

# 2016 PLAN ANALYSIS FOR QUALIFIED HEALTH PLANS:

---



## OREGON

Thanks to:

Cascade AIDS Project

Michael Lee Howard, Nashoba Temperly, Tyler TerMeer,  
Caitlin Wells

**DECEMBER 2015**

CENTER FOR HEALTH LAW  
& POLICY INNOVATION  
Harvard Law School

*Cascade AIDS Project*



# TABLE OF CONTENTS:

INTRODUCTION.....	1
OVERVIEW.....	2
HOW TO USE THIS TOOL.....	4
METHODOLOGY.....	5
STATE FINDINGS: HCV.....	9
STATE FINDINGS: HIV.....	12
ATRIO HEALTH PLANS: ATRIO OREGON STANDARD SILVER.....	15
ATRIO HEALTH PLANS: ATRIO SILVER CHOICE 2000.....	19
ATRIO HEALTH PLANS: ATRIO SILVER CHOICE 3000.....	22
ATRIO HEALTH PLANS: ATRIO SILVER CHOICE 3030.....	26
ATRIO HEALTH PLANS: ATRIO SILVER PIONEER.....	30
BRIDGESpan HEALTH COMPANY: SILVER HDHP 2000 MyCHOICE NORTHWEST.....	33
BRIDGESpan HEALTH COMPANY: OREGON STANDARD SILVER PLAN MyCHOICE NORTHWEST.....	37
BRIDGESpan HEALTH COMPANY: OREGON STANDARD SILVER PLAN VALUE PPO.....	41
BRIDGESpan HEALTH COMPANY: OREGON STANDARD SILVER PLAN WILLAMETTE VALLEY HEALTH SOLUTIONS.....	45

# TABLE OF CONTENTS:

<b>BRIDGE<span>SPAN</span> HEALTH COMPANY: OREGON STANDARD SILVER PLAN LEGACY HEALTH.....</b>	<b>49</b>
<b>BRIDGE<span>SPAN</span> HEALTH COMPANY: SILVER HDHP 2000 VALUE PPO.....</b>	<b>53</b>
<b>KAISER PERMANENTE: OREGON STANDARD SILVER.....</b>	<b>57</b>
<b>KAISER PERMANENTE: KP OR SILVER 1500/30.....</b>	<b>61</b>
<b>KAISER PERMANENTE: KP OR SILVER 30/3000.....</b>	<b>65</b>
<b>LIFE<span>WISE</span>: ESSENTIAL SILVER EXCHANGE 2000.....</b>	<b>69</b>
<b>LIFE<span>WISE</span>: ESSENTIAL SILVER EXCHANGE 3000 EPO.....</b>	<b>73</b>
<b>LIFE<span>WISE</span>: OREGON STANDARD SILVER PLAN EXCLUSIVE PROVIDER 2500.....</b>	<b>77</b>
<b>MODA HEALTH PLAN, INC.: MODA HEALTH BEACON BE PREPARED.....</b>	<b>81</b>
<b>MODA HEALTH PLAN, INC.: MODA HEALTH BEACON BE STEADY.....</b>	<b>85</b>
<b>MODA HEALTH PLAN, INC.: MODA HEALTH CCN BE SUPPORTED.....</b>	<b>89</b>
<b>MODA HEALTH PLAN, INC.: OREGON STANDARD SILVER (BEACON).....</b>	<b>93</b>
<b>MODA HEALTH PLAN, INC.: MODA HEALTH ROSE CITY BE SUPPORTED.....</b>	<b>97</b>
<b>OREGON’S HEALTH CO-OP: OREGON STANDARD SILVER PLAN BROAD NETWORK.....</b>	<b>100</b>
<b>OREGON’S HEALTH CO-OP: SIMPLE<span>SILVER</span> BROAD NETWORK.....</b>	<b>103</b>
<b>OREGON’S HEALTH CO-OP: SIMPLE<span>SILVER</span> HSA BROAD NETWORK.....</b>	<b>106</b>
<b>OREGON’S HEALTH CO-OP: SIMPLE<span>SILVER</span> SELECT NETWORK.....</b>	<b>109</b>

# TABLE OF CONTENTS:

<b>OREGON’S HEALTH CO-OP: OREGON STANDARD SILVER PLAN SELECT NETWORK.....</b>	<b>112</b>
<b>OREGON’S HEALTH CO-OP: SIMPLESILVER HSA SELECT NETWORK.....</b>	<b>115</b>
<b>PACIFICSOURCE HEALTH PLANS: PACIFICSOURCE OREGON STANDARD HEALTH PLAN PSN.....</b>	<b>118</b>
<b>PROVIDENCE HEALTH PLAN: BALANCE 2000 SILVER.....</b>	<b>121</b>
<b>PROVIDENCE HEALTH PLAN: CONNECT 2000 SILVER.....</b>	<b>125</b>
<b>PROVIDENCE HEALTH PLAN: CHOICE 2000 SILVER.....</b>	<b>129</b>
<b>PROVIDENCE HEALTH PLAN: PROVIDENCE OREGON STANDARD SILVER PLAN.....</b>	<b>133</b>
<b>TRILLIUM COMMUNITY HEALTH PLAN: TRILLIUM OREGON STANDARD SILVER PLAN VITAL.....</b>	<b>137</b>
<b>ZOOM HEALTH PLAN, INC.: ZOOM+ SILVER PLAN.....</b>	<b>140</b>
<b>ZOOM HEALTH PLAN, INC.: ZOOM+ SILVER 5000.....</b>	<b>143</b>
<b>ZOOM HEALTH PLAN, INC.: ZOOM+ OREGON STANDARD SILVER PLAN.....</b>	<b>146</b>

# 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](mailto:rgreenwa@law.harvard.edu) or Carmel Shachar at [cshachar@law.harvard.edu](mailto:cshachar@law.harvard.edu). To learn more about CHLPI's litigation initiative, please contact Kevin Costello at [kcostello@law.harvard.edu](mailto: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.”<sup>1</sup> 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.<sup>2</sup> 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

<sup>1</sup> 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>.

<sup>2</sup> 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.<sup>1</sup> Staff and partners also relied on the Federally Facilitated Marketplace QHP landscape dataset released by Healthcare.gov for information.<sup>2</sup> 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.

---

<sup>1</sup> 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.

<sup>2</sup> 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 Oregon enrolled in Silver Qualified Health Plans (QHPs) should seek out access to all three of the new Hepatitis C (HCV) medications analyzed: Sovaldi, Harvoni, and Viekira Pak. Most plans, 70%, cover all three medications. However, 22% of plans cover just two of the medications, while 8% cover only Sovaldi. For example, Oregon's Health CO-OP and Trillium Community Health Plan do not cover Viekira Pak. Likewise, PacificSource plans do not cover Harvoni, and Zoom Health Plan, Inc. covers neither Harvoni nor Viekira Pak. Consumers should be careful to select a plan that covers the HCV medication that they and their physicians believe is appropriate for their treatment.

Another area of concern is cost-sharing for HCV medications. All Silver QHPs offered in Oregon for 2016 place the assessed HCV medications on the highest formulary tiers. As a result, most plans require very high cost-sharing in order to access these medications. Consumers should therefore be certain to examine what each plan charges for its specialty tier in order to identify affordable plans that can meet their medical needs. For example, all of the plans offered by ATRIO Health Plans, Kaiser Permanente, Moda Health Plans, PacificSource Health Plan, Providence Health Plan, and Trillium Community Health Plan require 50% coinsurance for each of the assessed HCV medications that they cover. Similarly, most BridgeSpan Health Company plans require 50% coinsurance for all three drugs, while BridgeSpan's Silver HDHP 2000 Value PPO and Silver HDHP 2000 MyChoice Northwest plans require 40% coinsurance.

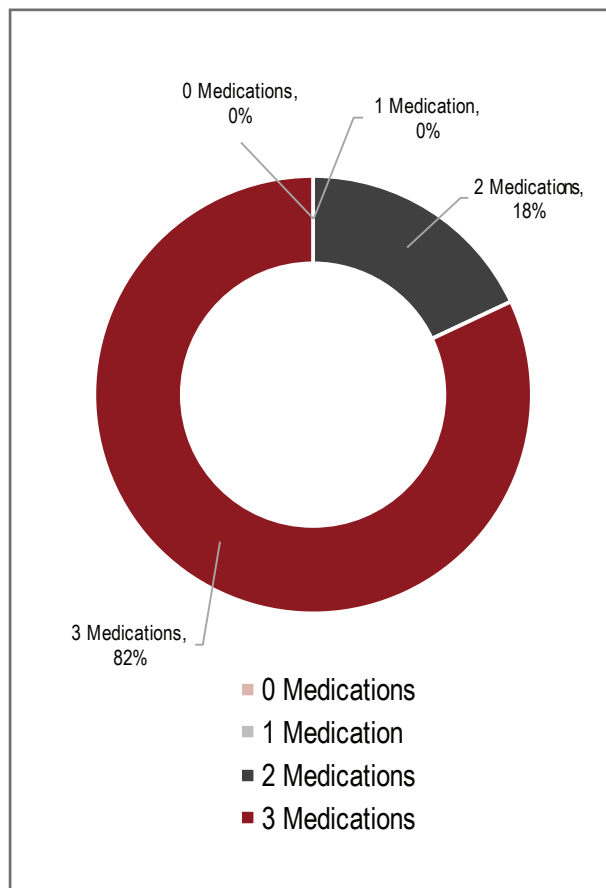
Some plans do, however, apply slightly more affordable cost-sharing requirements. For example, LifeWise's Essential Silver Exchange 3000 EPO requires only 20% coinsurance (after deductible) for these three drugs. Additionally, some insurers offer plans that require no cost-sharing for the HCV medications after the beneficiary has met the deductible (these plans comprise the co-pay plans in the middle graph below). For example, Oregon's Health CO-OP's SiMPLEsilver HSA Broad and Select Network plans cover Sovaldi and Harvoni with no cost-sharing after the deductible (\$3,500 for an individual or \$7,000 for a family). Before choosing such a plan, consumers should confirm that they are able to finance the full cost of the deductible in the first several months of the plan.

## STATE FINDINGS: HCV (CONTINUED)

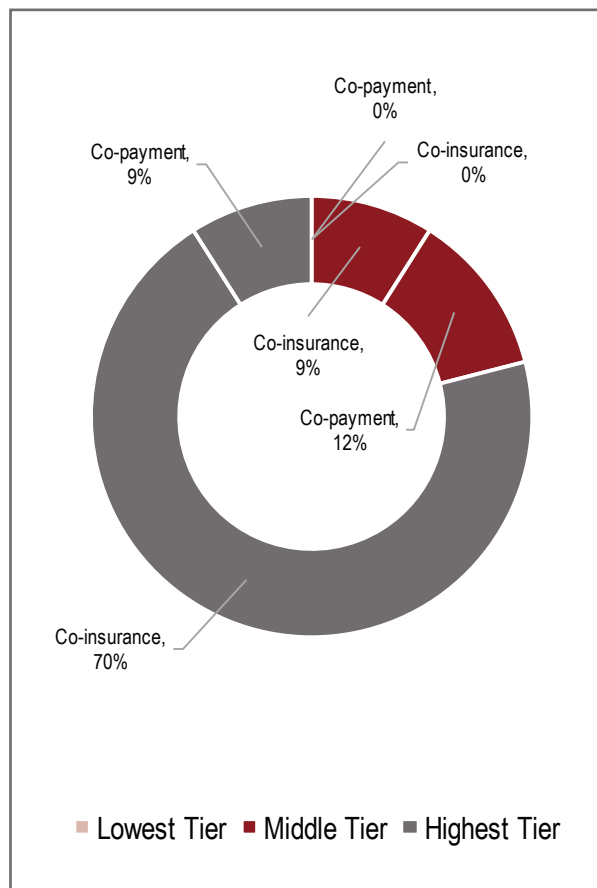
Consumers living with HCV may also want to investigate insurer prior authorization requirements when choosing a plan, as these requirements may impact access to HCV medications. Notably, 92% of Silver QHPs offered in Oregon require prior authorization for all of the assessed HCV medications that they cover. Only one insurer—Kaiser Permanente—offers coverage of Sovaldi without a prior authorization requirement. However, Kaiser Permanente still requires prior authorization for both Harvoni and Viekira Pak.

# STATE FINDINGS: HCV (CONTINUED)

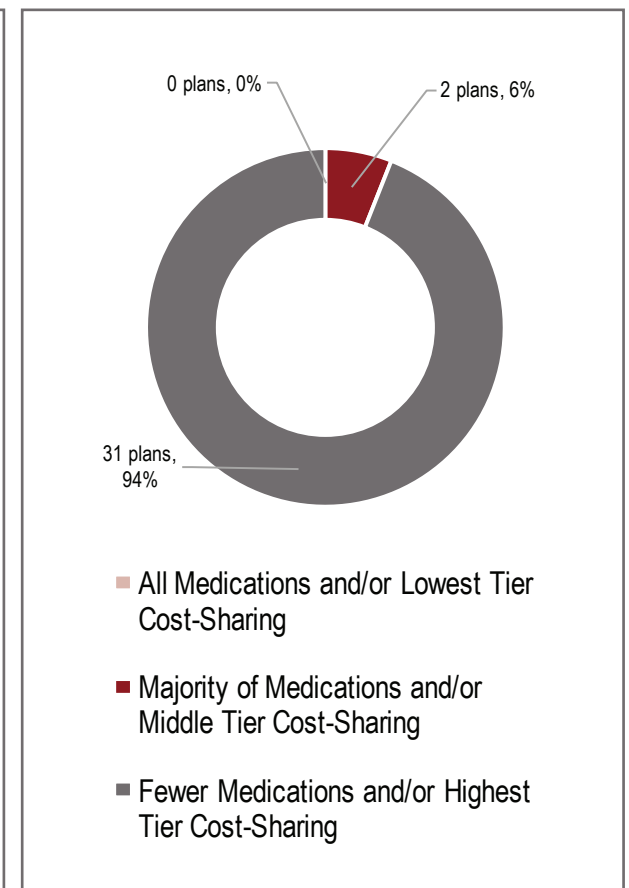
## PLAN COVERAGE



## COST-SHARING



## ACCESS TO HCV REGIMENS



# STATE FINDINGS: HIV

Drug coverage can be a particularly important consideration for individuals living with HIV who are seeking coverage on the Oregon marketplace. Fortunately, the vast majority of the Silver Qualified Health Plans (QHP) offered in 2016 for Oregon residents provide fairly robust coverage of the HIV medications researched in the plan assessment initiative. Specifically, 92% of available Silver QHPs cover at least 19 of the 24 assessed HIV medications, while 67% cover 22 of the 24. In these plans, often the generic version of a brand name medication was not covered, such as not covering generic atazanavir when Reyataz was covered. Similarly, Epivir and Ziagen were sometimes not covered, while their generics, lamivudine and abacavir, always were.<sup>1</sup> Triumeq and Tybost were the next least likely to be covered. The remaining 8% of plans—those offered by Zoom Health Plan, Inc.—lacked coverage for 7 of the assessed HIV medications, including Evotaz, Prezcobix, atazanavir, Triumeq, Tybost, Epivir and Ziagen. Given this variability in coverage, consumers should take care to confirm that the medications they need are included on their potential plan’s formulary.

A number of the Oregon Silver plans place HIV medications on high formulary tiers, resulting in high cost-sharing. For example, ATRIO Health Plans and Kaiser Permanente place the majority of their HIV medications on tier 4 (the specialty tier for both insurers), requiring 50% coinsurance for each prescription. In contrast, several BridgeSpan Health Company plans, such as BridgeSpan Oregon Standard Silver Plan Legacy Health, and PacificSource Oregon Standard Silver Plan PSN place all of the assessed HIV medications on tiers 1 and 2. For these plans, tiers 1 and 2 respectively require co-payments of only \$15 and \$50 for each retail prescription. Consumers should not assume all BridgeSpan plans have low cost sharing, though. BridgeSpan Silver HDHP 2000 MyChoice Northwest, for example, requires 35% co-insurance for all of the assessed HIV medications that it covers.

---

<sup>1</sup> Though, in these cases, Epivir HBV was covered.



## STATE FINDINGS: HIV (CONTINUED)

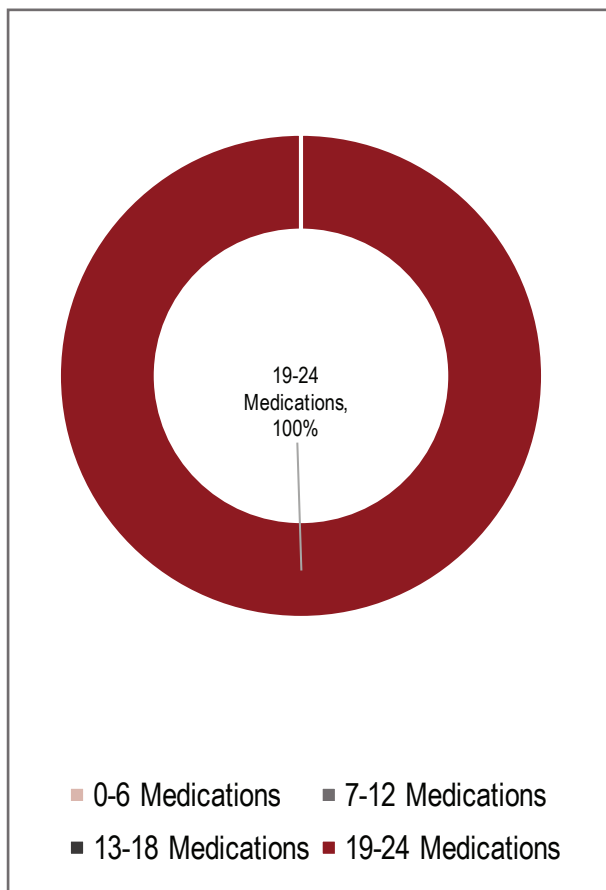
Health Savings Account (HSA) plans, such as those offered by Oregon's Health CO-OP, also often have very low cost-sharing for all of the assessed medications. However, these plans require that consumers meet their deductible before taking advantage of these low cost-sharing levels. Before choosing such a plan, consumers should therefore confirm that they are able to finance the full cost of the deductible in the first several months of the plan.

Many of the other Silver QHPs offered to Oregon residents have cost-sharing requirements that vary more significantly across the assessed medications. For example, the LifeWise plans place most of the assessed HIV medications on tier 2, which has a \$50 or \$55 co-payment requirement, depending upon the plan. However, these plans also place five of the assessed medications on tier 3, which has a 50% coinsurance requirement. Therefore, the affordability of these plans will depend upon the medication needs of the consumer.

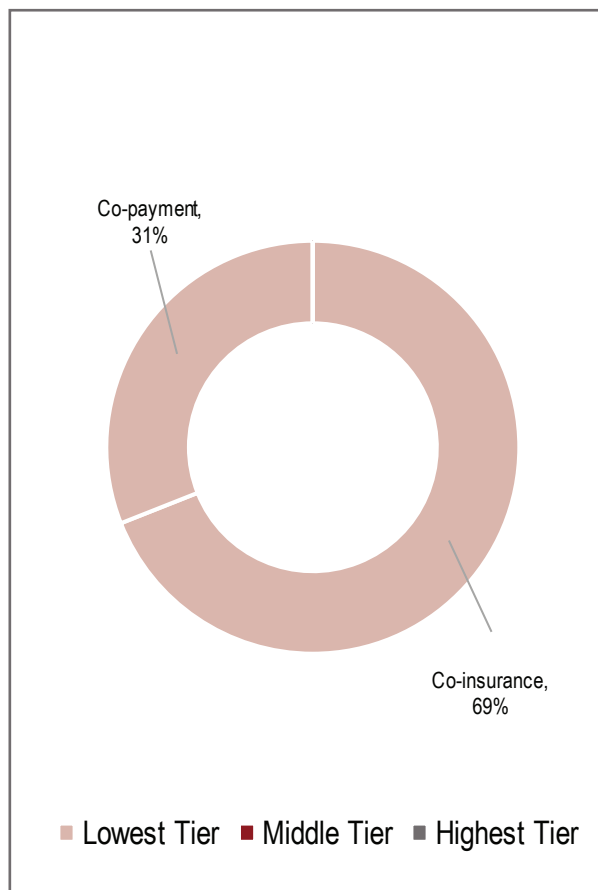
In all cases, consumers should make sure that they understand the particular coverage and cost-sharing structures of the plans they are interested in. They should also be aware that cost-sharing can vary dramatically across plans, even when offered by the same insurer. In general, plans that place HIV medications on their specialty tier require the highest cost-sharing, while those that place these medications on a preferred brand or generic tier are more affordable. However, in some cases, insurers require significant cost-sharing even on the lowest tiers, and so consumers should carefully review all cost-sharing requirements before choosing a plan.

# STATE FINDINGS: HIV (CONTINUED)

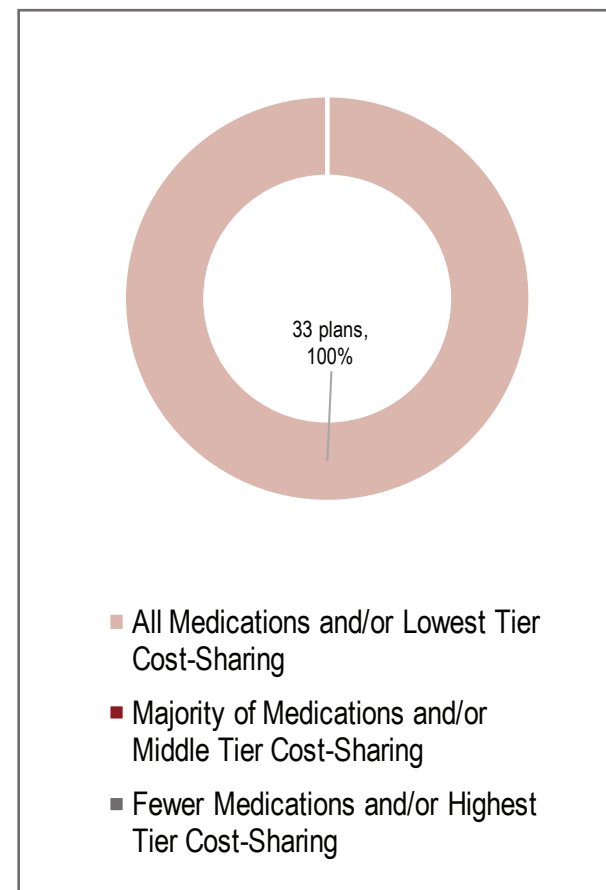
## PLAN COVERAGE



## COST-SHARING



## ACCESS TO HIV REGIMENS



# ATRIO Health Plans

## ATRIO Oregon Standard Silver

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	ATRIO Health Plans		
Plan Name:	ATRIO Oregon Standard Silver Plan		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Assessed for <b>Douglas</b> . Also available in: Josephine, Klamath, Marion, and Polk		
Link to Summary of Benefits:	<a href="http://www.atriohp.com/documents/Exchange/Benefit-Info/Individual-Standard-Plans-English/2016/32536OR0020004-01-ATRIO-OREGON-STANDARD-SILVER-PLAN.pdf">http://www.atriohp.com/documents/Exchange/Benefit-Info/Individual-Standard-Plans-English/2016/32536OR0020004-01-ATRIO-OREGON-STANDARD-SILVER-PLAN.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$12700
Premiums (per month)	Individual: \$259	Family: \$809	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			Deductible waived
Specialists	\$70			Deductible waived
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		Prior authorization required
Emergency Room		30%		Waived if admitted and inpatient benefits apply
Mental/Behavioral Outpatient Health Services	\$70			Deductible waived
Substance Use Disorder Outpatient Services	\$70			Deductible waived
Laboratory Services		30%		Waived if admitted and inpatient benefits apply
Out of network provider rules:	Coinsurance frequently higher for out-of-network benefits (e.g., 50% vs. 30%)			

## Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

## Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (retail) / \$45 (mail)		<b>Generic Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Two	\$50 (retail) / \$150 (mail)		<b>Preferred Brand Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Three		50% (retail/mail)	<b>Non-Preferred Brand Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Four		50% (retail/mail)	<b>Specialty Drugs.</b> Retail initial fill limited to 30-day supply. Prior Authorization required for certain drugs.
Five/Specialty		N/A	
Name of Formulary Used: Standard 2015 Formulary Administered by ATRIO			
Link to Formulary: <a href="http://www.atriohp.com/documents/Exchange/Formulary/2016-Commercial-Formulary.pdf">http://www.atriohp.com/documents/Exchange/Formulary/2016-Commercial-Formulary.pdf</a>			
Contact Number: 1-877-400-8438			
Notes re: Deductible or Coverage: Deductible does not apply to preventive care, office visits, or urgent care.			

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

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		X		
Epzicom (abacavir/lamivudine)	X				X				QL
Evotaz (atazanavir/cobicistat)	X				X				QL
Intelence (etravirine)	X				X		X		
Isentress (raltegravir)	X				X				
Norvir (ritonavir)	X				X				QL
Prezcobix (darunavir/cobicistat)	X				X				QL
Prezista (darunavir)	X				X				QL
Reyataz (atazanavir)	X				X				
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				QL
Tivicay (dolutegravir)	X				X		X		
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				QL
Truvada (emtricitabine/tenofovir)	X				X				QL
Tybost (cobicistat)	X		X				X		
Abacavir (generic)	X				X				QL
Edurant (rilpivirine)	X				X		X		
Emtriva (emtricitabine)	X		X						QL
Epivir (lamivudine)								X	Epivir HBV covered

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

\* QL = Quantity Limit

# ATRIO Health Plans

## ATRIO Silver Choice 2000

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	ATRIO Health Plans		
Plan Name:	ATRIO Silver Choice 2000		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Assessed for <b>Douglas</b> . Also available in: Josephine, Klamath, Marion, Polk		
Link to Summary of Benefits:	<a href="http://www.atriohp.com/documents/Exchange/Benefit-Info/Individual-Non-Standard-Enhanced-Plans/2016/32536OR0020009-01-ATRIO-SILVER-CHOICE-2000.pdf">http://www.atriohp.com/documents/Exchange/Benefit-Info/Individual-Non-Standard-Enhanced-Plans/2016/32536OR0020009-01-ATRIO-SILVER-CHOICE-2000.pdf</a>		
Individual Deductibles:	Medical: \$2000	Prescription: \$no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$4000	Prescription: \$no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$no	Out of Pocket Cap: \$6850
Family Out of Network Deductibles:	Medical: \$	Prescription: \$no	Out of Pocket Cap: \$13700
Premiums (per month)	Individual: \$267	Family: \$832	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			Deductible waived in-network
Specialists	\$50			Deductible waived in-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20% (facility fee / physician fee)		Prior Authorization required Deductible waived. Cost-share waived if admitted and inpatient benefits apply
Emergency Room	\$290 + 20% coinsurance			
Mental/Behavioral				
Outpatient Health Services	\$50			Deductible waived in-network
Substance Use Disorder				
Outpatient Services	\$50			Deductible waived in-network
Laboratory Services		20%		Deductible waived in-network
Out of network provider rules:	Coinsurance frequently higher for out-of-network benefits (e.g., 50% vs. 30%)			
Special provisions/exceptions for individuals living with HIV?	N/A			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (retail) / \$45 (mail)		<b>Generic Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Two		40% (retail/mail)	<b>Preferred Brand Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Three		50% (retail/mail)	<b>Non-Preferred Brand Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Four		50% (retail/mail)	<b>Specialty Drugs.</b> Initial fill limited to 30-day supply. Prior Authorization required for certain drugs.
Five/Specialty		N/A	
Name of Formulary Used:	Standard 2015 Formulary Administered by ATRIO		
Link to Formulary:	<a href="http://www.atriohp.com/documents/Exchange/Formulary/2016-Commercial-Formulary.pdf">http://www.atriohp.com/documents/Exchange/Formulary/2016-Commercial-Formulary.pdf</a>		
Contact Number:	1-877-400-8438		
Notes re: Deductible or Coverage:	Deductible does not apply to preventive care, in-network office visits, <b>prescriptions</b> , pediatric vision, pediatric dental, emergency care or urgent care.		

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



## 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		X		
Epzicom (abacavir/lamivudine)	X				X				QL
Evotaz (atazanavir/cobicistat)	X				X				QL
Intelence (etravirine)	X				X		X		
Isentress (raltegravir)	X				X				
Norvir (ritonavir)	X				X				QL
Prezcobix (darunavir/cobicistat)	X				X				QL
Prezista (darunavir)	X				X				QL
Reyataz (atazanavir)	X				X				
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				QL
Tivicay (dolutegravir)	X				X		X		
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				QL
Truvada (emtricitabine/tenofovir)	X				X				QL
Tybost (cobicistat)	X		X				X		
Abacavir (generic)	X				X				QL
Edurant (rilpivirine)	X				X		X		
Emtriva (emtricitabine)	X		X						QL
Epivir (lamivudine)								X	Epivir HBV covered (Tier 2)
Lamivudine (generic)	X	X							QL
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				QL
Ziagen (abacavir)	X				X				QL

\* QL = Quantity Limit

# ATRIO Health Plans

## ATRIO Silver Choice 3000

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	ATRIO Health Plans		
Plan Name:	ATRIO Silver Choice 3000		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Assessed for <b>Douglas</b> . Also available in: Josephine, Klamath, Marion, Polk		
Link to Summary of Benefits:	<a href="http://www.atrionhp.com/documents/Exchange/Benefit-Info/Individual-Non-Standard-Enhanced-Plans/2016/32536OR0020010-01-ATRIO-SILVER-CHOICE-3000.pdf">http://www.atrionhp.com/documents/Exchange/Benefit-Info/Individual-Non-Standard-Enhanced-Plans/2016/32536OR0020010-01-ATRIO-SILVER-CHOICE-3000.pdf</a>		
Individual Deductibles:	Medical: \$3000	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$6000	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$13700
Premiums (per month)	Individual: \$256	Family: \$800	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			Deductible waived in-network
Specialists	\$50			Deductible waived in-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20% (facility fee / physician fee)		Prior Authorization required
Emergency Room	\$290 + 20% coinsurance			Deductible waived. Cost-share waived if admitted and inpatient benefits apply
Mental/Behavioral				
Outpatient Health Services	\$50			Deductible waived in-network
Substance Use Disorder				
Outpatient Services	\$50			Deductible waived in-network
Laboratory Services		20%		Deductible waived in-network
Out of network provider rules:	Coinsurance frequently higher for out-of-network benefits (e.g., 50% vs. 30%)			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (retail) / \$45 (mail)		<b>Generic Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Two	\$50 (retail) / \$150 (mail)		<b>Preferred Brand Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Three		50% (retail/mail)	<b>Non-Preferred Brand Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Four		50% (retail/mail)	<b>Specialty Drugs.</b> Initial fill limited to 30-day supply. Prior Authorization required for certain drugs.
Five/Specialty		N/A	
Name of Formulary Used:	Standard 2015 Formulary Administered by Atrio		
Link to Formulary:	<a href="http://www.atrionhp.com/documents/Exchange/Formulary/2016-Commercial-Formulary.pdf">http://www.atrionhp.com/documents/Exchange/Formulary/2016-Commercial-Formulary.pdf</a>		
Contact Number:	1-877-400-8438		
Notes re: Deductible or Coverage:	Deductible does not apply to preventive care, in-network office visits, <b>prescriptions</b> , pediatric vision, pediatric dental, emergency care, or urgent care.		

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

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		X		
Epzicom (abacavir/lamivudine)	X				X				QL
Evotaz (atazanavir/cobicistat)	X				X				QL
Intelence (etravirine)	X				X		X		
Isentress (raltegravir)	X				X				
Norvir (ritonavir)	X				X				QL
Prezcobix (darunavir/cobicistat)	X				X				QL
Prezista (darunavir)	X				X				QL
Reyataz (atazanavir)	X				X				
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				QL
Tivicay (dolutegravir)	X				X		X		
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				QL
Truvada (emtricitabine/tenofovir)	X				X				QL
Tybost (cobicistat)	X		X				X		
Abacavir (generic)	X				X				QL
Edurant (rilpivirine)	X				X		X		
Emtriva (emtricitabine)	X		X						QL
Epivir (lamivudine)								X	Epivir HBV covered (Tier 2)

## HIV Medications

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

\* QL = Quantity Limit

# ATRIO Health Plans

## ATRIO Silver Choice 3030

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	ATRIO Health Plans		
Plan Name:	ATRIO Silver Choice 3030		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Assessed for <b>Douglas</b> . Also available in: Josephine, Klamath, Marion, Polk.		
Link to Summary of Benefits:	<a href="http://www.atrionhp.com/documents/Exchange/Benefit-Info/Individual-Non-Standard-Enhanced-Plans/2016/32536OR0020011-01-ATRIO-SILVER-CHOICE-3030.pdf">http://www.atrionhp.com/documents/Exchange/Benefit-Info/Individual-Non-Standard-Enhanced-Plans/2016/32536OR0020011-01-ATRIO-SILVER-CHOICE-3030.pdf</a>		
Individual Deductibles:	Medical: \$3000	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$6000	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$6850
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$13700
Premiums (per month)	Individual: \$250	Family: \$781	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			Deductible waived in-network
Specialists	\$50			Deductible waived in-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		Prior Authorization required
Emergency Room	\$290 + 30% coinsurance			Deductible waived. Cost-share waived if admitted and inpatient benefits apply
Mental/Behavioral Outpatient Health Services	\$50			Deductible waived in-network
Substance Use Disorder Outpatient Services	\$50			Deductible waived in-network
Laboratory Services		30%		Deductible waived in-network
Out of network provider rules:	Coinsurance frequently higher for out-of-network benefits (e.g., 50% vs. 30%)			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (retail) / \$45 (mail)		<b>Generic Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Two	\$50 (retail)/ \$45 (mail)		<b>Preferred Brand Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Three		50% (retail/mail)	<b>Non-Preferred Brand Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Four		50% (retail/mail)	<b>Specialty Drugs.</b> Initial fill limited to 30-day supply. Prior Authorization required for certain drugs.
Five/Specialty		N/A	
Name of Formulary Used:	Standard 2015 Formulary Administered by ATRIO		
Link to Formulary:	<a href="http://www.atriohp.com/documents/Exchange/Formulary/2016-Commercial-Formulary.pdf">http://www.atriohp.com/documents/Exchange/Formulary/2016-Commercial-Formulary.pdf</a>		
Contact Number:	1-877-400-8438		
Notes re: Deductible or Coverage:	Deductible does not apply to preventive care, in-network office visits, <b>prescriptions</b> , pediatric vision, pediatric dental, emergency care, or urgent care.		

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

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		X		
Epzicom (abacavir/lamivudine)	X				X				QL
Evotaz (atazanavir/cobicistat)	X				X				QL
Intelence (etravirine)	X				X		X		
Isentress (raltegravir)	X				X				
Norvir (ritonavir)	X				X				QL
Prezcobix (darunavir/cobicistat)	X				X				QL
Prezista (darunavir)	X				X				QL
Reyataz (atazanavir)	X				X				
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				QL
Tivicay (dolutegravir)	X				X		X		
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				QL
Truvada (emtricitabine/tenofovir)	X				X				QL
Tybost (cobicistat)	X		X				X		
Abacavir (generic)	X				X				QL
Edurant (rilpivirine)	X				X		X		
Emtriva (emtricitabine)	X		X						QL
Epivir (lamivudine)								X	Epivir HBV



HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes covered (Tier 2)
Lamivudine (generic)	X	X							QL
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				QL
Ziagen (abacavir)	X				X				QL

\* QL = Quantity Limit

# ATRIO Health Plans

## ATRIO Silver Pioneer

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	ATRIO Health Plans		
Plan Name:	ATRIO Silver Pioneer Plan		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other EPO
Coverage Area (counties):	Assessed for: <b>Douglas</b> . Also available in: Josephine, Klamath, Marion, Polk		
Link to Summary of Benefits:	<a href="http://www.atrionhp.com/documents/Exchange/Benefit-Info/Individual-Pioneer-Plans-English/2016/32536OR0040002-01-ATRIO-SILVER-PIONEER-PLAN.pdf">http://www.atrionhp.com/documents/Exchange/Benefit-Info/Individual-Pioneer-Plans-English/2016/32536OR0040002-01-ATRIO-SILVER-PIONEER-PLAN.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$12700
Premiums (per month)	Individual: \$246	Family: \$769	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			Deductible waived
Specialists	\$70			Deductible waived
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		Prior Authorization required Waived if admitted and inpatient benefits apply
Emergency Room		30%		
Mental/Behavioral Outpatient Health Services	\$70			Deductible waived
Substance Use Disorder Outpatient Services	\$70			Deductible waived
Laboratory Services		30%		
Out of network provider rules:	Out of Network providers not covered in most benefit categories.			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (retail) / \$45 (mail)		<b>Generic Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Two	\$50 (retail) / \$150 (mail)		<b>Preferred Brand Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Three		50% (retail/mail)	<b>Non-Preferred Brand Drugs.</b> Retail initial fill limited to 30-day supply. Mail limited to 90-day supply. Prior Authorization required for certain drugs.
Four		50% (retail/mail)	<b>Specialty Drugs.</b> Initial fill limited to 30-day supply. Prior Authorization required for certain drugs.
Five/Specialty		N/A	
Name of Formulary Used:	Standard 2015 Formulary Administered by ATRIO		
Link to Formulary:	<a href="http://www.atriohp.com/documents/Exchange/Formulary/2016-Commercial-Formulary.pdf">http://www.atriohp.com/documents/Exchange/Formulary/2016-Commercial-Formulary.pdf</a>		
Contact Number:	1-877-400-8438		
Notes re: Deductible or Coverage:	Deductible does not apply to preventive care, office visits, or urgent care.		

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

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		X		
Epzicom (abacavir/lamivudine)	X				X				QL
Evotaz (atazanavir/cobicistat)	X				X				QL
Intelence (etravirine)	X				X		X		
Isentress (raltegravir)	X				X				
Norvir (ritonavir)	X				X				QL
Prezcobix (darunavir/cobicistat)	X				X				QL
Prezista (darunavir)	X				X				QL
Reyataz (atazanavir)	X				X				
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				QL
Tivicay (dolutegravir)	X				X		X		
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				QL
Truvada (emtricitabine/tenofovir)	X				X				QL
Tybost (cobicistat)	X		X				X		
Abacavir (generic)	X				X				QL
Edurant (rilpivirine)	X				X		X		
Emtriva (emtricitabine)	X		X						QL
Epivir (lamivudine)								X	Epivir HBV covered (Tier 2)
Lamivudine (generic)	X	X							QL
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				QL
Ziagen (abacavir)	X				X				QL

\* QL = Quantity Limit

# BridgeSpan Health Company

## Silver HDHP 2000 MyChoice Northwest

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	BridgeSpan Health Company		
Plan Name:	Silver HDHP 2000 MyChoice Northwest		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <span style="float: right;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for: <b>Multnomah</b> . Also available in: Clackamas, Washington, Yamhill		
Link to Summary of Benefits:	<a href="https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/Silver-HDHP-2000-MyChoice-Northwest.pdf">https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/Silver-HDHP-2000-MyChoice-Northwest.pdf</a>		
Individual Deductibles:	Medical: \$2000	Prescription: \$ no	Out of Pocket Cap: \$6550
Family Deductibles:	Medical: \$4000	Prescription: \$ no	Out of Pocket Cap: \$13100
Individual Out of Network Deductibles:	Medical: \$10000	Prescription: \$ no	Out of Pocket Cap: \$19650
Family Out of Network Deductibles:	Medical: \$20000	Prescription: \$ no	Out of Pocket cap: \$39300
Premiums (per month)	Individual: \$243	Family: \$758	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20% (facility fee / physician fee)		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:	Most out-of-network services listed in the Summary of Benefits have cost-sharing of 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		20% (retail) 15% (mail) 20% (self-administrable cancer chemotherapy)	<b>Category 1 Generic Drugs.</b> Coverage is limited to a 90-day supply retail, 90-day supply mail order, or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Two		35% (retail) 30% (mail) 20% (self-administrable cancer chemotherapy)	<b>Category 2 Generic Drugs and Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply retail, 90-day supply mail order, or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs. <i>(Note: Summary of Benefits groups all generics together, but formulary clarifies that Tier 2 includes Category 2 Generics and Preferred (Category 1) Brand Drugs. The categorization in the formulary is confirmed by the consistency in cost-sharing between Category 2 Generic Drugs and Preferred Brand in the SOB.)</i>
Three		50% (retail category 2) 40% (mail category 2) 20% (self-administrable cancer chemotherapy category 2)	<b>Non-Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply retail, 90-day supply mail order, or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Four		40% (specialty) 20% (self-administrable cancer chemotherapy drugs)	<b>Specialty Drugs.</b> Coverage is limited to a 90-day supply retail, 90-day supply mail order, or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs. The first fill for specialty drugs may be provided at a retail pharmacy, additional refills and any fills for specialty self-administrable cancer chemotherapy drugs must be provided at a specialty pharmacy.
Five/Specialty		N/A	
Name of Formulary Used:	Oregon, Idaho, and Utah Essential 2016		
Link to Formulary:	<a href="https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB1%202016.pdf">https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB1%202016.pdf</a>		
Contact Number:	1-855-857-9943		
	Deductible doesn't apply to in-network preventive care. Amounts in excess of the allowed amount do not count toward the deductible. Deductible and coinsurance waived for Native Americans receiving services from Indian Health Providers.		
	No coverage for prescription drugs from an out-of-network pharmacy		
Notes re: Deductible or Coverage:	Deductible does not apply to certain preventive drugs, women's contraceptives, or immunizations at a participating pharmacy. Deductible also waived for generic or brand-name drug on the Essential Formulary specifically designated as preventive for treatment of chronic diseases that are on the Optimum Value Medication List.		

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				X		X		QL

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

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

\* QL = Quantity Limit



# BridgeSpan Health Company

## Oregon Standard Silver Plan MyChoice Northwest

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	BridgeSpan Health Company		
Plan Name:	BridgeSpan Oregon Standard Silver Plan MyChoice Northwest		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <span style="float: right;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Clackamas, Washington, Yamhill		
Link to Summary of Benefits:	<a href="https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-MyChoice-Northwest.pdf">https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-MyChoice-Northwest.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$10000	Prescription: \$ no	Out of Pocket Cap: \$12700
Family Out of Network Deductibles:	Medical: \$20000	Prescription: \$ no	Out of Pocket Cap: \$25400
Premiums (per month)	Individual: \$260	Family: \$810	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35 (visit)	30% after deductible (other services)		Deductible waived for in-network office visits
Specialists	\$70 (visit)	30% after deductible (other services)		Deductible waived for in-network office visits
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		
Emergency Room		30%		
Mental/Behavioral				
Outpatient Health Services	\$35			Deductible waived in-network
Substance Use Disorder				
Outpatient Services	\$35			Deductible waived in-network
Laboratory Services		30%		

## Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:				Most out-of-network services listed in the Summary of Benefits have cost-sharing of 50% coinsurance
Special provisions/exceptions for individuals living with HIV?		N/A		
Other information:				

## Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (retail) \$30 (mail) \$15 (self-administrable cancer chemotherapy)		<b>Generic Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Two	\$50 (retail) \$100 (mail) \$50 (self-administrable cancer chemotherapy)		<b>Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Three		50% (retail) 40% (mail) 30% (self-administrable cancer chemotherapy)	<b>Non-Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Four		50% (specialty) 30% (self-administrable cancer chemotherapy)	<b>Specialty Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs. The first fill for specialty drugs may be provided at a retail pharmacy, additional refills and any fills for specialty self-administrable cancer chemotherapy drugs must be provided at a specialty pharmacy.
Five/Specialty		N/A	

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Name of Formulary Used:	Oregon Standard 2016		
Link to Formulary:	<a href="https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB2%202016.pdf">https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB2%202016.pdf</a>		
Contact Number:	1-855-857-9943		
Notes re: Deductible or Coverage:	Deductible doesn't apply to the following in-network services: preventive care, office and urgent care visits, <b>prescription drugs</b> , and outpatient mental health and substance abuse services. Copayments or amounts in excess of the allowed amount do not count toward the deductible. Deductible and coinsurance are waived for Native Americans receiving services from Indian Health Providers. No coverage for prescription drugs from an out-of-network pharmacy.		

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

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)								X	Epivir HBV covered (Tier 2)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

\* QL = Quantity Limit

# BridgeSpan Health Company

## Oregon Standard Silver Plan Value PPO

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	BridgeSpan Health Company		
Plan Name:	BridgeSpan Oregon Standard Silver Plan Value PPO		
Plan Type:	<input checked="" type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> HMO <input type="checkbox"/> Other		
Coverage Area (counties):	Assessed for: <b>Douglas</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill.		
Link to Summary of Benefits:	<a href="https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-Value-PPO.pdf">https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-Value-PPO.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$10000	Prescription: \$ no	Out of Pocket Cap: \$12700
Family Out of Network Deductibles:	Medical: \$20000	Prescription: \$ no	Out of Pocket Cap: \$25400
Premiums (per month)	Individual: \$312	Family: \$974	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35 (visit)	30% after deductible (other services)		Deductible waived for in-network office visits
Specialists	\$70 (visit)	30% after deductible (other services)		Deductible waived for in-network office visits
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		
Emergency Room		30%		
Mental/Behavioral				
Outpatient Health Services	\$35			Deductible waived in-network

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Substance Use Disorder Outpatient Services	\$35			Deductible waived in-network
Laboratory Services		30%		
Out of network provider rules: Special provisions/exceptions for individuals living with HIV?	Most out-of-network services listed in the Summary of Benefits have cost-sharing of 50% coinsurance			
Other information:	N/A			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (retail) \$30 (mail)		<b>Generic Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
	\$15 (self-administrable cancer chemotherapy)		
Two	\$50 (retail) \$100 (mail)		<b>Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
	\$50 (self-administrable cancer chemotherapy)		
Three		50% (retail) 40% (mail)	<b>Non-Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
		30% (self-administrable cancer chemotherapy)	
Four		50% (specialty) 30% (self-administrable cancer chemotherapy)	<b>Specialty Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs. The first fill for specialty drugs may be provided at a retail pharmacy, additional refills and any fills for specialty self-administrable cancer chemotherapy drugs must be provided at a specialty pharmacy.
	Five/Specialty	N/A	
Name of Formulary Used:	Oregon Standard 2016		
Link to Formulary:	<a href="https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB2%202016.pdf">https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB2%202016.pdf</a>		

Plan Information	
Contact Number:	1-855-857-9943
Notes re: Deductible or Coverage:	Deductible doesn't apply to the following in-network services: preventive care, office and urgent care visits, <b>prescription drugs</b> , and outpatient mental health and substance abuse services. Copayments or amounts in excess of the allowed amount do not count toward the deductible. Deductible and coinsurance waived for Native Americans receiving services from Indian Health Providers. No coverage for prescription drugs from an <b>out-of-network</b> pharmacy.

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				X		X		QL

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)								X	Epivir HBV covered (Tier 2)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

\* QL = Quantity Limit



# BridgeSpan Health Company

## Oregon Standard Silver Plan Willamette Valley Health Solutions

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	BridgeSpan Health Company		
Plan Name:	BridgeSpan Oregon Standard Silver Plan Willamette Valley Health Solutions		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <span style="float: right;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Clackmas, Washington, Yamhill		
Link to Summary of Benefits:	<a href="https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-Willamette-Valley-Health-Solutions.pdf">https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-Willamette-Valley-Health-Solutions.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$10000	Prescription: \$ no	Out of Pocket Cap: \$12700
Family Out of Network Deductibles:	Medical: \$20000	Prescription: \$ no	Out of Pocket Cap: \$25400
Premiums (per month)	Individual: \$257	Family: \$801	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35 (visit)	30% after deductible (other services)		Deductible waived for in-network office visits
Specialists	\$70 (visit)	30% after deductible (other services)		Deductible waived for in-network office visits
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		
Emergency Room		30%		
Mental/Behavioral				
Outpatient Health Services	\$35			Deductible waived in-network
Substance Use Disorder				
Outpatient Services	\$35			Deductible waived in-network

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Laboratory Services		30%		
Out of network provider rules:	Most out-of-network services listed in the Summary of Benefits have cost-sharing of 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (retail) \$30 (mail) \$15 (self-administrable cancer chemotherapy)		<b>Generic Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Two	\$50 (retail) \$100 (mail) \$50 (self-administrable cancer chemotherapy)		<b>Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Three		50% (retail) 40% (mail) 30% (self-administrable cancer chemotherapy)	<b>Non-Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Four		50% (specialty) 30% (self-administrable cancer chemotherapy)	<b>Specialty Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs. The first fill for specialty drugs may be provided at a retail pharmacy, additional refills and any fills for specialty self-administrable cancer chemotherapy drugs must be provided at a specialty pharmacy.
Five/Specialty		N/A	
Name of Formulary Used:	Oregon Standard 2016		
Link to Formulary:	<a href="https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB2%202016.pdf">https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB2%202016.pdf</a>		
Contact Number:	1-855-857-9943		

## Plan Information

Deductible doesn't apply to the following in-network services: preventive care, office and urgent care visits, **prescription drugs**, and outpatient mental health and substance abuse services. Copayments or amounts in excess of the allowed amount do not count toward the deductible. Deductible and coinsurance are waived for Native Americans receiving services from Indian Health Providers.

Notes re: Deductible or Coverage:

No coverage for prescription drugs from an out-of-network pharmacy.

## 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				X		X		QL

## HIV Medications

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

## HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)								X	Epivir HBV covered (Tier 2)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

\* QL = Quantity Limit

# BridgeSpan Health Company

## Oregon Standard Silver Plan Legacy Health

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	BridgeSpan Health Company		
Plan Name:	BridgeSpan Oregon Standard Silver Plan Legacy Health		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <span style="float: right;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Clackamas, Washington, Yamhill		
Link to Summary of Benefits:	<a href="https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-Legacy-Health.pdf">https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/BridgeSpan-Oregon-Standard-Silver-Plan-Legacy-Health.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$1000	Prescription: \$ no	Out of Pocket Cap: \$12700
Family Out of Network Deductibles:	Medical: \$20000	Prescription: \$ no	Out of Pocket Cap: \$25400
Premiums (per month)	Individual: \$307	Family: \$959	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35 (visit)	30% after deductible (other services)		Deductible waived for in-network office visits
Specialists	\$70 (visit)	30% after deductible (other services)		Deductible waived for in-network office visits
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		
Emergency Room		30%		
Mental/Behavioral				
Outpatient Health Services	\$35			Deductible waived in-network
Substance Use Disorder				
Outpatient Services	\$35			Deductible waived in-network

## Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Laboratory Services		30%		
Out of network provider rules: Special provisions/exceptions for individuals living with HIV?		Most out-of-network services listed in the Summary of Benefits have cost-sharing of 50% coinsurance		
Other information:	N/A			

## Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (retail) \$30 (mail) \$15 (self-administrable cancer chemotherapy)		<b>Generic Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Two	\$50 (retail) \$100 (mail) \$50 (self-administrable cancer chemotherapy)		<b>Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Three		50% (retail) 40% (mail) 30% (self-administrable cancer chemotherapy)	<b>Non-Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Four		50% (specialty) 30% (self-administrable cancer chemotherapy)	<b>Specialty Drugs.</b> Coverage is limited to a 90-day supply (retail) (1 copay per 30-day supply), 90-day supply (mail), or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs. The first fill for specialty drugs may be provided at a retail pharmacy, additional refills and any fills for specialty self-administrable cancer chemotherapy drugs must be provided at a specialty pharmacy.
Five/Specialty		N/A	
Name of Formulary Used:	Oregon Standard 2016		
Link to Formulary:	<a href="https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB2%202016.pdf">https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB2%202016.pdf</a>		
Contact Number:	1-855-857-9943		

## Plan Information

Deductible doesn't apply to the following in-network services: preventive care, office and urgent care visits, **prescription drugs**, and outpatient mental health and substance abuse services. Copayments or amounts in excess of the allowed amount do not count toward the deductible. Deductible and coinsurance are waived for Native Americans receiving services from Indian Health Providers.

Notes re: Deductible or Coverage:

No coverage for prescription drugs from an out-of-network pharmacy.

## 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				X		X		QL

## HIV Medications

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

## HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)								X	Epivir HBV covered (Tier 2)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

\* QL = Quantity Limit



# BridgeSpan Health Company

## Silver HDHP 2000 Value PPO

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	BridgeSpan Health Company		
Plan Name:	BridgeSpan Silver HDHP 2000 Value PPO		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <span style="margin-left: 100px;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/Silver-HDHP-2000-Value-PPO.pdf">https://www.bridgespanhealth.com/portal-resource/portal-theme/web/pdfs/bsh/2016/or/Silver-HDHP-2000-Value-PPO.pdf</a>		
Individual Deductibles:	Medical: \$2000	Prescription: \$ no	Out of Pocket Cap: \$6550
Family Deductibles:	Medical: \$4000	Prescription: \$ no	Out of Pocket Cap: \$13100
Individual Out of Network Deductibles:	Medical: \$10000	Prescription: \$ no	Out of Pocket Cap: \$19650
Family Out of Network Deductibles:	Medical: \$20000	Prescription: \$ no	Out of Pocket Cap: \$39300
Premiums (per month)	Individual: \$280	Family: \$873	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services				20% (facility fee / physician fee)
Emergency Room				20%
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:	Most out-of-network services listed in the Summary of Benefits have cost-sharing of 50% coinsurance			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		20% (retail) 15% (mail) 20% (self-administrable cancer chemotherapy)	<b>Category 1 Generic Drugs.</b> Coverage is limited to a 90-day supply retail, 90-day supply mail order, or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Two		35% (retail) 30% (mail) 20% (self-administrable cancer chemotherapy)	<b>Category 2 Generic Drugs and Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply retail, 90-day supply mail order, or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs. <i>(Note: Summary of Benefits groups all generics together, but formulary clarifies that Tier 2 includes Category 2 Generics and Preferred (Category 1) Brand Drugs. The categorization in the formulary is confirmed by the consistency in cost-sharing between Category 2 Generic Drugs and Preferred Brand in the SOB.)</i>
Three		50% (retail category 2) 40% (mail category 2) 20% (self-administrable cancer chemotherapy category 2)	<b>Non-Preferred Brand Drugs.</b> Coverage is limited to a 90-day supply retail, 90-day supply mail order, or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs.
Four		40% (specialty) 20% (self-administrable cancer chemotherapy drugs)	<b>Specialty Drugs.</b> Coverage is limited to a 90-day supply retail, 90-day supply mail order, or 30-day supply injectable, self-administrable cancer chemotherapy and specialty drugs. The first fill for specialty drugs may be provided at a retail pharmacy, additional refills and any fills for specialty self-administrable cancer chemotherapy drugs must be provided at a specialty pharmacy.
Five/Specialty		N/A	
Name of Formulary Used:	Oregon, Idaho, and Utah Essential 2016		
Link to Formulary:	<a href="https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB1%202016.pdf">https://ctr.rxportal.mycatamaranrx.com/rxclaim/CTR/EHB1%202016.pdf</a>		
Contact Number:	1-855-857-9943		

## Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
			Deductible doesn't apply to in-network preventive care. Amounts in excess of the allowed amount do not count toward the deductible. Deductible and coinsurance waived for Native Americans receiving services from Indian Health Providers.
			No coverage for prescription drugs from an out-of-network pharmacy
Notes re: Deductible or Coverage:			Deductible does not apply to certain preventive drugs, women's contraceptives, or immunizations at a participating pharmacy. Deductible also waived for generic or brand-name drug on the Essential Formulary specifically designated as preventive for treatment of chronic diseases that are on the Optimum Value Medication List.

## 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				X		X		QL

## HIV Medications

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Eпивir (lamivudine)								X	Eпивir HBV covered (Tier 2)
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

\* QL = Quantity Limit

# Kaiser Permanente Oregon Standard Silver 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Kaiser Permanente		
Plan Name:	Oregon Standard Silver Plan		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <span style="float: right;">Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Polk, Washington, Yamhill		
Link to Summary of Benefits:	<a href="http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON-Exchange/PLNSBC_KNW_20004_005_20160101_20120501_en.pdf">http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON-Exchange/PLNSBC_KNW_20004_005_20160101_20120501_en.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Premiums (per month)	Individual: \$240	Family: \$750	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			
Specialists	\$70			
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		Deductible must be met
Emergency Room		30%		Deductible must be met
Mental/Behavioral				
Outpatient Health Services	\$35			
Substance Use Disorder				
Outpatient Services	\$35			
Laboratory Services		30%		Deductible must be met
Out of network provider rules:	Out-of-network providers not covered except for emergency room services and emergency medical transportation (both 30% coinsurance)			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15		<b>Generic Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Two	\$50		<b>Preferred Brand Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Three		50%	<b>Non-Preferred Brand Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Four		50%	<b>Specialty Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Five/Specialty		N/A	
Name of Formulary Used: 2015 Oregon Marketplace Formulary			
Link to Formulary: <a href="https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/nw/or_marketplace_formulary_2014.pdf">https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/nw/or_marketplace_formulary_2014.pdf</a>			
Contact Number: 1-800-813-2000			
Notes re: Deductible or Coverage: Prescription drugs obtained from out-of-network provider not 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				QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		QL

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Epivir (lamivudine)								X	Epivir HBV covered (Tier 3, PA)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X				X		X		PA varies by formulation
Ziagen (abacavir)	X			X			X		Tiering varies by formulation

\*QL = Quantity Limit

\*PA = Prior Authorization. Where prior authorization requirements vary by formulation, prior authorization is listed as a requirement in the table above

\*Where tiering varies by formulation, the highest tier on which the drug appears is provided in the table above (as formulations may not be interchangeable)



# Kaiser Permanente

## KP OR Silver 1500/30

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Kaiser Permanente		
Plan Name:	KP OR Silver 1500/30		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <span style="float: right;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Polk, Washington, Yamhill		
Link to Summary of Benefits:	<a href="http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON-Exchange/PLNSBC_KNW_20004_004_20160101_20120501_en.pdf">http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON-Exchange/PLNSBC_KNW_20004_004_20160101_20120501_en.pdf</a>		
Individual Deductibles:	Medical: \$1500	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$3000	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket cap: \$
Premiums (per month)	Individual: \$250	Family: \$780	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$50			
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		30% (after deductible) (facility /physician fee)		
Emergency Room		30% (after deductible)		
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30% (after deductible)		
Out of network provider rules:	Out of Network providers are not covered for most services			

## Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

## Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15		<b>Generic Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Two	\$55		<b>Preferred Brand Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Three		50% (after deductible)	<b>Non-Preferred Brand Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Four		50% (after deductible)	<b>Specialty Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Five/Specialty		N/A	
Name of Formulary Used:	2015 Oregon Marketplace Formulary		
Link to Formulary:	<a href="https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/nw/or_marketplace_formulary_2014.pdf">https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/nw/or_marketplace_formulary_2014.pdf</a>		
Contact Number:	1-800-813-2000		
Notes re: Deductible or Coverage:	Prescription drugs obtained from out-of-network provider not 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				QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		QL

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Emtriva (emtricitabine)	X			X			X		
Epivir (lamivudine)								X	Epivir HBV covered (Tier 3, PA)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X				X		X		PA varies by formulation Tiering varies by formulation
Ziagen (abacavir)	X			X			X		

\*QL = Quantity Limit

\*PA = Prior Authorization. Where prior authorization requirements vary by formulation, prior authorization is listed as a requirement in the table above

\*Where tiering varies by formulation, the highest tier on which the drug appears is provided in the table above (as formulations may not be interchangeable)

# Kaiser Permanente

## KP OR Silver 30/3000

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Kaiser Permanente		
Plan Name:	KP OR Silver 30/3000		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <span style="float: right;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Benton, Clackamas, Columbia, Hood River, Linn, Marion, Polk, Washington, Yamhill		
Link to Summary of Benefits:	<a href="http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON-Exchange/PLNSBC_KNW_20004_016_20160101_20120501_en.pdf">http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON-Exchange/PLNSBC_KNW_20004_016_20160101_20120501_en.pdf</a>		
Individual Deductibles:	Medical: \$3000	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$6000	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Premiums (per month)	Individual: \$232	Family: \$724	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$50			
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		30% (after deductible) (facility / physician fee)		
Emergency Room		30% (after deductible)		
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30% (after deductible)		
Out of network provider rules:	Out of Network providers are not covered for most services			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15		<b>Generic Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Two	\$55		<b>Preferred Brand Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Three		50% (after deductible)	<b>Non-Preferred Brand Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Four		50% (after deductible)	<b>Specialty Drugs.</b> Up to a 30 day supply from a participating retail or mail pharmacy. No charge for female contraceptives. All subject to formulary guidelines.
Five/Specialty		N/A	
Name of Formulary Used: Oregon Marketplace Formulary			
Link to Formulary: <a href="https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/nw/or_marketplace_formulary_2014.pdf">https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/nw/or_marketplace_formulary_2014.pdf</a>			
Contact Number: 1-800-813-2000			
Notes re: Deductible or Coverage: Prescription drugs obtained from out-of-network provider not 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				QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		QL

## HIV Medications

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Tybost (cobicistat)	X			X			X		
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X			X			X		
Epivir (lamivudine)								X	Epivir HBV covered (Tier 3, PA)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X				X		X		PA varies by formulation
Ziagen (abacavir)	X			X			X		Tiering varies by formulation

\*QL = Quantity Limit

\*PA = Prior Authorization. Where prior authorization requirements vary by formulation, prior authorization is listed as a requirement in the table above

\*Where tiering varies by formulation, the highest tier on which the drug appears is provided in the table above (as formulations may not be interchangeable)



# LifeWise

## Essential Silver Exchange 2000

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	LifeWise		
Plan Name:	Essential Silver Exchange 2000		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <span style="margin-left: 100px;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://www.lifewiseor.com/documents/029193_2016.pdf">https://www.lifewiseor.com/documents/029193_2016.pdf</a>		
Individual Deductibles:	Medical: \$2000	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$4000	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$4000	Prescription: \$ no	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Premiums (per month)	Individual: \$290	Family: \$904	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$15			No charge for first two visits per calendar year.
Specialists	\$45			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility/physician fee)		Prior authorization required for all planned inpatient stays or residential treatment programs. Deductible applies.
Emergency Room	\$250 + 30% coinsurance			Co-pay waived if admitted as inpatient. Deductible applies.
Mental/Behavioral				
Outpatient Health Services	\$45 (office visit)	30% (facility)		Deductible waived in-network
Substance Use Disorder				
Outpatient Services	\$45 (office visit)	30% (facility)		Deductible waived in-network

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Laboratory Services		30%		Deductible waived in-network
Out of network provider rules:	Most out-of-network services require 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$25 for 30-day supply (retail) / \$75 (mail)		<b>Generic Drugs.</b> Deductible waived in-network. Covers up to 90 day supply (retail and mail). Prior authorization is required for certain drugs.
Two	\$55 for 30-day supply (retail) / \$165 (mail)		<b>Preferred Brand Drugs.</b> Deductible waived in-network. Covers up to 90 day supply (retail and mail). Prior authorization is required for certain drugs.
Three		50% (after deductible)	<b>Non-Preferred Brand Drugs.</b> Covers up to 90 day supply (retail and mail). Prior authorization is required for certain drugs.
Four		30% (after deductible)	<b>Specialty Drugs.</b> Covers up to a 30 day supply. Only covered at specific contracted specialty pharmacies. Prior authorization is required for certain drugs.
Five/Specialty		N/A	
Name of Formulary Used:	Oregon X4		
Link to Formulary:	<a href="https://www.lifewiseor.com/producer/pharmacy/drug-search/rx-search/">https://www.lifewiseor.com/producer/pharmacy/drug-search/rx-search/</a>		
Contact Number:	1-800-596-3440		
Notes re: Deductible or Coverage:	Co-pays are not subject to deductible. Prescription drugs not covered if obtained from out-of-network provider.		

## 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		SPRx
Harvoni (ledipasvir, sofosbuvir)	X				X		X		SPRx
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		SPRx

## HIV Medications

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Epivir (lamivudine)	X		X						Only oral solution covered
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)								X	

\*SPRx = Specialty Pharmacy

\*Where tiering varies by formulation, the highest tier on which the drug appears is provided in the table above (as formulations may not be interchangeable)

# LifeWise

## Essential Silver Exchange 3000 EPO

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	LifeWise		
Plan Name:	Essential Silver Exchange 3000 EPO		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other EPO
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://www.lifewiseor.com/documents/031148_2016.pdf">https://www.lifewiseor.com/documents/031148_2016.pdf</a>		
Individual Deductibles:	Medical: \$3000	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$6000	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Premiums (per month)	Individual: \$272	Family: \$848	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$15			No charge for first two visits per calendar year.
Specialists	\$50			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20% (facility/physician fee)		Prior authorization required for all planned inpatient stays or residential treatment programs. Deductible applies.
Emergency Room	\$250 + 20% coinsurance			Co-pay waived if admitted as inpatient. Deductible applies.
Mental/Behavioral Outpatient Health Services	\$50 (office visit)	20% (facility)		Deductible waived in-network
Substance Use Disorder Outpatient Services	\$50 (office visit)	20% (facility)		Deductible waived in-network

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Laboratory Services		20%		Deductible waived in-network
Out of network provider rules:	Most out-of-network services not covered			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$20 for 30-day supply (retail) / \$60 (mail)		<b>Generic Drugs.</b> Deductible waived in-network. Covers up to 90 day supply (retail and mail). Prior authorization is required for certain drugs.
Two	\$55 for 30-day supply (retail) / \$165 (mail)		<b>Preferred Brand Drugs.</b> Deductible waived in-network. Covers up to 90 day supply (retail and mail). Prior authorization is required for certain drugs.
Three		50% (after deductible)	<b>Non-Preferred Brand Drugs.</b> Covers up to 90 day supply (retail and mail). Prior authorization is required for certain drugs.
Four		20% (after deductible)	<b>Specialty Drugs.</b> Covers up to a 30 day supply. Only covered at specific contracted specialty pharmacies. Prior authorization is required for certain drugs.
Five/Specialty		N/A	
Name of Formulary Used:	Oregon X4		
Link to Formulary:	<a href="https://www.lifewiseor.com/producer/pharmacy/drug-search/rx-search/">https://www.lifewiseor.com/producer/pharmacy/drug-search/rx-search/</a>		
Contact Number:	1-800-596-3440		
Notes re: Deductible or Coverage:	Co-pays are not subject to deductible. Prescription drugs not covered if obtained from out-of-network provider.		

## 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		SPRx
Harvoni (ledipasvir, sofosbuvir)	X				X		X		SPRx
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		SPRx

## HIV Medications

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Epivir (lamivudine)	X		X						Only oral solution covered
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)								X	

\*SPRx = Specialty Pharmacy

\*Where tiering varies by formulation, the highest tier on which the drug appears is provided in the table above (as formulations may not be interchangeable)



# LifeWise

## Oregon Standard Silver Plan Exclusive Provider 2500

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	LifeWise		
Plan Name:	Oregon Standard Silver Plan Exclusive Provider 2500		
Plan Type:	<input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other EPO		
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://www.lifewiseor.com/documents/031150_2016.pdf">https://www.lifewiseor.com/documents/031150_2016.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Premiums (per month)	Individual: \$266	Family: \$830	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			
Specialists	\$70			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility/physician fee)		Prior authorization required for all planned inpatient stays or residential treatment programs. Deductible applies.
Emergency Room		30%		Coinsurance is waived if admitted as inpatient. Deductible applies.
Mental/Behavioral				Deductible applies to facility in-network
Outpatient Health Services	\$70 (office visit)	30% (facility)		Deductible applies to facility in-network
Substance Use Disorder				Deductible applies to facility in-network
Outpatient Services	\$70 (office visit)	30% (facility)		Deductible applies
Laboratory Services		30%		Deductible applies
Out of network provider rules:	Most out-of-network services not covered			

## Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

## Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 for 30-day supply (retail) / \$45 (mail)		<b>Generic Drugs.</b> Deductible waived in-network. Covers up to 90 day supply (retail and mail). Prior authorization is required for certain drugs.
Two	\$50 for 30-day supply (retail) / \$150 (mail)		<b>Preferred Brand Drugs.</b> Deductible waived in-network. Covers up to 90 day supply (retail and mail). Prior authorization is required for certain drugs.
Three		50%	<b>Non-Preferred Brand Drugs.</b> Deductible waived in-network. Covers up to 90 day supply (retail and mail). Prior authorization is required for certain drugs.
Four		50%	<b>Specialty Drugs.</b> Deductible waived in-network. Covers up to a 30 day supply. Only covered at specific contracted specialty pharmacies. Prior authorization is required for certain drugs.
Five/Specialty		N/A	
Name of Formulary Used:	Oregon X4		
Link to Formulary:	<a href="https://www.lifewiseor.com/producer/pharmacy/drug-search/rx-search/">https://www.lifewiseor.com/producer/pharmacy/drug-search/rx-search/</a>		
Contact Number:	1-800-596-3440		
Notes re: Deductible or Coverage:	Co-pays are not subject to deductible. Prescription drugs not covered if obtained from out-of-network provider.		

## 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		SPRx
Harvoni (ledipasvir, sofosbuvir)	X				X		X		SPRx
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		SPRx

## HIV Medications

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

## HIV Medications

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

\*SPRx = Specialty Pharmacy

\*Where tiering varies by formulation, the highest tier on which the drug appears is provided in the table above (as formulations may not be interchangeable)

# Moda Health Plan, Inc.

## Moda Health Beacon Be Prepared

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Moda Health Plan, Inc.		
Plan Name:	Moda Health Beacon Be Prepared		
Plan Type:	<input checked="" type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> HMO <input type="checkbox"/> Other		
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://www.modahealth.com/pdfs/plans/individual/Moda_Beacon_BePrepared_SBC_2016_OR.pdf">https://www.modahealth.com/pdfs/plans/individual/Moda_Beacon_BePrepared_SBC_2016_OR.pdf</a>		
Individual Deductibles:	Medical: \$1550	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$3100	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$3100	Prescription: \$ no	Out of Pocket Cap: \$13700
Family Out of Network Deductibles:	Medical: \$6200	Prescription: \$ no	Out of Pocket Cap: \$27400
Premiums (per month)	Individual: \$288	Family: \$898	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			In-network deductible waived
Specialists	\$30			In-network deductible waived
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility fee /physician fee)		Prior authorization required In-network deductible and out-of-pocket max applies to mental health and substance abuse services
Emergency Room		30%		
Mental/Behavioral		30% (other		
Outpatient Health Services	\$30 (visit)	services)		Deductible waived if in-network
Substance Use Disorder		30% (other		
Outpatient Services	\$30 (visit)	services)		Deductible waived if in-network
Laboratory Services		30%		

## Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	Cost-sharing for most out-of-network services is 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

## Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$2 (retail) / \$6 (mail)		<b>Value Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Two	\$20 (retail) / \$60 (mail)		<b>Select Tier Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Three		40%	<b>Preferred Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Four		50%	<b>Non-Preferred Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Five/Specialty		50%	<b>Specialty Drugs.</b> Covers up to 30-day supply specialty. Prior authorization may be required. Exclusive pharmacy only. Specialty medications may include specialty tier and other tier medications that are used to treat complex chronic conditions.
Name of Formulary Used:	Moda Medication Search		
Link to Formulary:	<a href="https://www.modahealth.com/pdl">https://www.modahealth.com/pdl</a>		
Contact Number:	1-888-217-2363 (coverage) 1-844-235-8015 (pharmacy)		
	Deductible doesn't apply to most in-network physician office visits, urgent care visit, outpatient rehabilitation, alternative care, or pediatric vision exam, preventive care, <b>prescription drugs</b> , breastfeeding support.		
Notes re: Deductible or Coverage:	Brand Substitution Policy: If brand and generic covered, and provider prescribes brand, the member will be responsible for the brand copay plus the difference in cost between the generic and the brand medication.		

## HCV Medications

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

## 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			X		
Epzicom (abacavir/lamivudine)	X			X					QL
Evotaz (atazanavir/cobicistat)	X			X					QL
Intelence (etravirine)	X			X			X		
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X			X					QL
Prezista (darunavir)	X			X					QL
Reyataz (atazanavir)	X			X					
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X			X		
Triumeq (abacavir/dolutegravir/lamivudine)	X			X					QL
Truvada (emtricitabine/tenofovir)	X			X					QL
Tybost (cobicistat)	X			X			X		
Abacavir (generic)	X		X						QL
Edurant (rilpivirine)	X			X			X		
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X			X					

## HIV Medications

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

\*QL = Quantity Limit



# Moda Health Plan, Inc.

## Moda Health Beacon Be Steady

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Moda Health Plan, Inc.		
Plan Name:	Moda Health Beacon Be Steady		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://www.modahealth.com/pdfs/plans/individual/Moda_Beacon_BeSteady_SBC_2016_OR.pdf">https://www.modahealth.com/pdfs/plans/individual/Moda_Beacon_BeSteady_SBC_2016_OR.pdf</a>		
Individual Deductibles:	Medical: \$3000	Prescription: \$ no	Out of Pocket Cap: \$6500
Family Deductibles:	Medical: \$6000	Prescription: \$ no	Out of Pocket Cap: \$13000
Individual Out of Network Deductibles:	Medical: \$6000	Prescription: \$ no	Out of Pocket Cap: \$13000
Family Out of Network Deductibles:	Medical: \$12000	Prescription: \$ no	Out of Pocket Cap: \$26000
Premiums (per month)	Individual: \$260	Family: \$810	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		25%		Deductible waived in-network
Specialists		25%		Deductible waived in-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility/physician fee)		Prior authorization required In-network deductible and out-of-pocket maximum applies to mental health and substance abuse services
Emergency Room		30%		
Mental/Behavioral				
Outpatient Health Services		25%		Deductible waived in-network
Substance Use Disorder				
Outpatient Services		25%		Deductible waived in-network
Laboratory Services		30%		

## Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	Cost-sharing for most out-of-network services is 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

## Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$2 (retail) / \$6 (mail)		<b>Value Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Two	\$20 (retail) / \$60 (mail)		<b>Select Tier Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Three		40%	<b>Preferred Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Four		50%	<b>Non-Preferred Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Five/Specialty		50%	<b>Specialty Drugs.</b> Covers up to 30-day supply specialty. Prior authorization may be required. Exclusive pharmacy only. Specialty medications may include specialty tier and other tier medications that are used to treat complex chronic conditions.
Name of Formulary Used:	Moda Medication Search		
Link to Formulary:	<a href="https://www.modahealth.com/pdl/">https://www.modahealth.com/pdl/</a>		
Contact Number:	1-888-217-2363 (coverage) 1-844-235-8015 (pharmacy)		

## Plan Information

Deductible doesn't apply to most in-network physician office visits, urgent care visit, outpatient rehabilitation, alternative care, or pediatric vision exam, preventive care, **prescription drugs**, breastfeeding support. Copayments don't count toward deductible.

Notes re: Deductible or Coverage:

Brand Substitution Policy: If brand and generic covered, and provider prescribes brand, the member will be responsible for the brand copay plus the difference in cost between the generic and the brand medication.

## HCV Medications

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

## 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			X		
Epzicom (abacavir/lamivudine)	X			X					QL
Evotaz (atazanavir/cobicistat)	X			X					QL
Intelence (etravirine)	X			X			X		
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X			X					QL
Prezista (darunavir)	X			X					QL
Reyataz (atazanavir)	X			X					
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X			X		
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			X		
Abacavir (generic)	X		X						QL
Edurant (rilpivirine)	X			X			X		
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					QL
Ziagen (abacavir)	X					X			QL

\*QL = Quantity Limit

# Moda Health Plan, Inc.

## Moda Health CCN Be Supported

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Moda Health Plan, Inc.		
Plan Name:	Moda Health CCN Be Supported		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <span style="margin-left: 100px;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Clackamas, Marion, Polk, Washington, Yamhill		
Link to Summary of Benefits:	<a href="https://www.modahealth.com/pdfs/plans/individual/Moda_CCN_BeSupported_SBC_2016_OR.pdf">https://www.modahealth.com/pdfs/plans/individual/Moda_CCN_BeSupported_SBC_2016_OR.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6500
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$13000
Individual Out of Network Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$13000
Family Out of Network Deductibles:	Medical: \$10000	Prescription: \$ no	Out of Pocket Cap: \$26000
Premiums (per month)	Individual: \$256	Family: \$798	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			Deductible waived in-network
Specialists	\$60			Deductible waived in-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		35% (facility /physician fee)		Prior authorization required In-network deductible and out-of-pocket maximum applies to mental health and substance abuse services.
Emergency Room		35%		
Mental/Behavioral				
Outpatient Health Services	\$30 (visit)	35% (other services)		Deductible waived in-network
Substance Use Disorder				
Outpatient Services	\$30 (visit)	35% (other services)		Deductible waived in-network
Laboratory Services		35%		
Out of network provider rules:	Cost-sharing for most out-of-network services is 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$2 (retail) / \$6 (mail)		<b>Value Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Two	\$10 (retail) / \$30 (mail)		<b>Select Tier Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Three		40%	<b>Preferred Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Four		50%	<b>Non-Preferred Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Five/Specialty		50%	<b>Specialty Drugs.</b> Covers up to 30-day supply specialty. Prior authorization may be required. Exclusive pharmacy only. Specialty medications may include specialty tier and other tier medications that are used to treat complex chronic conditions.
Name of Formulary Used:	Moda Medication Search		
Link to Formulary:	<a href="https://www.modahealth.com/pdl/">https://www.modahealth.com/pdl/</a>		
Contact Number:	1-888-217-2363 (coverage) 1-844-235-8015 (pharmacy)		
	Deductible doesn't apply to most in-network physician office visits, urgent care visit, outpatient rehabilitation, pediatric vision exam or preventive care, <b>prescription drugs</b> , breastfeeding support. Copayments don't count toward the deductible.		
Notes re: Deductible or Coverage:	Brand Substitution Policy: If brand and generic covered, and provider prescribes brand, the member will be responsible for the brand copay plus the difference in cost between the generic and the brand medication.		

## HCV Medications

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

## 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			X		
Epzicom (abacavir/lamivudine)	X			X					QL
Evotaz (atazanavir/cobicistat)	X			X					QL
Intelence (etravirine)	X			X			X		
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X			X					QL
Prezista (darunavir)	X			X					QL
Reyataz (atazanavir)	X			X					
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X			X		
Triumeq (abacavir/dolutegravir/lamivudine)	X			X					QL
Truvada (emtricitabine/tenofovir)	X			X					QL
Tybost (cobicistat)	X			X			X		
Abacavir (generic)	X		X						QL
Edurant (rilpivirine)	X			X			X		
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X			X					

## HIV Medications

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

\*QL = Quantity Limit



# Moda Health Plan, Inc.

## Oregon Standard Silver (Beacon)

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Moda Health Plan, Inc.		
Plan Name:	Oregon Standard Silver (Beacon)		
Plan Type:	<input checked="" type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> HMO <input type="checkbox"/> Other		
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://www.modahealth.com/pdfs/plans/individual/Moda_Beacon_OregonStandardSilver_SBC_2016_OR.pdf">https://www.modahealth.com/pdfs/plans/individual/Moda_Beacon_OregonStandardSilver_SBC_2016_OR.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Family Out of Network Deductibles:	Medical: \$10000	Prescription: \$ no	Out of Pocket Cap: \$25400
Premiums (per month)	Individual: \$272	Family: \$848	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			Deductible waived in-network
Specialists	\$70			Deductible waived in-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility / physician fee)		Prior authorization required In-network deductible and out-of-pocket maximum applies to mental health and substance abuse services.
Emergency Room		30%		
Mental/Behavioral		30% (other services)		
Outpatient Health Services	\$35 (visit)			Deductible waived in-network

## Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Substance Use Disorder Outpatient Services	\$35	30% (other services)		Deductible waived in-network
Laboratory Services		30%		
Out of network provider rules:	Cost-sharing for most out-of-network services is 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

## Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (retail) / \$45 (mail)		<b>Value Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Two	\$15 (retail) / \$45 (mail)		<b>Select Tier Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Three	\$50 (retail) / \$150 (mail)		<b>Preferred Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Four		50%	<b>Non-Preferred Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Five/Specialty		50%	<b>Specialty Drugs.</b> Covers up to 30-day supply specialty. Prior authorization may be required. Exclusive pharmacy only. Specialty medications may include specialty tier and other tier medications that are used to treat complex chronic conditions.
Name of Formulary Used:	Moda Medication search		
Link to Formulary:	<a href="https://www.modahealth.com/pdl/">https://www.modahealth.com/pdl/</a>		
Contact Number:	1-888-217-2363 (coverage) 1-844-235-8015 (pharmacy)		
	Deductible doesn't apply to most in-network physician office visits, urgent care visit, outpatient rehabilitation, pediatric vision exam and hardware or preventive care, <b>prescription drugs</b> , breastfeeding support. Copayments don't count toward the deductible.		
Notes re: Deductible or Coverage:	Brand Substitution Policy: If brand and generic covered, and provider prescribes brand, the member will be responsible for the brand copay plus the difference in cost between the generic and the brand medication.		

### HCV Medications

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

### 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			X		
Epzicom (abacavir/lamivudine)	X			X					QL
Evotaz (atazanavir/cobicistat)	X			X					QL
Intelence (etravirine)	X			X			X		
Isentress (raltegravir)	X			X					
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X			X					QL
Prezista (darunavir)	X			X					QL
Reyataz (atazanavir)	X			X					
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					QL
Tivicay (dolutegravir)	X			X			X		
Triumeq (abacavir/dolutegravir/lamivudine)	X			X					QL
Truvada (emtricitabine/tenofovir)	X			X					QL
Tybost (cobicistat)	X			X			X		
Abacavir (generic)	X		X						QL
Edurant (rilpivirine)	X			X			X		
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X		X						QL

## HIV Medications

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

\*QL = Quantity Limit

# Moda Health Plan, Inc.

## Moda Health Rose City Be Supported

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Moda Health Plan, Inc.		
Plan Name:	Moda Health Rose City Be Supported		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <span style="float: right;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Clackamas, Washington, Yamhill		
Link to Summary of Benefits:	<a href="https://www.modahealth.com/pdfs/plans/individual/Moda_RC_BeSupported_SBC_2016_OR.pdf">https://www.modahealth.com/pdfs/plans/individual/Moda_RC_BeSupported_SBC_2016_OR.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6500
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$13000
Individual Out of Network Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$13000
Family Out of Network Deductibles:	Medical: \$10000	Prescription: \$ no	Out of Pocket Cap: \$26000
Premiums (per month)	Individual: \$244	Family: \$760	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			Deductible waived in-network
Specialists	\$60			Deductible waived in-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		35% (facility / physician fee)		Prior authorization required In-network deductible and out-of-pocket maximum applies to mental health and substance abuse services.
Emergency Room		35%		
Mental/Behavioral				
Outpatient Health Services	\$30 (visit)	35% (other services)		Deductible waived in-network
Substance Use Disorder				
Outpatient Services	\$30 (visit)	35% (other services)		Deductible waived in-network
Laboratory Services		35%		
Out of network provider rules:	Cost-sharing for most out-of-network services is 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

## Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$2 (retail) / \$6 (mail)		<b>Value Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Two	\$10 (retail) / \$30 (mail)		<b>Select Tier Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Three		40%	<b>Preferred Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Four		50%	<b>Non-Preferred Drugs.</b> Covers up to 30-day supply (retail); 90-day supply (mail). Prior authorization may be required. Mail order at exclusive mail order pharmacy only. Deductible waived.
Five/Specialty		50%	<b>Specialty Drugs.</b> Covers up to 30-day supply specialty. Prior authorization may be required. Exclusive pharmacy only. Specialty medications may include specialty tier and other tier medications that are used to treat complex chronic conditions.
Name of Formulary Used:	Moda Medication Search		
Link to Formulary:	<a href="https://www.modahealth.com/pdl/">https://www.modahealth.com/pdl/</a>		
Contact Number:	1-888-217-2363 (coverage) 1-844-235-8015 (pharmacy)		
	Deductible doesn't apply to most in-network physician office visits, urgent care visit, outpatient rehabilitation, pediatric vision exam or preventive care, <b>prescription drugs</b> , breastfeeding support. Copayments don't count toward the deductible.		
Notes re: Deductible or Coverage:	Brand Substitution Policy: If brand and generic covered, and provider prescribes brand, the member will be responsible for the brand copay plus the difference in cost between the generic and the brand medication.		

## HCV Medications

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

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

\*QL = Quantity Limit

# Oregon's Health CO-OP

## Oregon Standard Silver Plan Broad Network

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Oregon's Health CO-OP		
Plan Name:	Oregon's Health CO-OP Oregon Standard Silver Plan Broad Network		
Plan Type:	<input checked="" type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> HMO <input type="checkbox"/> Other		
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://www.ohcoop.org/wp-content/uploads/99389OR0570001-01-Oregons-Health-CO-OP-Oregon-Standard-Silver-Plan-Broad-Network_2016.pdf">https://www.ohcoop.org/wp-content/uploads/99389OR0570001-01-Oregons-Health-CO-OP-Oregon-Standard-Silver-Plan-Broad-Network_2016.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$12700
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$25400
Premiums (per month)	Individual: \$284	Family: \$886	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			
Specialists	\$70			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		Deductible must be met Preauthorization required
Emergency Room		30%		Deductible must be met
Mental/Behavioral				
Outpatient Health Services	\$35			
Substance Use Disorder				
Outpatient Services	\$35			
Laboratory Services		30%		Deductible must be met
Out of network provider rules:	For all services listed in the Summary of Benefits, out-of-network services were either not covered or required 50% coinsurance			



Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15		<b>Generic Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization <b>Preferred Brand Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization <b>Non-Preferred Brand Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization <b>Specialty Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization
Two	\$50		
Three		50%	
Four		50%	
Five/Specialty		N/A	
Name of Formulary Used: 2016 Essential Health Benefits Formulary Reference Guide			
Link to Formulary: <a href="https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf">https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf</a>			
Contact Number: 1-844-509-4676			
Notes re: Deductible or Coverage: Deductible does not apply to preventive care.			
Notes re: Deductible or Coverage: Prescription drugs obtained from out-of-network provider not 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		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
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						
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X			X					
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						QL
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)								X	
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)								X	Epivir HBV Covered (Tier 2)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

\* QL = Quantity Limit

# Oregon's Health CO-OP SiMPLEsilver BROAD Network 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Oregon's Health CO-OP		
Plan Name:	SiMPLEsilver BROAD Network		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://www.ohcoop.org/wp-content/uploads/99389OR0640001-01-Oregons-Health-CO-OP-SiMPLEsilver-Broad-Network.pdf">https://www.ohcoop.org/wp-content/uploads/99389OR0640001-01-Oregons-Health-CO-OP-SiMPLEsilver-Broad-Network.pdf</a>		
Individual Deductibles:	Medical: \$0	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$0	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$0	Prescription: \$ no	Out of Pocket Cap: \$13700
Family Out of Network Deductibles:	Medical: \$0	Prescription: \$ no	Out of Pocket Cap: \$27400
Premiums (per month)	Individual: \$275	Family: \$858	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			
Specialists	\$55			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	\$5000 (facility fee)	0% (physician fee)		Preauthorization required
Emergency Room	\$500			
Mental/Behavioral				
Outpatient Health Services	\$35			
Substance Use Disorder				
Outpatient Services	\$35			
Laboratory Services	\$50			
Out of network provider rules:	For all services listed in the Summary of Benefits, out-of-network services were either not covered or required 50% coinsurance			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15		<b>Generic Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization <b>Preferred Brand Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization <b>Non-Preferred Brand Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization <b>Specialty Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization
Two	\$70		
Three	\$140		
Four		50%	
Five/Specialty		N/A	
Name of Formulary Used:	2016 Essential Health Benefits Formulary Reference Guide		
Link to Formulary:	<a href="https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf">https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf</a>		
Contact Number:	1-844-509-4676		
Notes re: Deductible or Coverage:	Prescription drugs obtained from out-of-network provider not 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		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
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						
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X			X					
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/ tenofovir)	X		X						QL
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)								X	
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)								X	Epivir HBV Covered (Tier 2)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

\* QL = Quantity Limit

# Oregon's Health CO-OP

## SiMPLERsilver HSA BROAD Network

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Oregon's Health CO-OP		
Plan Name:	SiMPLERsilver HSA Broad Network		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://www.ohcoop.org/wp-content/uploads/99389OR0670001-01-Oregons-Health-CO-OP-SiMPLERsilver-HSA-Broad-Network.pdf">https://www.ohcoop.org/wp-content/uploads/99389OR0670001-01-Oregons-Health-CO-OP-SiMPLERsilver-HSA-Broad-Network.pdf</a>		
Individual Deductibles:	Medical: \$3500	Prescription: \$ no	Out of Pocket Cap: \$3500
Family Deductibles:	Medical: \$7000	Prescription: \$ no	Out of Pocket Cap: \$7000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$7000
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$14000
Premiums (per month)	Individual: \$277	Family: \$864	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$0			Deductible must be met
Specialists	\$0			Deductible must be met
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	\$0 (facility fee / physician fee)			Deductible must be met. Preauthorization required
Emergency Room	\$0			Deductible must be met
Mental/Behavioral				
Outpatient Health Services	\$0			Deductible must be met
Substance Use Disorder				
Outpatient Services	\$0			Deductible must be met
Laboratory Services	\$0			Deductible must be met
Out of network provider rules:	For all services listed in the Summary of Benefits, out-of-network services were either not covered or required 50% coinsurance			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$0		<b>Generic Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization
Two	\$0		<b>Preferred Brand Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization
Three	\$0		<b>Non-Preferred Brand Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization
Four	\$0		<b>Specialty Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization
Five/Specialty	N/A		
Name of Formulary Used: 2016 Essential Health Benefits Formulary Reference Guide			
Link to Formulary: <a href="https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf">https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf</a>			
Contact Number: 1-844-509-4676			
Notes re: Deductible or Coverage: Deductible applies to all services except preventive services.			
Prescription drugs obtained from out-of-network provider not 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		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
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						
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X			X					
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/ tenofovir)	X		X						QL
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)								X	
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)								X	Epivir HBV Covered (Tier 2)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

\* QL = Quantity Limit



# Oregon's Health CO-OP SiMPLEsilver Select Network 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Oregon's Health CO-OP		
Plan Name:	SiMPLEsilver Select Network		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <span style="float: right;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Clackamas, Washington		
Link to Summary of Benefits:	<a href="https://www.ohcoop.org/wp-content/uploads/99389OR0650001-01-Oregons-Health-CO-OP-SiMPLEsilver-Select-Network.pdf">https://www.ohcoop.org/wp-content/uploads/99389OR0650001-01-Oregons-Health-CO-OP-SiMPLEsilver-Select-Network.pdf</a>		
Individual Deductibles:	Medical: \$0	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$0	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$13700
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$27400
Premiums (per month)	Individual: \$236	Family: \$736	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			
Specialists	\$55			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	\$5000 (facility fee) / \$0 (physician fee)			Preauthorization required
Emergency Room	\$500			
Mental/Behavioral				
Outpatient Health Services	\$35			
Substance Use Disorder				
Outpatient Services	\$35			
Laboratory Services	\$50			
Out of network provider rules:	For almost all services listed in the Summary of Benefits, out-of-network services were either not covered or required 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15		<b>Generic Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization.
Two	\$70		<b>Preferred Brand Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization.
Three	\$140		<b>Non-Preferred Brand Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization.
Four		50%	<b>Specialty Drugs.</b> Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization.
Five/Specialty		N/A	
Name of Formulary Used:	2016 Essential Health Benefits Formulary Reference Guide		
Link to Formulary:	<a href="https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf">https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf</a>		
Contact Number:	1-844-509-4676		
Notes re: Deductible or Coverage:	Prescription drugs obtained from out-of-network provider not 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		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
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						
Evotaz (atazanavir/cobicistat)	X			X					

## HIV Medications

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

\* QL = Quantity Limit

# Oregon's Health CO-OP

## Oregon Standard Silver Plan Select Network

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Oregon's Health CO-OP		
Plan Name:	Oregon's Health CO-OP Oregon Standard Silver Plan Select Network		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <span style="float: right;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Clackamas, Washington		
Link to Summary of Benefits:	<a href="https://www.ohcoop.org/wp-content/uploads/99389OR0610001-01-Oregons-Health-CO-OP-Oregon-Standard-Silver-Plan-Select-Network_2016.pdf">https://www.ohcoop.org/wp-content/uploads/99389OR0610001-01-Oregons-Health-CO-OP-Oregon-Standard-Silver-Plan-Select-Network_2016.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$12700
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$25400
Premiums (per month)	Individual: \$243	Family: \$758	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			
Specialists	\$70			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		Preauthorization required. Deductible must be met.
Emergency Room		30%		Deductible must be met
Mental/Behavioral				
Outpatient Health Services	\$35			
Substance Use Disorder				
Outpatient Services	\$35			
Laboratory Services		30%		Deductible must be met
Out of network provider rules:	For all services listed in the Summary of Benefits, out-of-network services were either not covered or required 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15		<b>Generic Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization
Two	\$50		<b>Preferred Brand Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization
Three		50%	<b>Non-Preferred Brand Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization
Four		50%	<b>Specialty Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered with preauthorization
Five/Specialty		N/A	
Name of Formulary Used:	2016 Essential Health Benefits Formulary Reference Guide		
Link to Formulary:	<a href="https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf">https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf</a>		
Contact Number:	1-844-509-4676		
Notes re: Deductible or Coverage:	Deductible does not apply to preventive care Prescription drugs obtained from out-of-network provider not 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		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
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						
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X			X					
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						QL
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)								X	
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)								X	Epivir HBV Covered (Tier 2)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

\* QL = Quantity Limit

# Oregon's Health CO-OP

## SiMPLEsilver HSA Select Network

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Oregon's Health CO-OP		
Plan Name:	SiMPLEsilver HSA Select Network		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in Clackamas, Washington <a href="https://www.ohcoop.org/wp-content/uploads/99389OR0660001-01-on-exchange-simple-silver-hsa-select-network-individual-2015-10-31-15-Jm1.pdf">https://www.ohcoop.org/wp-content/uploads/99389OR0660001-01-on-exchange-simple-silver-hsa-select-network-individual-2015-10-31-15-Jm1.pdf</a> and <a href="https://www.ohcoop.org/get-coverage/plan/individual/select/hsa/silver/on-exchange/">https://www.ohcoop.org/get-coverage/plan/individual/select/hsa/silver/on-exchange/</a> (website link - link not working on healthcare.gov)		
Link to Summary of Benefits:	healthcare.gov)		
Individual Deductibles:	Medical: \$3500	Prescription: \$ no	Out of Pocket Cap: \$3500
Family Deductibles:	Medical: \$7000	Prescription: \$ no	Out of Pocket Cap: \$7000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$7000
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$14000
Premiums (per month)	Individual: \$237	Family: \$740	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$0			Deductible must be met
Specialists	\$0			Deductible must be met
Referral required for specialists?	Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	\$0 (facility/physician fee)			Deductible must be met
Emergency Room	\$0			Deductible must be met
Mental/Behavioral Outpatient Health Services	\$0			Deductible must be met
Substance Use Disorder Outpatient Services	\$0			Deductible must be met
Laboratory Services	\$0			Deductible must be met
Out of network provider rules:	For all services listed in the Summary of Benefits, out-of-network services were either not covered or required 50% coinsurance			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	HIV screenings available at no cost in-network			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$0		<b>Generic Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered.
Two	\$0		<b>Preferred Brand Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered.
Three	\$0		<b>Non-Preferred Brand Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered.
Four	\$0		<b>Specialty Drugs.</b> Deductible must be met. Non-Network Exception: Up to 30 day emergency supply will be covered. Specialty Pharmacy required.
Five/Specialty		N/A	
Name of Formulary Used:	2016 Essential Health Benefits Formulary Reference Guide		
Link to Formulary:	<a href="https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf">https://www.ohcoop.org/wp-content/uploads/2016-Optum-Drug-list.pdf</a>		
Contact Number:	1-844-509-4676		
Notes re: Deductible or Coverage:	Prescription drugs obtained from out-of-network provider not 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		
Harvoni (ledipasvir, sofosbuvir)	X				X		X		
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						
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X			X					
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						QL
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)								X	
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)								X	Epivir HBV Covered (Tier 2)
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

\* QL = Quantity Limit

# PacificSource Health Plans

## PacificSource Oregon Standard Health Plan PSN

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	PacificSource Health Plans		
Plan Name:	PacificSource Oregon Standard Health Plan PSN		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	Available at: <a href="https://www.healthcare.gov/see-plans/#/plan/results/10091OR0360005/details">https://www.healthcare.gov/see-plans/#/plan/results/10091OR0360005/details</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$7500	Prescription: \$ no	Out of Pocket Cap: \$15000
Family Out of Network Deductibles:	Medical: \$15000	Prescription: \$ no	Out of Pocket Cap: \$30000
Premiums (per month)	Individual: \$346	Family: \$1080	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			
Specialists	\$70			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services				30% (after deductible) (facility fee / physician fee)
Emergency Room				30% (after deductible)
Mental/Behavioral				
Outpatient Health Services	\$35			
Substance Use Disorder				
Outpatient Services	\$35			
Laboratory Services				30% (after deductible)
Out of network provider rules:	Cost-sharing for out-of-network services often significantly higher than in-network (e.g., 90% vs 50%)			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (retail) / \$30 (mail)		<b>Generic Drugs.</b> Retail limited to 30 day supply. Mail limited to 90 day supply. Preauthorization required for certain drugs.
Two	\$50 (retail) / \$150 (mail)		<b>Preferred Brand Drugs.</b> Retail limited to 30 day supply. Mail limited to 90 day supply. Preauthorization required for certain drugs.
Three		50%	<b>Non-Preferred Brand Drugs.</b> Retail limited to 30 day supply. Mail limited to 90 day supply. Preauthorization required for certain drugs.
Four		50%	<b>Specialty Drugs.</b> Participating provider benefit available only through our specialty pharmacy services provider. Limited to 30 day supply. Preauthorization required for certain drugs.
Five/Specialty		N/A	
Name of Formulary Used:	PacificSource Health Plans 2016 Oregon (OR) Drug List		
Link to Formulary:	<a href="https://www.pacificsource.com/drug-list/">https://www.pacificsource.com/drug-list/</a>		
Contact Number:	1-888-977-9299		
Notes re: Deductible or Coverage:	Deductible doesn't apply to: Participating provider services, preventive care, office visits, outpatient rehab in an office setting, <b>prescription drugs</b> , pediatric vision exam and hardware.		

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						QL (150 mg tab only)
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)								X	
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

\*QL = Quantity Limit

# Providence Health Plan Balance 2000 Silver 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Providence Health Plan		
Plan Name:	Balance 2000 Silver		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://healthplans.providence.org/-/media/files/providence%20hp/pdfs/individualplans/documents/2016/sbc/ffm/2016%20or%20ind%20bal%20085000601.pdf">https://healthplans.providence.org/-/media/files/providence%20hp/pdfs/individualplans/documents/2016/sbc/ffm/2016%20or%20ind%20bal%20085000601.pdf</a>		
Individual Deductibles:	Medical: \$2000	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$4000	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$4000	Prescription: \$ no	Out of Pocket Cap: \$13700
Family Out of Network Deductibles:	Medical: \$8000	Prescription: \$ no	Out of Pocket Cap: \$27400
Premiums (per month)	Individual: \$251	Family: \$784	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$25			Deductible waived in-network
Specialists	\$50			Deductible waived in-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		Prior authorization required
Emergency Room	\$250, then 30% coinsurance			If admitted to hospital, all services subject to inpatient benefits
Mental/Behavioral Outpatient Health Services	\$25 (visit)	30% (other services)		Prior authorization required for all services except provider office visits. Deductible waived for in-network provider visits.

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Substance Use Disorder Outpatient Services	\$25 (visit)	30% (other services)		Prior authorization required for all services except provider office visits. Deductible waived for in-network provider visits.
Laboratory Services		30%		Deductible waived in-network
Out of network provider rules:	Cost-sharing for most out-of-network services is 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$ 0 (retail / mail)		<b>Preventive Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Two	\$15 (retail) / \$45 (mail)		<b>Generic Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Three	\$60 (retail) / \$180 (mail)		<b>Preferred Brand Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Four		50%	<b>Non-Preferred Brand Drugs.</b> Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply. Listed as "Brand" in formulary.
Five/Specialty		50%	<b>Specialty Drugs.</b> Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Name of Formulary Used:	2016 Preview - Providence Formulary G		
Link to Formulary:	<a href="https://healthplans.providence.org/members/pharmacy-resources/#form">https://healthplans.providence.org/members/pharmacy-resources/#form</a>		
Contact Number:	1-800-878-4445		
Notes re: Deductible or Coverage:	Deductible does not apply to most office visits, outpatient lab/x-ray, most preventive care and urgent care services in-network. If brand name drug is requested when a generic is available, you will pay the difference in cost, plus your copay.		

## 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					X	X		QL

## HIV Medications

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

## HIV Medications

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

\*QL = Quantity Limit

\*Where tiering varies by formulation, the highest tier on which the drug appears is provided in the table above (as formulations may not be interchangeable)



# Providence Health Plan Connect 2000 Silver 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Providence Health Plan		
Plan Name:	Connect 2000 Silver		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in Clackamas, Washington		
Link to Summary of Benefits:	<a href="https://healthplans.providence.org/~//media/files/providence%20hp/pdfs/individualplans/documents/2016/sbc/ffm/2016%20or%20ind%20cnc%20091000901.pdf">https://healthplans.providence.org/~//media/files/providence%20hp/pdfs/individualplans/documents/2016/sbc/ffm/2016%20or%20ind%20cnc%20091000901.pdf</a>		
Individual Deductibles:	Medical: \$2000	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$4000	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$4000	Prescription: \$ no	Out of Pocket Cap: \$13700
Family Out of Network Deductibles:	Medical: \$8000	Prescription: \$ no	Out of Pocket Cap: \$27400
Premiums (per month)	Individual: \$213	Family: \$664	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$25			Deductible waived in-network
Specialists	\$50			Deductible waived in-network
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		Prior authorization required
Emergency Room	\$250 then 30% coinsurance			If admitted to hospital, all services subject to inpatient benefits

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Mental/Behavioral Outpatient Health Services	\$25 (visit)	30% (other services)		All services except office visits require prior authorization. Deductible does not apply to in-network provider visits.
Substance Use Disorder Outpatient Services	\$25 (visit)	30% (other services)		All services except office visits require prior authorization. Deductible does not apply to in-network provider visits.
Laboratory Services		30%		Deductible does not apply in-network
Out of network provider rules:	Cost-sharing for most out-of-network services is 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$0 (retail / mail)		<b>Preventive Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Two	\$15 (retail) / \$45 (mail)		<b>Generic Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Three	\$60 (retail) / \$180 (mail)		<b>Preferred Brand Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Four		50%	<b>Non-Preferred Brand Drugs.</b> Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Five/Specialty		50%	<b>Specialty Drugs.</b> Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Name of Formulary Used:	2016 preview - Providence Formulary G		
Link to Formulary:	<a href="https://healthplans.providence.org/members/pharmacy-resources/">https://healthplans.providence.org/members/pharmacy-resources/</a>		

### Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Contact Number:	1-800-878-4445		
	Deductible waived for office visits, outpatient lab/x-ray, most preventive care and urgent care services in-network.		
Notes re: Deductible or Coverage:	If brand name drug is requested when a generic is available, you will pay the difference in cost, plus your copay.		

### 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					X	X		QL

### HIV Medications

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

## HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X			X					
Truvada (emtricitabine/tenofovir)	X			X					
Tybost (cobicistat)	X			X					
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)								X	Epivir HBV covered (Tier 3)
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

\*QL = Quantity Limit

\*Where tiering varies by formulation, the highest tier on which the drug appears is provided in the table above (as formulations may not be interchangeable)

# Providence Health Plan Choice 2000 Silver 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Providence Health Plan		
Plan Name:	Choice 2000 Silver		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Josephine, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Polk, Umatilla, Union, Wallowa, Washington, Yamhill		
Link to Summary of Benefits:	<a href="https://healthplans.providence.org/-/media/files/providence%20hp/pdfs/individualplans/documents/2016/sbc/ffm/2016%20or%20ind%20chc%20090000901.pdf">https://healthplans.providence.org/-/media/files/providence%20hp/pdfs/individualplans/documents/2016/sbc/ffm/2016%20or%20ind%20chc%20090000901.pdf</a>		
Individual Deductibles:	Medical: \$2000	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$4000	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$4000	Prescription: \$ no	Out of Pocket Cap: \$13700
Family Out of Network Deductibles:	Medical: \$8000	Prescription: \$ no	Out of Pocket Cap: \$27400
Premiums (per month)	Individual: \$237	Family: \$738	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$25			Deductible waived in-network
Specialists	\$50			Deductible waived in-network
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		Prior authorization required
Emergency Room	\$250 then 30% coinsurance			If admitted to hospital, all services subject to inpatient benefits
Mental/Behavioral Outpatient Health Services	\$25 (visit)	30% (other services)		All services except office visits require prior authorization. Deductible does not apply in-network to provider office visits.

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Substance Use Disorder Outpatient Services	\$25 (visit)	30% (other services)		All services except office visits require prior authorization. Deductible does not apply in-network to provider office visits.
Laboratory Services		30%		Deductible waived in-network
Out of network provider rules:	Cost-sharing for most out-of-network services is 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$0 (retail/mail)		<b>Preventive Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Two	\$15 (retail) / \$45 (mail)		<b>Generic Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Three	\$60 (retail) / \$180 (mail)		<b>Preferred Brand Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Four		50%	<b>Non-Preferred Brand Drugs.</b> Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply. Listed as "Brand" in formulary.
Five/Specialty		50%	<b>Specialty Drugs.</b> Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Name of Formulary Used:	2016 Preview - Providence Formulary G		
Link to Formulary:	<a href="https://healthplans.providence.org/members/pharmacy-resources/#form">https://healthplans.providence.org/members/pharmacy-resources/#form</a>		
Contact Number:	1-800-878-4445		
Notes re: Deductible or Coverage:	Deductible waived for most office visits, outpatient lab/x-ray, most preventive care and urgent care services in-network. If brand name drug is requested when a generic is available, you will pay the difference in cost, plus your copay.		

## 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					X	X		QL

## HIV Medications

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

## HIV Medications

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

\*QL = Quantity Limit

\*Where tiering varies by formulation, the highest tier on which the drug appears is provided in the table above (as formulations may not be interchangeable)



# Providence Health Plan

## Providence Oregon Standard Silver Plan

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Providence Health Plan		
Plan Name:	Providence Oregon Standard Silver Plan		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill		
Link to Summary of Benefits:	<a href="https://healthplans.providence.org/-/media/files/providence%20hp/pdfs/individualplans/documents/2016/sbc/fm/2016%20or%20ind%20stn%20087000201.pdf">https://healthplans.providence.org/-/media/files/providence%20hp/pdfs/individualplans/documents/2016/sbc/fm/2016%20or%20ind%20stn%20087000201.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Family Out of Network Deductibles:	Medical: \$10000	Prescription: \$ no	Out of Pocket Cap: \$25400
Premiums (per month)	Individual: \$242	Family: \$756	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			Deductible waived in-network
Specialists	\$70			Deductible waived in-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services			30% (facility fee / physician fee)	Prior authorization required
Emergency Room			30%	If admitted to hospital, all services subject to inpatient benefits
Mental/Behavioral Outpatient Health Services	\$35 (visit)		30% (other services)	All services except provider office visits require prior authorization. Deductible does not apply in-network to office visits.

## Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Substance Use Disorder Outpatient Services	\$35 (visit)	30% (other services)		All services except provider office visits require prior authorization. Deductible does not apply in-network to office visits.
Laboratory Services		30%		
Out of network provider rules:	Cost-sharing for most out-of-network services is 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

## Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$0 (retail / mail)		<b>Preventive Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Two	\$15 (retail) / \$45 (mail)		<b>Generic Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Three	\$50 (retail) / \$150 (mail)		<b>Preferred Brand Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Four		50%	<b>Non-Preferred Brand Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Five/Specialty		50%	<b>Specialty Drugs.</b> Deductible does not apply. Covers up to 30-day supply (retail), 90-day supply (mail order). Prior authorization may apply.
Name of Formulary Used:	2016 Preview - Providence Formulary G		
Link to Formulary:	<a href="https://healthplans.providence.org/members/pharmacy-resources/#form">https://healthplans.providence.org/members/pharmacy-resources/#form</a>		
Contact Number:	1-800-878-4445		
Notes re: Deductible or Coverage:	Deductible waived for most office visits, most preventive care, <b>prescription drugs</b> , and urgent care services in-network. If brand name drug is requested when a generic is available, you will pay the difference in cost, plus your copay.		

## 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					X	X		QL

## HIV Medications

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

## HIV Medications

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

\*QL = Quantity Limit

\*Where tiering varies by formulation, the highest tier on which the drug appears is provided in the table above (as formulations may not be interchangeable)

# Trillium Community Health Plan

## Trillium Oregon Standard Silver Plan Vital

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Trillium Community Health Plan		
Plan Name:	Trillium Oregon Standard Silver Plan Vital		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <span style="float: right;"><input type="checkbox"/> Other</span>
Coverage Area (counties):	Assessed for <b>Lane</b> .		
Link to Summary of Benefits:	<a href="http://www.trilliumchp.com/Marketplace/PDFS/2016/FFM/EXCH_SBC01V4-2016-95417OR0190001-01-Trillium-Vital-Silver-01.pdf">http://www.trilliumchp.com/Marketplace/PDFS/2016/FFM/EXCH_SBC01V4-2016-95417OR0190001-01-Trillium-Vital-Silver-01.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$5000	Prescription: \$5000	Out of Pocket Cap: \$12700
Family Out of Network Deductibles:	Medical: \$10000	Prescription: \$10000	Out of Pocket Cap: \$25400
Premiums (per month)	Individual: \$290	Family: \$906	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			
Specialists	\$70			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (facility fee / physician fee)		Prior authorization required for some services.
Emergency Room		30%		Coinsurance is waived if admitted into the hospital.
Mental/Behavioral				
Outpatient Health Services	\$35			
Substance Use Disorder				
Outpatient Services	\$35			
Laboratory Services		30%		
Out of network provider rules:	Cost-sharing for most out-of-network services is 50% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15		<b>Generic Drugs.</b> Some prescriptions require prior authorization.
Two	\$50		<b>Preferred-Brand Drugs.</b> Some prescriptions require prior authorization.
Three		50%	<b>Non-Preferred Brand Drugs.</b> Some prescriptions require prior authorization.
Four		50%	<b>Specialty Drugs.</b> Some prescriptions require prior authorization.
Five/Specialty		N/A	
Name of Formulary Used:	Comprehensive Drug Formulary 2016		
Link to Formulary:	<a href="http://trilliumchp.com/Marketplace/pdfs/2016/EXCH_EK08V3%202016%20Exchange%20Formulary.pdf">http://trilliumchp.com/Marketplace/pdfs/2016/EXCH_EK08V3%202016%20Exchange%20Formulary.pdf</a>		
Contact Number:	1-800-910-3906		
Notes re: Deductible or Coverage:	Deductible doesn't apply to: participating provider: preventive care, office visits, urgent care, pediatric vision exam and hardware.		

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

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						

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

\*QL =Quantity Limit

# Zoom Health Plan, Inc.

## Zoom+ Silver Plan

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Zoom Health Plan, Inc.		
Plan Name:	ZOOM+ Silver Plan		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in Clackamas, Washington		
Link to Summary of Benefits:	<a href="https://www.zoomcare.com/sbc/izsv01.pdf">https://www.zoomcare.com/sbc/izsv01.pdf</a>		
Individual Deductibles:	Medical: \$0	Prescription: \$ no	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$0	Prescription: \$ no	Out of Pocket Cap: \$13700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Premiums (per month)	Individual: \$261	Family: \$814	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$0			
Specialists	\$120			Prior authorization required for some services
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		45% (facility fee / physician fee)		Prior authorization required
Emergency Room		45%		
Mental/Behavioral				Prior authorization required for some services
Outpatient Health Services	\$120			Prior authorization required for some service
Substance Use Disorder				Prior authorization required for some service
Outpatient Services	\$120			Prior authorization may be required for some services
Laboratory Services		45%		
Out of network provider rules:	Cost-sharing for most out-of-network services is 100% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				



Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		<b>Generic Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements.
Two	\$120		<b>Preferred Brand Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements.
Three		45%	<b>Non-Preferred Brand Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements.
Four		50%	<b>Specialty Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements. Specialty drugs are limited to a 30-day supply.
Five/Specialty		N/A	
Name of Formulary Used:	ZOOM+Performance - Medication List		
Link to Formulary:	<a href="https://www.zoomcare.com/medlist">https://www.zoomcare.com/medlist</a>		
Contact Number:	1-844-ZOOM-777		
Notes re: Deductible or Coverage:	No coverage for drugs purchased from out-of-network providers.		

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

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

\*Where prior authorization (PA) varies by formulation, PA is included in the table above.

# Zoom Health Plan, Inc.

## Zoom+ Silver 5000

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Zoom Health Plan, Inc.		
Plan Name:	Zoom+ Silver 5000		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Clackamas, Washington		
Link to Summary of Benefits:	<a href="https://www.zoomcare.com/sbc/izsv5k01.pdf">https://www.zoomcare.com/sbc/izsv5k01.pdf</a>		
Individual Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$5000
Family Deductibles:	Medical: \$10000	Prescription: \$ no	Out of Pocket Cap: \$10000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Premiums (per month)	Individual: \$253	Family: \$790	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$0			
Specialists	\$0 (after deductible)			Prior authorization required for some services
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	\$0 (after deductible) (facility/ physician fee)			Prior authorization required
Emergency Room	\$0 (after deductible)			
Mental/Behavioral				Prior authorization required for some services
Outpatient Health Services	\$0 (after deductible)			Prior authorization required for some services
Substance Use Disorder				Prior authorization required for some services
Outpatient Services	\$0 (after deductible)			Prior authorization required for some services
Laboratory Services	\$0 (after deductible)			Prior authorization required for some services
Out of network provider rules:	Cost-sharing for most out-of-network services is 100% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		<b>Generic Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements.
Two	\$0 (after deductible)		<b>Preferred Brand Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements.
Three	\$0 (after deductible)		<b>Non-Preferred Brand Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements.
Four	\$0 (after deductible)		<b>Specialty Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements. Specialty drugs are limited to a 30-day supply.
Five/Specialty		N/A	
Name of Formulary Used:	Zoom+Performance - Medication List		
Link to Formulary:	<a href="https://www.zoomcare.com/medlist">https://www.zoomcare.com/medlist</a>		
Contact Number:	1-844-ZOOM-777		
Notes re: Deductible or Coverage:	Deductible doesn't apply to preventive care. No coverage for drugs purchased from out-of-network providers.		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		
Harvoni (ledipasvir, sofosbuvir)								X	
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						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)								X	
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X				X		PA varies by formulation
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)								X	
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)								X	
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)								X	

\*Where prior authorization (PA) varies by formulation, PA is included in the table above.

# Zoom Health Plan, Inc.

## Zoom+ Oregon Standard Silver Plan

### 2016 Oregon QHP

Overall Plan Information			
Issuer Name:	Zoom Health Plan, Inc.		
Plan Name:	Zoom+ Oregon Standard Silver Plan		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Assessed for <b>Multnomah</b> . Also available in: Clackamas, Washington		
Link to Summary of Benefits:	<a href="https://www.zoomcare.com/sbc/issv01.pdf">https://www.zoomcare.com/sbc/issv01.pdf</a>		
Individual Deductibles:	Medical: \$2500	Prescription: \$ no	Out of Pocket Cap: \$6350
Family Deductibles:	Medical: \$5000	Prescription: \$ no	Out of Pocket Cap: \$12700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$ no	Out of Pocket Cap: \$
Premiums (per month)	Individual: \$245	Family: \$764	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			
Specialists	\$70			Prior authorization required for some services
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30% (after deductible)		
Emergency Room		(facility / physician fee)		
Mental/Behavioral		30% (after deductible)		
Outpatient Health Services	\$70			Prior authorization required for some services
Substance Use Disorder				Prior authorization required for some services
Outpatient Services	\$70			Prior authorization required for some services
Laboratory Services		30% (after deductible)		Prior authorization required for some services
Out of network provider rules:	Cost-sharing for most out-of-network services is 100% coinsurance			
Special provisions/exceptions for individuals living with HIV?	N/A			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15		<b>Generic Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements.
Two	\$50		<b>Preferred Brand Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements.
Three		50%	<b>Non-Preferred Brand Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements.
Four		50%	<b>Specialty Drugs.</b> ZOOM+Meds or a preferred pharmacy must dispense drugs, supplies, or supplements. Specialty drugs are limited to a 30-day supply.
Five/Specialty		N/A	
Name of Formulary Used:	ZOOM+Performance - Medication List		
Link to Formulary:	<a href="https://www.zoomcare.com/medlist">https://www.zoomcare.com/medlist</a>		
Contact Number:	1-844-ZOOM-777		
Notes re: Deductible or Coverage:	Deductible doesn't apply to preventive services. No coverage for drugs purchased from out-of-network providers.		

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

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

\*Where prior authorization (PA) varies by formulation, PA is included in the table above.