HEALTH PLANS:



ALABAMA

Thanks to:
AIDS ALABAMA

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CENTER FOR HEALTH LAW
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TABLE OF CONTENTS:

INTRODUCTION.....	1
OVERVIEW.....	2
HOW TO USE THIS TOOL.....	4
METHODOLOGY.....	5
STATE FINDINGS: HCV.....	9
STATE FINDINGS: HIV.....	11
BLUE CROSS AND BLUE SHIELD OF ALABAMA: BLUE SAVER SILVER.....	13
BLUE CROSS AND BLUE SHIELD OF ALABAMA: BLUE SELECT SILVER, A MULTISTATE PLAN	20
BLUE CROSS AND BLUE SHIELD OF ALABAMA: BLUE VALUE SAVER.....	26
HUMANA: SILVER 3800/BIRMINGHAM.....	34
HUMANA: SILVER 3800/HUNTSVILLE.....	38
UNITEDHEALTHCARE: SILVER COMPASS 5000.....	42
UNITEDHEALTHCARE: SILVER COMPASS 4000.....	46
UNITEDHEALTHCARE: SILVER COMPASS HSA 3600.....	51

INTRODUCTION:

The Center for Health Law and Policy Innovation (CHLPI) has monitored trends in state Marketplaces for the past two years of open enrollment. CHLPI is increasingly alarmed by lower rates of coverage of necessary HIV and HCV treatment regimens concurrent with increased cost sharing for those regimens that are covered, especially in the Silver Qualified Health Plan (QHP) offerings across the nation. This is alarming because these plans are meant to be the most cost-effective Marketplace plans for low and moderate income consumers. The QHPs' failure to meet the needs of consumers living with HIV and HCV mean that these individuals are prevented from realizing the promises of the Affordable Care Act (ACA).

To further define the extent of the problem, CHLPI is partnering with state based advocates to analyze all of the 2016 Silver QHPs available on 20 state Marketplaces. The assessment initiative will help to provide specific, detailed information on the QHPs offerings in these states. This report is one of the many analyses that will be products of the 2016 plan assessment initiative.

In addition, CHLPI will go beyond documenting HIV treatment coverage trends by partnering with state based advocates to engage state Department of Insurance Commissioners to address ongoing unfair and discriminatory practices in Silver QHPs. If necessary, CHLPI and its state based partners are prepared to launch a litigation initiative, based in part on the newly created private right of action found under the anti-discrimination regulations of the ACA to ensure that the alarming trends found in 2015 and continued into 2016 do not become the norm in 2017 and onwards. The promise of the ACA must become a reality for people living with HIV and HCV.

For further questions and inquiries please contact Robert Greenwald at rgreenwa@law.harvard.edu or Carmel Shachar at cshachar@law.harvard.edu. To learn more about CHLPI's litigation initiative, please contact Kevin Costello at kcostello@law.harvard.edu.

OVERVIEW:

CHLPI has identified several areas of concern for people living with HIV and HCV seeking coverage through QHPs. These areas of focus include coverage of commonly prescribed and newer treatment regimens as well as cost sharing required to access these medications. CHLPI's 2016 plan assessment initiative focuses largely on these two metrics. However, CHLPI and its state partners also sought to capture issues around transparency whenever the plan assessors encountered those issues.

The lack of coverage for common and newer HIV and HCV regimens is cause for significant concern. HIV and HCV treatment regimens are not interchangeable and should be driven by clinical considerations, treatment guidelines, and patient and provider choice. Beginning with the most cost-effective treatment and then escalating to newer, more expensive treatments is contrary to federal guidelines for HIV, which recommend that the “[s]election of a regimen should be individualized.”¹ The newer HCV medications are such an improvement over the older treatment regimens that to use an older treatment would mean failing to meet a basic standard of care. Additionally, some of the newer HCV medications are not appropriate for all genotypes or for individuals co-infected with HIV, so individuals must be able to access all newer treatments. QHPs should be providing access to the full range of commonly prescribed medications in keeping with federal guidelines and best standards of care. Insurers' failure to do so unfairly discourages people living with HIV and/or HCV from enrolling in plans, and may rise to the level of discriminatory plan design. In some Marketplaces, consumers living with these conditions may not be able to find plans with acceptable coverage levels.

Coverage of medications is not the only criteria for assessing meaningful health care access. Insurers must also make HIV and HCV medications affordable to their plan beneficiaries by keeping out of pocket costs reasonable. Out of pocket costs include deductibles, copayments and coinsurance requirements. QHPs fail to make medications affordable when they place HIV or HCV medications on high cost sharing tiers in their formularies.

OVERVIEW (CONTINUED):

Additionally, further exacerbating cost-related concerns, CHLPI has seen a trend to use coinsurance rather than copayments for cost sharing. As CHLPI and others have noted, coinsurance tends to quickly increase cost to the consumers by making them responsible for a sizable portion of the cost of expensive medication. Additionally, it is hard for consumers with coinsurance to calculate the actual cost sharing owed before attempting to purchase their prescriptions. Coinsurance is not appropriate when it serves as a gatekeeper to access to life saving medications, nor when it is designed to disproportionately burden people living with HIV and HCV with unreasonable cost sharing. Plans that practice such benefit design cost individuals living with HIV an average of \$3,000 more per year than plans with more equitable out of pocket cost structures.² This requires people living with HIV (and HCV) to shoulder a significantly larger percentage of their health care costs than other consumers.

The failure to effectively stem such unfair and discriminatory plan design is increasingly undermining access to care for many people living with HIV and HCV. Without strong state or federal oversight by insurance regulators, the discriminatory plan design trend will likely continue. In response to increasing reports of discriminatory plan design and to better justify action from appropriate regulators, CHLPI and its state partners have documented the suitability of Silver QHPs across the country for individuals living with HIV and HCV.

Footnotes

¹ The Office of AIDS Research Advisory Council, "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents," F-3 (April 8, 2015), available at <http://aidsinfo.nih.gov/guidelines>.

² Douglas Jacobs and Benjamin Sommers, "Using Drugs to Discriminate – Adverse Selection in the Insurance Marketplace." *New England Journal of Medicine* (January 29, 2015).

How to Use This Tool:

CHLPI will produce a series of reports and analyses of the state of the 2016 Silver QHP offerings based on the data from the 2016 plan assessment initiative. This document is one of the initial round of reports. It is a compilation of the plan assessments from a single state as well as a high level analysis and overview of that state's 2016 QHPs.

This report is intended to be used by advocates, navigators, and consumers to help them determine which Silver QHPs best serve the needs of individuals living with HIV and HCV. As such, CHLPI has gathered information on each Silver QHP in the state on:

- **Cost Sharing Limits:** Including premiums in one heavily populated county, as well as deductibles and out of pocket caps. This section is intended to give a rough sense of the cost of the plan.
- **Cost Sharing for Services:** Providing information on out of pocket costs and other limitations for medical services that are important for individuals living with HIV and HCV.
- **Drug Formulary Cost Structure and Overview:** Compiling the out of pocket cost sharing requirements for the different tiers of drugs in the QHP's formulary.
- **HCV Medication Cost and Coverage:** Examining which newer HCV medications are listed on the formulary linked to by the Marketplace, covered by the QHP, and what are the cost sharing requirements for accessing each medication.
- **HIV Medication Cost and Coverage:** Examining which common HIV medications are listed on the formulary linked to by the Marketplace, covered by the QHP, and what are the cost sharing requirements for accessing each medication.

CHLPI notes that it is not a licensed navigator or insurance broker and that it does not purport to recommend specific plans for individuals. Individuals should review the information themselves and discuss their health needs with a navigator or certified application consultant should they need additional guidance.

LEGEND

NC/NL= NOT COVERED/NOT LISTED

QL= QUANTITY LIMIT

SP= SPECIALTY PHARMACY

ST= STEP THERAPY

METHODOLOGY:

The Center for Health Law and Policy Innovation (CHLPI) partnered with community advocates in states across the country to gather information on the 2016 Silver Qualified Health Plans (QHPs). As needed, CHLPI staff trained community advocates to analyze the QHPs using materials available on the applicable health insurance exchange. Community partners completed the initial assessments of all the QHPs available in their state. CHLPI staff then reviewed the assessments and completed the analysis of trends relating to coverage and cost sharing.

Notes Regarding Sources

CHLPI staff and community partners used the summary of benefits and the formularies available at the beginning of open enrollment on the health insurance exchanges to assess the QHPs. When the summary of benefits and formularies were silent or inconsistent on key issues, CHLPI staff and community partners called the relevant insurers using the general contact number and identified themselves as an individual considering enrollment in that QHP.¹ Staff and partners also relied on the Federally Facilitated Marketplace QHP landscape dataset released by Healthcare.gov for information.² The landscape used for all state reports, unless noted otherwise in the state-specific summary, was released on Oct 29, 2015. Many of the resources used to analyze trends for this report, particularly the landscape, have been updated since then, including information around premiums and areas in which QHPs are offered. The QHP assessment initiative reports, including this one, should therefore be considered snapshots of the insurance markets at the beginning of the 2016 open enrollment period. Individuals looking to select a plan should go to their local health insurance exchange to obtain the most up to date information on available QHPs.

¹ Virtually all insurers would not disclose information on their 2016 plan offerings to researchers. Therefore, in order to gather information, CHLPI staff and community partners had to identify as a person considering enrollment in the insurer's plans.

² Available at: <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>

METHODOLOGY (CONTINUED):

Notes Regarding Plan Assessment Charts

Premium payments cited in these reports were generally for the county that encompasses the largest metropolitan region in the state, unless noted otherwise. Sometimes, a QHP was not offered in that county, in which case, another county was selected. Often, QHPs are offered in multiple counties and premiums for the same plan may vary across counties.

In an effort to capture transparency issues, the plan assessments evaluate whether a QHP not only covers a medication but if it lists that medication on the formulary available on its health insurance exchange. A medication listed as “NC/NL” is a medication that is not covered at all by the insurer under that particular QHP. However, once CHLPI staff and community partners called the insurer or obtained a fuller formulary from the insurer’s website, it became clear that some medications were covered but not listed on the formulary posted to the health insurance exchange. A medication was only listed as “on formulary” if it was listed in the formulary available on the applicable health insurance exchange. A medication that was not on the formulary posted to the health insurance exchange but is included on an expanded formulary will have the “on formulary” column blank but will including tiering information. A medication that is not covered under any formulary will have the “on formulary” and tiering columns blank but will be marked as “NC/NL.”

Notes Regarding Overall Analysis and Trends

For each state, CHLPI staff analyzed the QHP assessment raw data for trends relating to coverage and cost sharing of HIV and HCV medications. CHLPI staff then completed a summary, drawing attention to the trends as well as discussing outlier QHPs that advocates and individuals living with HIV and/or HCV should be aware of. These reports are meant for educational, policy, and advocacy purposes and should not be considered navigation services or enrollment recommendations for individuals.

METHODOLOGY (CONTINUED):

CHLPI mapped coverage concerns by creating graphs that illustrated the percentage of QHPs that covered all, some or none of the then approved new generation HCV medications, Sovaldi, Harvoni, and Viekira Pak. Because there are more modern HIV medications, CHLPI selected the 24 medications most likely to be prescribed, using the *Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents*, developed by the Department of Health and Human Services. For the coverage graphs of HIV medications, CHLPI used the following categories: 0-6 medications covered, 7-12 medications covered, 13-18 medications covered, and 19-24 medications covered. Trends in which medications were not covered, such as when newer, more expensive single tablet regimens were excluded, are generally noted in the summary.

CHLPI also mapped cost sharing by creating graphs that separated out trends for co-payment and co-insurance requirements. Because CHLPI is interested in identifying discriminatory tiering patterns, or when insurers place HIV and HCV medications on the highest cost-sharing tiers compared to the rest of their formularies, we did not categorize QHPs by absolute cost to the consumer. For example, if QHP A categorized all of its HIV medications on its highest formulary tier, resulting in a 20% coinsurance, and QHP B placed all of its HIV medications on a middle formulary tier, resulting in a 30% coinsurance, QHP A would be categorized as highest tier and QHP B would be categorized as middle tier, despite QHP A actually being lower cost to the consumer than QHP B. Unless noted otherwise, plans in which HIV and HCV medications were categorized as preferred drugs (usually tier 1 or tier 2) were classified as lowest formulary. Plans in which HIV and HCV medications were categorized as non-preferred but were not on the highest cost sharing tier or a specialty medication tier were classified as middle formulary. Plans in which HIV and HCV medications were categorized as the highest cost sharing tier or the specialty medication tier (usually tier 4 or tier 5) were classified as highest formulary. Advocates and individuals living with HIV and HCV interested in understanding which QHPs would result in the lowest cost sharing burden for medications should review the summary and the QHP assessment charts.

METHODOLOGY (CONTINUED):

Lastly, CHLPI combined the trends in coverage and cost sharing to generate an access to medication graph. This graph attempts to categorize which QHPs succeed on **both** coverage and cost sharing because coverage is less effective when cost sharing is high enough to create a barrier to access. Likewise, a QHP with a pattern of relatively low cost sharing is less effective if the necessary medications are not covered. QHPs that, relative to the majority of plans assessed, failed to cover a significant number of medications (less than 19 HIV medications or less than 3 HCV medications) or covered medications but with relatively high cost sharing were flagged as moderate access. QHPs that either covered even fewer medications (less than 13 HIV medications or less than 2 HCV medications) or required even higher cost sharing payments for medications covered (such as uniformly placing all HIV and/or HCV medications on the highest cost sharing tier) were flagged as limited access.

STATE FINDINGS: HCV

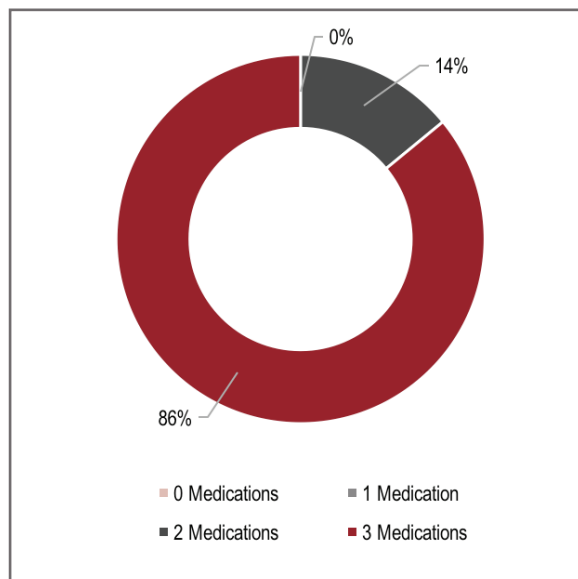
Residents of Alabama enrolled in Silver Qualified Health Plans (QHPs) have relatively good access to Hepatitis C (HCV) medications, compared to the national situation. Alabama QHPs generally offer full coverage of currently approved new generation HCV medications, and several plans offered by a single insurer do so with reasonable cost sharing.

In Alabama, only one Silver QHP, Humana 3800, does not cover all three new HCV medications. Unitedhealthcare not only covers Sovaldi, Harvoni, and Viekira Pak, but does so at reasonable cost sharing. For example, in its Silver Compass 5000 and Silver Compass 4000 plans, United covers Sovaldi and Harvoni on tier 2 of its formulary. This means that enrollees of these plans have to pay a monthly co-payment of \$40 to access these medications. Viekira Pak is still considered a specialty medication, however, resulting in a \$160 monthly co-payment. The use of co-payments in the United formularies for HCV is particularly helpful for consumers because co-payments tend to be lower and more predictable than co-insurance. Unfortunately, United requires step therapy, i.e., attempts to treat with cheaper treatments, for Sovaldi and Viekira Pak although not for Harvoni. Mostly because of United's offerings, 43% of Silver QHPs in Alabama offer at least some HCV medications at a lower cost sharing tier than the often costly specialty tiers.

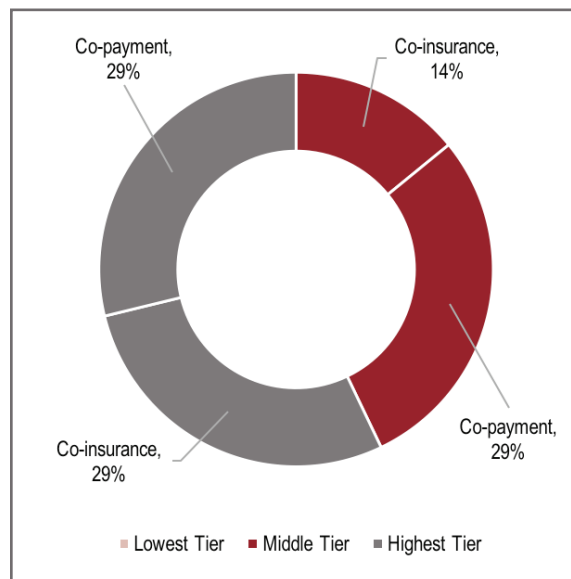
Blue Cross Blue Shield of Alabama, in contrast to United, places all HCV drugs on the specialty tier for all of its plans. This means that the same Sovaldi or Harvoni prescription will cost a Blue Cross Blue Shield enrollee \$425 per month on the Blue Value Saver and Blue Saver Silver plans or 20% of the cost of the medication on the Blue Select Silver plan. As the wholesale acquisition cost of a course of treatment of Sovaldi is estimated at \$84,000, the 20% co-insurance will be a significant burden to those enrolled in Blue Cross Blue Shield Blue Saver Silver. Humana likewise offers Sovaldi and Harvoni on its specialty tier, which means a 50% co-insurance payment for its enrollees.

STATE FINDINGS: HCV (CONTINUED)

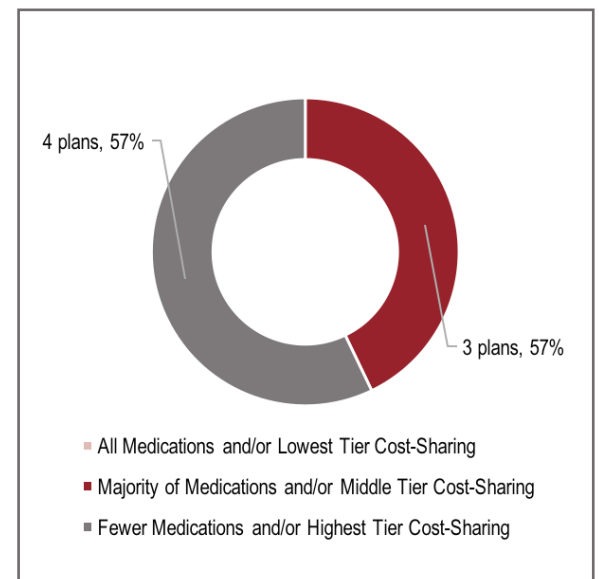
PLAN COVERAGE



COST-SHARING



ACCESS TO HCV REGIMENS



STATE FINDINGS: HIV

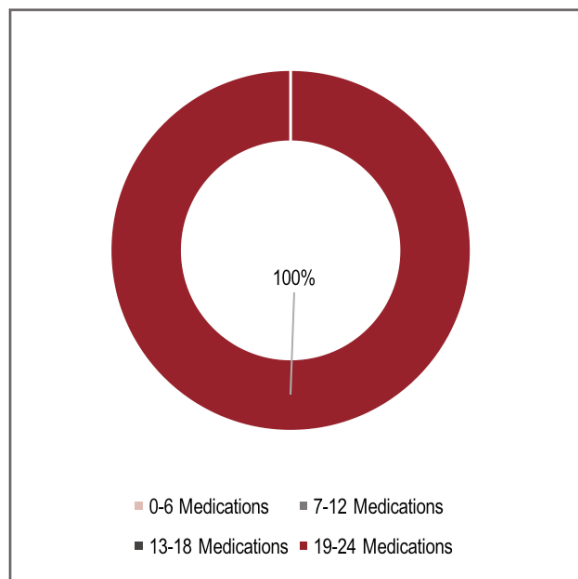
The Silver Qualified Health Plans (QHP) offered in 2016 for Alabama residents all cover all the HIV medications researched in the plan assessment initiative. This is important because HIV, unlike some other conditions, requires that physicians and patients be able to pick the most appropriate treatment for that individual's needs.

Just as with HCV, Humana's Silver 38000 plan is the costliest option for enrollees when it comes to HIV medications. Virtually all HIV medications, except for a handful of older medications, were placed on the specialty tier. This means that enrollees in this plan would be responsible for 50% of the cost of these medications every month.

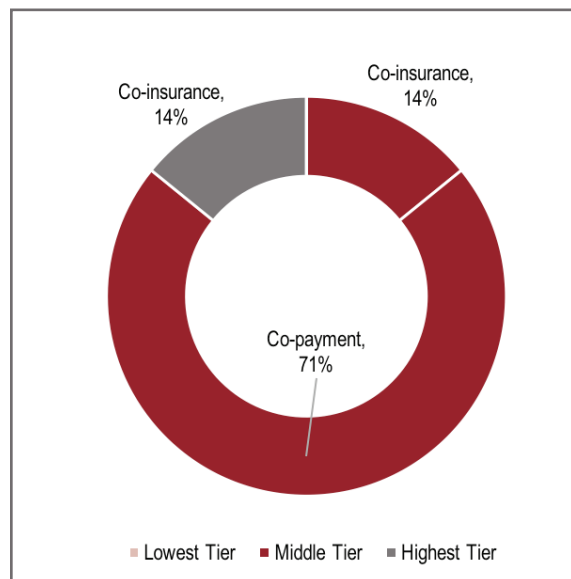
By contrast, the Blue Cross Blue Shield and United Health Care plan place the majority of their HIV medications on non-specialty tiers. For example, United Health Care Silver Compass 5000 places most of its medications on tier 2, with some of the newer medications such as Stribild on tier 3. This means that enrollees only have to pay \$40 or \$80 a month in co-payments under this plan. Blue Cross Blue Shield likewise places virtually all HIV medication on tier 2 for its plans. For the enrollees of Blue Value Saver this translates to a \$65 co-payment for a 30 day supply from a retail pharmacy or a \$162.50 co-payment for a 90 day supply from a mail order pharmacy. Blue Saver Silver has the lowest co-payment out of the Blue Cross Blue Shield offerings, with a \$55 co-payment for a 30 day supply, however, its premiums are a little higher than the other Blue Cross Blue Shield plans.

STATE FINDINGS: HIV (CONTINUED)

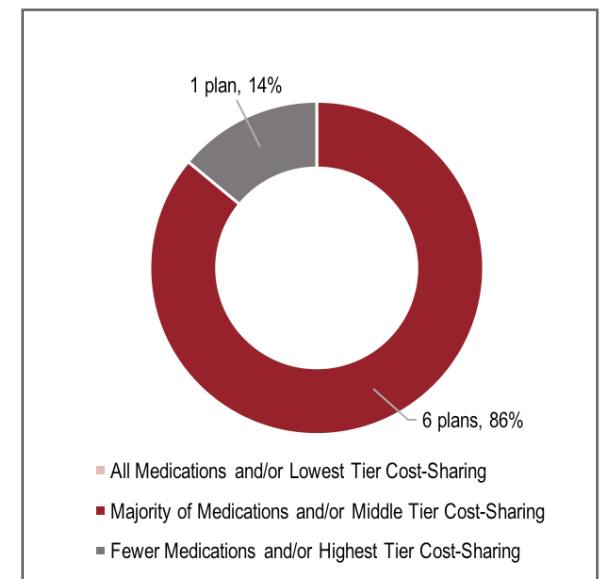
PLAN COVERAGE



COST-SHARING



ACCESS TO HIV REGIMENS



Blue Cross Blue Shield of Alabama

Blue Saver Silver

2016 Alabama QHP

Overall Plan Information			
Issuer Name:	Blue Cross and Blue Shield of Alabama		
Plan Name:	Blue Saver Silver		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	All 67 counties		
Link to Summary of Benefits:	https://www.ibcbsal.com/sbc/2016ssi.pdf		
Individual Deductibles:	Medical: \$3000	Prescription: \$n/a	Out of Pocket Cap: \$6500
Family Deductibles:	Medical: \$6000	Prescription: \$n/a	Out of Pocket Cap: \$13000
Out of Network Deductibles:	Medical: \$n/a	Prescription: \$n/a	Out of Pocket Cap: \$n/a
Premiums (per month)	Individual:\$337	Family:\$1051	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30		The first 3 illness-related office visits subject to \$30 copay per visit, thereafter, subject to 20% coinsurance and overall deductible.	
Specialists	\$30		The first 3 illness-related office visits subject to \$30 copay per visit, thereafter, subject to 20% coinsurance and overall deductible.	
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20%	Subject to overall deductible; precertification is required; if no precertification is obtained, no benefits are available.	This applies to both facility fees and physician fees.
Emergency Room				

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Mental/Behavioral Outpatient Health Services	\$30		Benefits listed are outpatient physician services and are available through the Blue Choice Behavioral Health Network or PPO physician; the first 3 illness-related office visits subject to \$30 copay per visit, thereafter, subject to 20% coinsurance and overall deductible; additional benefits are available with higher patient responsibility; precertification is required for intensive outpatient and partial hospitalization; if no precertification is obtained, no benefits are available.	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Substance Use Disorder Outpatient Services	\$30		Benefits listed are outpatient physician services and are available through the Blue Choice Behavioral Health Network or PPO physician; the first 3 illness-related office visits subject to \$30 copay per visit, thereafter, subject to 20% coinsurance and overall deductible; additional benefits are available with higher patient responsibility; precertification is required for intensive outpatient and partial hospitalization if no precertification is obtained, no benefits are available.	
Laboratory Services		20%	Benefits listed are for physician services; subject to overall deductible; some diagnostic tests and imaging may require precertification; if no precertification obtained, no benefits are available.	This applies to both diagnostics and imaging.

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:				Out-of-network expenses are largely not covered except for the following: emergency room services (20% coinsurance, subject to overall deductible, physician charges apply), emergency medical transportation (50% coinsurance, Subject to overall deductible; benefits are available for air ambulance transportation, at no charge, to a network hospital of the member's choice near their home if hospitalized while traveling more than 150 miles from home; limited to 2 transports per member per calendar year), and glasses for dependent children (20% coinsurance; Benefits include one pair of prescription glasses (lenses and frames) or contact lenses (limited to one 12-month supply) each calendar year for members up to the end of the month in which the member turns 19; subject to overall deductible).
Special provisions/exceptions for individuals living with HIV?				None.
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Generic drugs and select Preferred Brand Drugs)	\$20 copay/30-day supply		
Two (Preferred Brand drugs)	\$55 copay/30-day supply		
Three (Other Brand drugs)	\$115 copay/30-day supply		
Four (Specialty drugs)	\$425 copay/30-day supply		
Five/Specialty (n/a)	n/a	n/a	Does not exist in this formulary.
Name of Formulary Used:	Blue Cross and Blue Shield of Alabama PrimeChoice Essential Prescription Drug List		
Link to Formulary:	https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2016/2016_AL_4T_Essential.pdf		
Contact Number:	Not listed		
Notes re: Deductible or Coverage:	Benefits listed are only available through the Limited Retail Network; generic drugs mandatory when available; precertification is required for some drugs; if precertification is not obtained, no 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		SP
Harvoni (ledipasvir, sofosbuvir)	X				X		X		SP
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		SP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						QL
Complera	X		X						QL

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
(emtricitabine/rilpivirine/tenofovir)									
Epzicom (abacavir/lamivudine)	X		X						QL
Evotaz (atazanavir/cobicistat)	X		X						QL
Intelence (etravirine)	X		X						QL
Isentress (raltegravir)	X		X						QL
Norvir (ritonavir)	X		X						QL
Prezcobix (darunavir/cobicistat)	X		X						QL
Prezista (darunavir)	X		X						QL
Reyataz (atazanavir)	X		X						QL
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						QL
Tivicay (dolutegravir)	X		X						QL
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						QL
Truvada (emtricitabine/tenofovir)	X		X						QL
Tybost (cobicistat)	X		X						QL
Abacavir (generic)	X	X							QL
Edurant (rilpivirine)	X		X						QL
Emtriva (emtricitabine)	X		X						QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X	X							QL
Sustiva (efavirenz)	X		X						QL
Viread (tenofovir)	X		X						QL
Ziagen (abacavir)	X		X (sol)	X (tab)					QL

Blue Cross Blue Shield of Alabama Blue Select Silver, A Multistate Plan 2016 Alabama QHP

Overall Plan Information			
Issuer Name:	Blue Cross Blue Shield of Alabama		
Plan Name:	Blue Select Silver, A Multistate Plan		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	All counties (67 total)		
Link to Summary of Benefits:	https://www.ibcbsal.com/sbc/2016sms.pdf		
Individual Deductibles:	Medical: \$2800	Prescription: \$N/A	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$5600	Prescription: \$N/A	Out of Pocket Cap: \$13,700
	Medical: \$2800/5600		
Out of Network Deductibles:	(family)	Prescription: \$N/A	Out of Pocket Cap: \$N/A
Premiums (per month)	Individual:\$294	Family:\$916	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$40/visit	N/A	In Alabama, referral is required if services are not rendered by a Primary Care Select physician; outside of Alabama \$130 copay	
Specialists	\$65/visit	N/A	Referral is required in Alabama; outside of Alabama \$130 copay	
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services	\$350/visit (for Tier 1 Hospitals)	20% for non-Tier 1 hospitals		0% coinsurance for physician fees but subject to overall deductible
Emergency Room	\$350/visit	N/A		Subject to overall deductible for out-of-network; physician charges may apply
Mental/Behavioral Outpatient Health Services	\$65/visit	N/A		Benefits listed are outpatient physician services and are available through the Blue Choice Behavioral Health Network or PPO physician; referral is required in Alabama; additional benefits are also available with higher patient responsibility; some services require precertification; if no precertification is obtained, no benefits are available

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
				Benefits listed are outpatient physician services and are available through the Blue Choice Behavioral Health Network or PPO physician; referral is required in Alabama; additional benefits are also available with higher patient responsibility; some services require precertification; if no precertification is obtained, no benefits are available
Substance Use Disorder Outpatient Services	\$65/visit	N/A		\$350 copay/imaging procedure
Laboratory Services	No charge	N/A		
Out of network provider rules:	No coverage except for emergency services & child's glasses			
Special provisions/exceptions for individuals living with HIV?	None			
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	Retail \$20 copay/30-day supply PrimeMail® mail order \$50 copay/90- day supply	N/A	Benefits listed are only available through the Limited Retail Network; generic drugs mandatory when available; precertification is required for some drugs; if precertification is not obtained, no coverage.
Two	Retail \$65 copay/30-day supply PrimeMail® mail order \$162.50 copay/90- day supply	N/A	Benefits listed are only available through the Limited Retail Network; generic drugs mandatory when available; precertification is required for some drugs; if precertification is not obtained, no coverage.
Three	Retail \$100 copay/30- day Supply PrimeMail® mail order \$250 copay/90-day supply	N/A	Benefits listed are only available through the Limited Retail Network; generic drugs mandatory when available; precertification is required for some drugs; if precertification is not obtained, no coverage.
Four	N/A	20%	Prime Therapeutics Specialty Pharmacy Network is the only in-network pharmacy for some Tier 4 (specialty drugs); specialty drugs can be dispensed for up to a 30-day supply; generic drugs mandatory when available; precertification is required for some drugs; if precertification is not obtained, no coverage
Five/Specialty	N/A	N/A	No Tier 5 (only 4 tiers)
Name of Formulary Used:	Blue Cross and Blue Shield of Alabama PrimeChoice Essential Prescription Drug List		
Link to Formulary:	https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2016/2016_AL_4T_Essential.pdf		
Contact Number:	Not listed		
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		Limited distribution
Harvoni (ledipasvir, sofosbuvir)	X				X		X		Limited distribution
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		Limited distribution

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						QL
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						QL
Epzicom (abacavir/ lamivudine)	X		X						QL
Evotaz (atazanavir/ cobicistat)	X		X						QL
Intelence (etravirine)	X		X						QL
Isentress (raltegravir)	X		X						QL
Norvir (ritonavir)	X		X						QL
Prezcobix (darunavir/ cobicistat)	X		X						QL
Prezista (darunavir)	X		X						QL
Reyataz (atazanavir)	X		X						QL
Atazanavir								X	
Stribild (cobicistat/ elvitegravir/emtricitabine/tenofovir)	X		X						QL
Tivicay (dolutegravir)	X		X						QL
Triumeq (abacavir/ dolutegravir/ lamivudine)	X		X						QL

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						QL
Tybost (cobicistat)	X		X						QL
Abacavir (generic)	X	X							QL
Edurant (rilpivirine)	X		X						QL
Emtriva (emtricitabine)	X		X						QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X	X							QL
Sustiva (efavirenz)	X		X						QL
Viread (tenofovir)	X		X						QL
Ziagen (abacavir)	X		X (sol)	X (tab)					QL

Blue Cross Blue Shield of Alabama

Blue Value Saver

2016 Alabama QHP

Overall Plan Information			
Issuer Name:	Blue Cross and Blue Shield of Alabama		
Plan Name:	Blue Value Saver		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	All 67 counties		
Link to Summary of Benefits:	https://www.ibcbsal.com/sbc/2016vsi.pdf		
Individual Deductibles:	Medical: \$2600	Prescription: \$n/a	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$5200	Prescription: \$n/a	Out of Pocket Cap: \$13700
Out of Network Deductibles:	Medical: \$2600/\$5200 (family)	Prescription: \$n/a	Out of Pocket Cap: \$n/a
Premiums (per month)	Individual:\$318	Family:\$991	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$40		Member pays a \$50 copay when visiting physicians other than their designated Primary Care Select physician.	
Specialists	\$55		Member pays a \$65 copay when visiting a specialist not referred by their designated Primary Care Select physician.	
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	Facility fee: Tier 1 \$350 copay/day for days 1-5	Facility fee: Tier 2 & Tier 3 20% coinsurance Physician fee: 0% deductible	Facility fee: Precertification is required; if no precertification is obtained, no benefits are available. Physician fee: Subject to overall deductible; precertification is required; if no precertification is obtained, no benefits are available.	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Emergency Room	\$350		Subject to overall deductible for out-of-network; physician charges apply.	
Mental/Behavioral Outpatient Health Services	\$55		Benefits listed are outpatient physician services and are available through the Blue Choice Behavioral Health Network or PPO physician; member pays a \$65 copay when visiting a specialist not referred by their designated Primary Care Select physician; additional benefits are available with higher patient responsibility; precertification is required for intensive outpatient & partial hospitalization; if no precertification is obtained, no benefits are available.	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Substance Use Disorder Outpatient Services	\$55		Benefits listed are outpatient physician services and are available through the Blue Choice Behavioral Health Network or PPO physician; member pays a \$65 copay when visiting a specialist not referred by their designated Primary Care Select physician; additional benefits are available with higher patient responsibility; precertification is required for intensive outpatient and partial hospitalization; if no precertification is obtained, no benefits are available.	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Laboratory Services	No charge		Benefits listed are for physician services; some diagnostic tests and imaging may require precertification; if no precertification is obtained, no benefits are available.	
Out of network provider rules: Special provisions/exceptions for individuals living with HIV?	The majority of services are not covered for out-of-network providers except emergency room visits (\$350 copay/visit), emergency medical transportation (50% coinsurance), glasses for child dependents (20% coinsurance). Out of network costs are not included in the out of pocket limit, except for: out-of-network mental health disorders & substance abuse medical emergency services; premiums; balance-billed charges; precertification penalties; healthcare this plan doesn't cover.			
Other information:	None.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Generic drugs and select Preferred Brand Drugs)	Retail \$25 copay/30-day supply		
	PrimeMail® mail order \$62.50 copay/90-day supply		
Two (Preferred Brand drugs)	Retail \$65 copay/30-day supply		
	PrimeMail mail order \$162.50 copay/90-day supply		
Three (Other Brand drugs)	Retail \$100 copay/30-day supply		
	PrimeMail mail order \$250 copay/90-day supply		
Four (Specialty drugs)	Retail only \$425 copay/30-day supply		
Five/Specialty - n/a	n/a	n/a	Does not exist in this formulary
Name of Formulary Used:	Blue Cross and Blue Shield of Alabama PrimeChoice Essential Prescription Drug List		
Link to Formulary:	https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2016/2016_AL_4T_Essential.pdf		
Contact Number:	None listed		
Notes re: Deductible or Coverage:	Benefits listed are only available through the Limited Retail Network; generic drugs are mandatory when available; precertification is required for some drugs; if precertification is not obtained, no 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		SP
Harvoni (ledipasvir, sofosbuvir)	X				X		X		SP
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		SP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						QL
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						QL
Epzicom (abacavir/ lamivudine)	X		X						QL
Evotaz (atazanavir/ cobicistat)	X		X						QL
Intelence (etravirine)	X		X						QL
Isentress (raltegravir)	X		X						QL
Norvir (ritonavir)	X		X						QL
Prezcobix (darunavir/ cobicistat)	X		X						QL
Prezista (darunavir)	X		X						QL
Reyataz (atazanavir)	X		X						QL
Atazanavir								X	
Stribild (cobicistat/ elvitegravir/emtricitabine/tenofovir)	X		X						QL
Tivicay (dolutegravir)	X		X						QL
Triumeq (abacavir/ dolutegravir/ lamivudine)	X		X						QL
Truvada (emtricitabine/tenofovir)	X		X						QL
Tybost (cobicistat)	X		X						QL
Abacavir (generic)	X	X							QL
Edurant (rilpivirine)	X		X						QL
Emtriva (emtricitabin)	X		X						QL

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X	X							QL
Sustiva (efavirenz)	X		X						QL
Viread (tenofovir)	X		X						QL
Ziagen (abacavir)	X		X (sol)	X (tab)					QL

Humana

Silver 3800/Birmingham PPOx

2016 Alabama QHP

Overall Plan Information			
Issuer Name: Humana	Humana		
Plan Name:	Silver 3800/Birmingham PPOx		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Blount, Jefferson, Shelby, & St. Clair		
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2601404		
Individual Deductibles:	Medical: \$3800	Prescription: \$16	Out of Pocket Cap: \$6300
Family Deductibles:	Medical: \$7600	Prescription: \$16	Out of Pocket Cap: \$12600
Out of Network Deductibles:	Medical: \$7600	Prescription: \$16	Out of Pocket Cap: \$25200
Premiums (per month)	Individual:\$256	Family:\$798	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20		N/A	
Specialists	\$40		N/A	
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20%		
Emergency Room	\$250	20%		
Mental/Behavioral				
Outpatient Health Services	\$20	20%		
Substance Use Disorder				
Outpatient Services	\$20	20%		
Laboratory Services		20%		\$500/Calendar Year Paid @ 100%
	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network.			
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	None.			
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10 R / \$25 MO		
Two	\$20 R / \$50 MO		
Three	\$50 R / \$125 MO		
Four		50%	
Five/Specialty		50%	40% Coinsurance when filled via Preferred Network Pharmacy
Name of Formulary Used:	2016 Humana Drug List Rx5 Plus		
Link to Formulary:	http://apps.humana.com/marketing/documents.asp?file=2614807		
Contact Number:	1-800-833-6917		
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/SP
Harvoni (ledipasvir, sofosbuvir)	X					X	X		QL/SP
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			QL/SP
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			QL/SP
Epzicom (abacavir/lamivudine)	X					X			QL/SP
Evotaz (atazanavir/cobicistat)	X					X			QL/SP
Intelence (etravirine)	X					X			QL/SP
Isentress (raltegravir)	X					X			QL/SP/MM

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X					X			QL/SP
Prezista (darunavir)	X					X			QL/SP
Reyataz (atazanavir)	X					X			QL/SP
Atazanavir									
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			QL/SP
Tivicay (dolutegravir)	X					X			QL/SP
Triumeq (abacavir/dolutegravir/lamivudin)	X					X			QL/SP
Truvada (emtricitabine/tenofovir)	X					X			QL/SP
Tybost (cobicistat)	X			X					QL
Abacavir (generic)	X		X						QL
Edurant (rilpivirine)	X					X			QL/SP
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X					X			QL/SP
Viread (tenofovir)	X					X			QL/SP
Ziagen (abacavir)	X			X					QL

Humana

Silver 3800/Huntsville PPOx

2016 Alabama QHP

Overall Plan Information			
Issuer Name:	Humana		
Plan Name:	Silver 3800/Huntsville PPOx		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Limestone, Madison, Morgan		
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2601677		
Individual Deductibles:	Medical: \$3800	Prescription: \$n/a	Out of Pocket Cap: \$6300
Family Deductibles:	Medical: \$7600	Prescription: \$n/a	Out of Pocket Cap: \$12600
	Medical: \$7600		
Out of Network Deductibles:	(ind)/\$15200	Prescription: \$4500	
	(fam)	(ind)/\$9000 (fam)	Out of Pocket Cap: \$25200 (ind)/\$50400 (fam)
Premiums (per month)	Individual:\$257	Family:\$801	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20			
Specialists	\$40			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20% after deductible	Preauthorization may be required. Penalty will be \$500.	
Emergency Room	\$250 copay/visit. Deductible, then 20% coinsurance.			
Mental/Behavioral Outpatient Health Services	\$20 copay/visit and 20% coinsurance for other outpatient services			
Substance Use Disorder Outpatient Services	\$20 copay/visit and 20% coinsurance for other outpatient services			
Laboratory Services		\$500/calendar year paid at 100%; then 20% coinsurance after deductible		
Out of network provider rules:	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network.			
Special provisions/exceptions for individuals living with HIV?	None.			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Preferred generics)	\$10 copay (Retail) \$25 copay (Mail order)		Preauthorization may be required, penalty will be 100% for certain prescription drugs. 30 day supply (Retail) 90 day supply (Mail Order).
Two (Non-preferred generics)	\$20 copay (Retail) \$50 copay (Mail order)		Preauthorization may be required, penalty will be 100% for certain prescription drugs. 30 day supply (Retail) 90 day supply (Mail Order).
Three (Preferred brands)	\$50 copay (Retail) \$125 copay (Mail order)		Preauthorization may be required, penalty will be 100% for certain prescription drugs. 30 day supply (Retail) 90 day supply (Mail Order).
Four (Non-preferred brands)		50% coinsurance	Preauthorization may be required, penalty will be 100% for certain prescription drugs. 30 day supply (Retail) 90 day supply (Mail Order).
Five/Specialty (Specialty drugs)		50% coinsurance	Specialty Drugs: 40% coinsurance when filled via a preferred network pharmacy.
Name of Formulary Used:	2016 Rx5 Plus - AZ, AL, GA, IL, KY, LA, MI, MO, MS, NV, OH, TN Drug List		
Link to Formulary:	http://apps.humana.com/marketing/documents.asp?file=2614807		
Contact Number:	1-800-833-6917		
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		QL
Harvoni (ledipasvir, sofosbuvir)	X					X	X		QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			QL
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			QL
Epzicom (abacavir/lamivudine)	X					X			QL
Evotaz (atazanavir/cobicistat)	X					X			QL
Intelence (etravirine)	X					X			QL
Isentress (raltegravir)	X					X			QL
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X					X			QL
Prezista (darunavir)	X					X			QL
Reyataz (atazanavir)	X					X			QL for caps; no QL for oral powder packet
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			QL
Tivicay (dolutegravir)	X					X			QL
Triumeq (abacavir/dolutegravir/lamivudine)	X					X			QL
Truvada (emtricitabine/tenofovir)	X					X			QL
Tybost (cobicistat)	X			X					QL
Abacavir (generic)	X		X						QL
Edurant (rilpivirine)	X					X			QL
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X					X			QL
Viread (tenofovir)	X					X			QL
Ziagen (abacavir)	X			X					QL

UnitedHealthcare

Silver Compass 5000

2016 Alabama QHP

Overall Plan Information			
Issuer Name:	UnitedHealthcare		
Plan Name:	Silver Compass 5000		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	All counties (67 total)		
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhcdotcom/en/iex/al/Silver-Compass-5000.pdf		
Individual Deductibles:	Medical: \$5000	Prescription: \$N/A	Out of Pocket Cap: \$6600
Family Deductibles:	Medical: \$10,000	Prescription: \$N/A	Out of Pocket Cap: \$13,200
Out of Network Deductibles:	Medical: \$N/A	Prescription: \$N/A	Out of Pocket Cap: \$N/A
Premiums (per month)	Individual:\$255	Family:\$796	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20/visit	N/A	None	PCP must be assigned; Telehealth visits are at same copay rate.
Specialists	\$40/visit	N/A	None	
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services	N/A	20% for Facility fee & 20% Physician/Surgeon fee	None	
Emergency Room	N/A	20% coinsurance after deductible	None	
Mental/Behavioral Outpatient Health Services	\$20/visit	N/A	Partial hospitalization/intensive outpatient treatment: 20% coinsurance after deductible.	Non-network services not covered
Substance Use Disorder Outpatient Services	\$20/visit	N/A	Partial hospitalization/intensive outpatient treatment: 20% coinsurance after deductible.	Non-network services not covered
Laboratory Services	N/A	20% coinsurance after deductible	None	Same coinsurance rate for diagnostics and imaging.
Out of network provider rules:	No coverage except 20% coinsurance after deductible for emergency services only.			
Special provisions/exceptions for individuals living with HIV?	None			
Other information: No referrals needed for OB/GYN's				

Plan Information				
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes	
One	\$10 (with or without referral)	N/A		
Two	\$40 (with or without referral)	N/A		
Three	\$80 (with or without referral)			
Four	\$160 (with or without referral)			
Five/Specialty	N/A	N/A	Only 4 Tiers for this plan	
Name of Formulary Used:	4 Tier Advantage PDL			
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDF Formulary&id=PMFA4ALIN&st=PMFA4ALIN&State=Alabama&Plan=4%20Tier%20Advantage%20PDL&Phone=1-877-512-9976&Welcome=Guest			
Contact Number:	1-877-512-9976			
Notes re: Deductible or Coverage:	Provider means pharmacy for purposes of this section. Retail: Up to a 31-day supply. Mail-Order: Not Covered You may need to obtain certain drugs, including certain specialty drugs, from a pharmacy designated by us. Certain drugs may have a preauthorization requirement or may result in a higher cost. If you use a non-network pharmacy, you may be responsible for any amount over the coinsurance amount. Tier 1 Contraceptives covered at 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, QL, spec. pharmacy
Harvoni (ledipasvir, sofosbuvir)	X		X				X		QL, spec. pharmacy
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		ST, QL, spec. pharmacy

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						Spec. pharmacy
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						Spec. pharmacy
Epzicom (abacavir/lamivudine)	X		X						Spec. pharmacy
Evotaz (atazanavir/cobicistat)	X		X						Spec. pharmacy
Intelence (etravirine)	X		X						Spec. pharmacy
Isentress (raltegravir)	X		X						Spec. pharmacy
Norvir (ritonavir)	X		X						Spec. pharmacy
Prezcobix (darunavir/cobicistat)	X		X						Spec. pharmacy
Prezista (darunavir)	X		X						Spec. pharmacy
Reyataz (atazanavir)	X		X						Spec. pharmacy
Atazanavir	X		X						Spec. pharmacy
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					ST, Special Pharmacy
Tivicay (dolutegravir)	X			X					Special pharmacy
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						Spec. pharmacy
Truvada (emtricitabine/tenofovir)	X		X						Spec. pharmacy
Tybost (cobicistat)	X		X						Spec. pharmacy
Abacavir (generic)	X	X							Spec. pharmacy
Edurant (rilpivirine)	X		X						Spec. pharmacy
Emtriva (emtricitabine)	X		X						Spec. pharmacy
Epivir (lamivudine)	X					X			Spec. pharmacy
Lamivudine (generic)	X	X							Spec. pharmacy
Sustiva (efavirenz)	X		X						Spec. pharmacy
Viread (tenofovir)	X		X						Spec. pharmacy
Ziagen (abacavir)	X		X (sol)			X (tab)			Spec. pharmacy

UnitedHealthcare

Silver Compass 4000

2016 Alabama QHP

Overall Plan Information			
Issuer Name:	UnitedHealthcare		
Plan Name:	Silver Compass 4000		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	All 67 counties		
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhcdotcom/en/iex/al/Silver-Compass-4000.pdf		
Individual Deductibles:	Medical: \$4000	Prescription: \$n/a	Out of Pocket Cap: \$6600
Family Deductibles:	Medical: \$8000	Prescription: \$n/a	Out of Pocket Cap: \$13200
Out of Network Deductibles:	Medical: \$n/a	Prescription: \$n/a	Out of Pocket Cap: \$n/a
Premiums (per month)	Individual:\$262	Family:\$819	

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. Virtual visits (Telehealth) - \$20 copay per visit by a designated virtual network provider. If you receive services in addition to office visit, additional copays, deductibles, or coinsurance may apply.	
Specialists	\$40		Referrals must be from assigned PCP. If you receive services in addition to office visit, additional copays, deductibles, or coinsurance may apply.	
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		10% after deductible		This applies to both facility fees and physician fees.
Emergency Room		10% after deductible		
Mental/Behavioral Outpatient Health Services	\$20		Partial hospitalization/intensive outpatient treatment: 10% coinsurance after deductible.	
Substance Use Disorder Outpatient Services	\$20		Partial hospitalization/intensive outpatient treatment: 10% coinsurance after deductible.	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Laboratory Services		10% after deductible		This applies to both diagnostics and imaging.
Out of network provider rules:	No coverage for out-of-network providers except for emergency services (10% coinsurance after deductible).			
Special provisions/exceptions for individuals living with HIV?	None.			
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Tier 1 (Your Lowest-Cost Option)	\$10		
Tier 2 (Your Midrange-Cost Option)	\$40		
Three (Your Highest-Cost Option)	\$80		
Four (Additional High-Cost Options)	\$160		
Five/Specialty - n/a	n/a	n/a	Does not exist on this formulary.
Name of Formulary Used:	4 Tier Advantage PDL		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFA4ALIN&st=PMFA4ALIN&State=Alabama&Plan=4%20Tier%20Advantage%20PDL&Phone=1-877-512-9976&Welcome=Guest		
Contact Number:	1-877-512-9976		
Notes re: Deductible or Coverage:	Provider means pharmacy for purposes of this section. Retail: Up to a 31 day supply. Mail-Order: Not Covered. You may need to obtain certain drugs, including certain specialty drugs, from a pharmacy designated by us. Certain drugs may have a preauthorization requirement or may result in a higher cost. If you use a non-network pharmacy, you may be responsible for any amount over the coinsurance amount. Tier 1 Contraceptives covered at 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		QL; ST; SP
Harvoni (ledipasvir, sofosbuvir)	X		X				X		QL; SP
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X			QL; ST; SP

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						SP
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						SP
Epzicom (abacavir/lamivudine)	X		X						SP
Evotaz (atazanavir/cobicistat)	X		X						SP
Intelence (etravirine)	X		X						SP
Isentress (raltegravir)	X		X						SP
Norvir (ritonavir)	X		X						SP
Prezcobix (darunavir/cobicistat)	X		X						SP
Prezista (darunavir)	X		X						SP
Reyataz (atazanavir)	X		X						SP
Atazanavir	X		X						SP
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					ST, SP
Tivicay (dolutegravir)	X			X					SP
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						SP
Truvada (emtricitabine/tenofovir)	X		X						SP
Tybost (cobicistat)	X		X						SP
Abacavir (generic)	X	X							SP
Edurant (rilpivirine)	X		X						SP
Emtriva (emtricitabine)	X		X						SP
Epivir (lamivudine)	X				X				SP
Lamivudine (generic)	X	X							SP
Sustiva (efavirenz)	X		X						SP
Viread (tenofovir)	X		X						SP
Ziagen (abacavir)	X		X (sol)		X (tab)				SP

UnitedHealthcare

Silver Compass HSA 3600

2016 Alabama QHP

Overall Plan Information			
Issuer Name:	UnitedHealthcare		
Plan Name:	Silver Compass HSA 3600		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	All 67 Counties		
Link to Summary of Benefits:	http://www.uhc.com/iex/doc?id=al0007&st=al		
Individual Deductibles:	Medical: \$3600	Prescription: \$	Out of Pocket Cap: \$3600
Family Deductibles:	Medical: \$7200	Prescription: \$	Out of Pocket Cap: \$7200
Out of Network Deductibles:	Medical: \$N/A	Prescription: \$N/A	Out of Pocket Cap: \$N/A
Premiums (per month)	Individual:\$265	Family:\$826	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		0% after deduct		
Specialists		0% after deduct		
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		0% after deduct		
Emergency Room		0% after deduct		
Mental/Behavioral				
Outpatient Health Services		0% after deduct		
Substance Use Disorder				
Outpatient Services		0% after deduct		
Laboratory Services		0% after deduct		
	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use a non-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.			
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		0% after deduct	
Two		0% after deduct	
Three		0% after deduct	
Four		0% after deduct	
Five/Specialty			
Name of Formulary Used:	4 Tier Advantage PDL		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFA4ALIN&st=PMFA4ALIN&State=Alabama&Plan=4%20Tier%20Advantage%20PDL&Phone=1-877-512-9976&Welcome=Guest		
Contact Number:	1-877-512-9976		
Notes re: Deductible or Coverage:	<p>Paying for Prescription Drugs: You may have to pay the full cost of the drug until you meet your deductible. The deductible is the amount you owe before your health plan begins to pay. If you have met your deductible, you may have to pay a percentage of the drug cost. This is called co-insurance. The amount you pay depends on your plan. You may only have to pay a co-pay. This is a fixed amount that you pay each time you fill a prescription. You pay for your drugs at the pharmacy.</p>		

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		SP/ST/QL
Harvoni (ledipasvir, sofosbuvir)	X		X				X		SP/QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		SP/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						SP
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						SP
Epzicom (abacavir/lamivudine)	X		X						SP
Evotaz (atazanavir/cobicistat)	X		X						SP
Intelence (etravirine)	X		X						SP
ISENTRESS (raltegravir)	X		X						SP
Norvir (ritonavir)	X		X						SP
Prezcobix (darunavir/cobicistat)	X		X						SP
Prezista (darunavir)	X		X						SP
Reyataz (atazanavir)	X		X						SP
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine / tenofovir)	X			X					ST/SP
Tivicay (dolutegravir)	X			X					SP
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						SP
Truvada (emtricitabine/tenofovir)	X		X						SP
Tybost (cobicistat)	X		X						SP
Abacavir (generic)	X	X							SP
Edurant (rilpivirine)	X		X						SP
Emtriva (emtricitabine)	X		X						SP
Epivir (lamivudine)	X				X				SP
Lamivudine (generic)	X	X							SP
Sustiva (efavirenz)	X		X						SP
Viread (tenofovir)	X		X						SP
Ziagen (abacavir) Tab									
Ziagen (abacavir) Sol	X		X		X				SP