

2016 PLAN ANALYSIS FOR QUALIFIED HEALTH PLANS:



WISCONSIN

Thanks to:

AIDS Resource Center of Wisconsin

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INTRODUCTION:

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

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

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

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

OVERVIEW:

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

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

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

OVERVIEW (CONTINUED):

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

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

Footnotes

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

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

How to Use This Tool:

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

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

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

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

LEGEND

NC/NL= NOT COVERED/NOT LISTED

QL= QUANTITY LIMIT

SP= SPECIALTY PHARMACY

ST= STEP THERAPY

METHODOLOGY:

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

Notes Regarding Sources

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

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

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

METHODOLOGY (CONTINUED):

Notes Regarding Plan Assessment Charts

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

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

Notes Regarding Overall Analysis and Trends

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

METHODOLOGY (CONTINUED):

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

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

METHODOLOGY (CONTINUED):

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

STATE FINDINGS: HCV

143 plans were analyzed in Wisconsin. Residents of Wisconsin who are living with Hepatitis C (HCV) and planning to enroll in Silver Qualified Health Plans (QHPs) should consider whether potential plans provide access to all three of the new HCV medications analyzed: Sovaldi, Harvoni, and Viekira Pak. Roughly 68% of Wisconsin Silver QHPs (i.e., all United Healthcare, Gundersen Health Plan, Health Tradition, Medica, Molina, Security Health Plan, Unity Health Plan, and Arise Health Plans) cover all three medications. The remaining 32% of Silver QHPs (i.e., all Common Ground Health Care, Anthem BlueCross BlueShield, Dean Health Plan, Group Health Cooperative, Managed Health Services – Ambetter, MercyCare, Network Health, and Physicians Insurance) cover only Sovaldi and Harvoni. 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. 96% of Silver QHP plans offered in Wisconsin place all covered HCV medications on the tier subject to very high cost-sharing. An exception is United Healthcare, which places two of the HCV medications assessed (Sovaldi and Harvoni) on a middle formulary tier, subject to a \$50 copay per prescription. However, United Healthcare still places the Viekira Pak on the highest formulary tier, subjecting consumers to 30% coinsurance with a minimum payment of \$250. In some cases, this means that plan enrollees must pay a pharmacy deductible of \$500-\$1,000 and 30% coinsurance for Viekira Pak.¹

Carriers with the highest cost-sharing for HCV medications include Dean Health Plan, Health Tradition Health Plan, Gundersen Health Plan, and Physicians Plus Insurance (placing all covered HCV meds on the highest Tier with 50% coinsurance). However, some of these carriers offer a plan that has 0% cost-sharing for medications once the plan's overall deductible has been met.²

¹ United Healthcare's Silver Compass 2000 plan has a \$500 pharmacy deductible for medications on formulary Tiers 3 and 4, while the Silver Compass 3500 and 4500 Plans have a \$1,000 pharmacy deductible for those Tiers.

² Plans that meet this criteria include: Dean Health Plan's Focus Network Silver HSA-E 3400X plan, Silver HSA-E 3400X plan, and Prevea360 Silver HSA-E 3400X plan; Gundersen Health Plan's Silver HSA \$3500 - 0% plan; Health Tradition Health Plan's Silver HDHP 100 plan; and Physicians Plus Insurance Corporation's 4000D plan.

STATE FINDINGS: HCV (CONTINUED)

Of these carriers, Gundersen and Health Tradition Health Plan cover all HCV medications, including Viekira Pak. Other carriers that offer plans with no charge for prescription medications after the deductible has been met include: Group Health Cooperative, Security Health Plan, and Arise Health Plan.³ Security Health Plan and Arise cover all three HCV medications. Consumers who know they will need HCV medications may find these plans to be more affordable, but should be sure they are able to finance the full cost of the deductible in the plan's first several months.

Health Tradition Health Plan also offers the Silver 3500 Plan in 17 counties, which requires a relatively affordable copay of \$80 for all specialty medications, including all HCV medications.

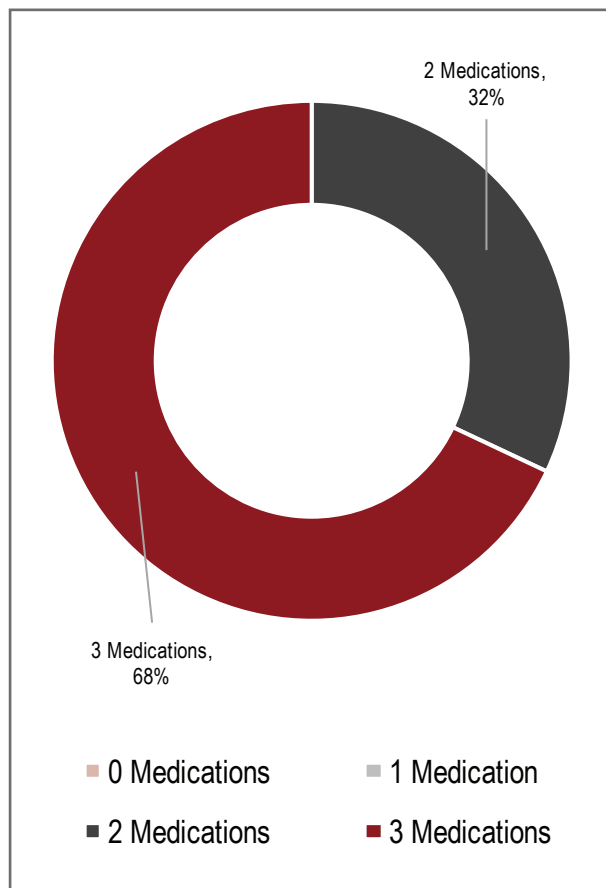
Anthem BlueCross BlueShield offers two plans that have a relatively affordable coinsurance cost-sharing of 10% for HCV medications, including the Anthem Silver Blue Priority X WI 10 for HSA and the Anthem Silver Blue Priority X WI 2500/10% plans. However, consumers who are interested in these plans should note that the vast majority of medications for HIV do not appear on Anthem BlueCross BlueShield plans' formulary.⁴

³ Group Health Cooperative: Select Silver 3500 Deductible HSA and Silver 3500 Deductible HSA; Security Health Plan of Wisconsin: Class \$3,500 HDHP and Select \$3,500 HDHP; Arise Health Plan: Aspirus Arise HMO 3500 HDHP; Aurora and Bellin HMO 3500 HDHP; Aurora and ThedaCare HMO 3500 HDHP; Aurora HMO 3500 HDHP; ProHealth and Aurora HMO 3500 HDHP; and ThedaCare HMO 3500 HDHP.

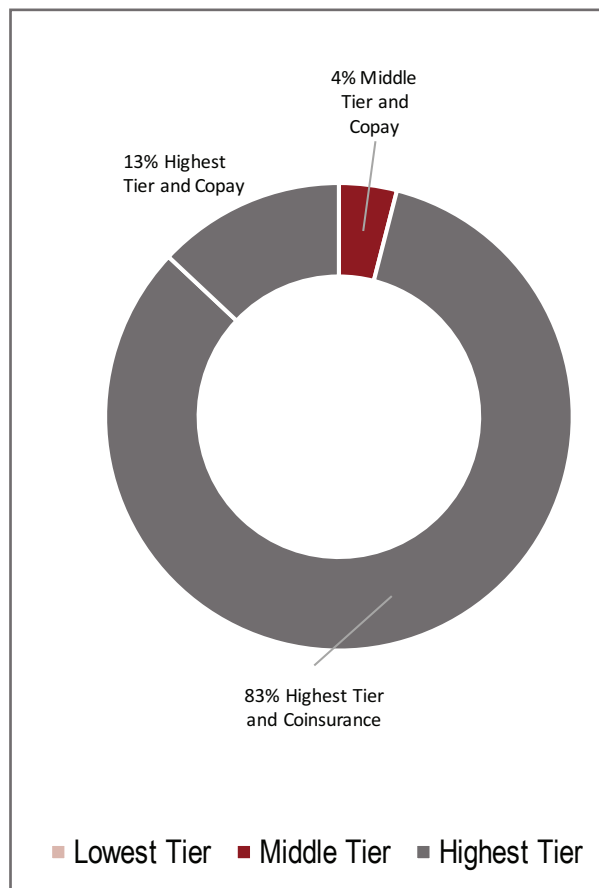
⁴ Only six HIV medications assessed appear on Anthem BlueCross Blue Shield's formulary including Atripla, Isentress, Edurant, Lamivudine, Sustiva, and Viread. The formulary notes that there is a process enrollees can initiate to ask the plan to cover non-formulary drugs. This puts a large administrative burden on plan enrollees and subjects consumers to uncertainty about whether their medications will or will not ultimately be covered.

STATE FINDINGS: HCV (CONTINUED)

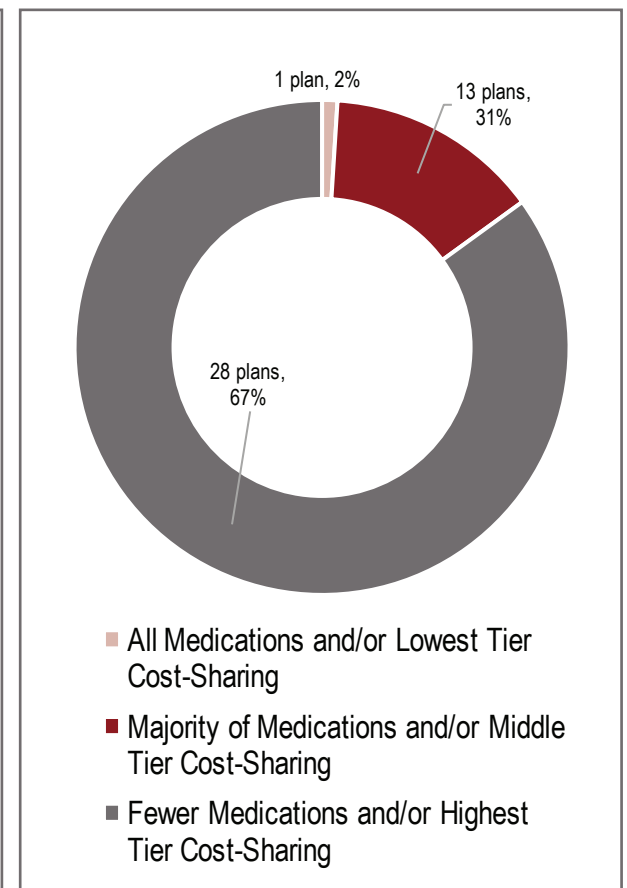
PLAN COVERAGE



COST-SHARING



ACCESS TO HCV REGIMENS



STATE FINDINGS: HIV

143 plans were analyzed in Wisconsin. Drug coverage can be a particularly important consideration for individuals living with HIV who are seeking coverage on the Wisconsin marketplace. Fortunately, a significant majority of the Silver QHPs offered in 2016 for Wisconsin residents provide fairly robust coverage of the HIV medications researched in the plan assessment initiative. 81% of Wisconsin Silver QHP plans cover 19 or more of the 24 medications assessed. In some cases, the generic version of a brand name medication was not covered, such as not covering generic atazanavir when Reyataz was covered. Newer single tablet regimens, such as Evotaz and Prezcofix were the next least likely to be covered. Again, consumers should be careful to select a plan that covers the medications that they and their physicians believe are appropriate for their treatment.

Outliers in HIV medication coverage in Wisconsin were Anthem BlueCross BlueShield and Dean Health Plan. Only 6 of 24 medications appear on Anthem BlueCross BlueShield's plan formulary. The formulary notes that there is a process enrollees can initiate to ask the plan to cover non-formulary drugs. This puts a large administrative burden on plan enrollees and subjects consumers to uncertainty about whether their medications will or will not ultimately be covered. Only 11 of the 24 assessed medication appeared on Dean Health Plan's formulary. Furthermore, the HIV medications that are covered by Dean Health Plan (excluding the plan offered by Dean which has no cost-sharing for enrollees who have met the deductible), are all placed on the carrier's highest formulary tier, requiring 50% coinsurance for these medications. Both generic and brand medications are placed on the Dean Health Plan formulary's Specialty Tier.

Other carriers that placed all HIV medications on the highest formulary tier include MercyCare and Unity Health Plans. Carriers that placed the vast majority of HIV medications on a specialty tier or extremely high cost-sharing tier include Physicians Plus Insurance, Network HealthPlan, and Health Tradition Health Plan.

STATE FINDINGS: HIV (CONTINUED)

64% of plans in Wisconsin placed most HIV medications on middle formulary tiers. Carriers that placed all or the vast majority of HIV medications on formulary tiers with lower cost-sharing include: United Healthcare, Group Health Cooperative, Gundersen Health Plan, Managed Health Services – Ambetter, Medica Health Plans, Arise Health Plan, and Security Health Plan.

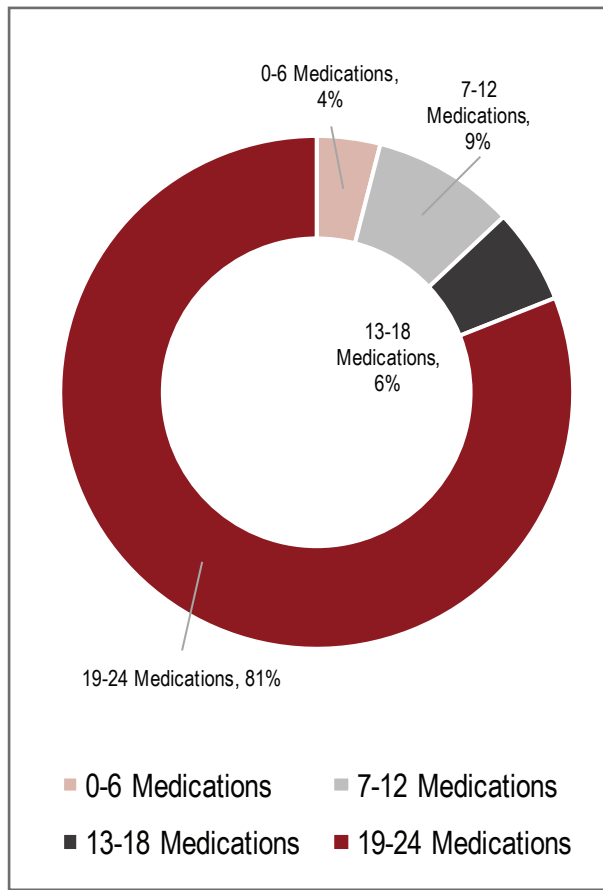
As with HCV, consumers who are interested in coverage and cost-sharing for HIV medications may be interested in plans that do not have cost-sharing for prescription drugs once the plan’s overall deductible has been met. Carriers that cover the most HIV medications and offer these types of plans include: Gundersen Health Plan and Arise Health Plan.⁵ Consumers who choose this option should be sure they are able to finance the full cost of the deductible in the plan’s first several months.

In all cases, consumers should make sure that they understand the particular cost-sharing structures of the plans they are interested in purchasing. They should also be aware that cost-sharing can vary dramatically between plans, even when offered by the same insurer. In general, plans that place HIV medications on their highest tiers 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.

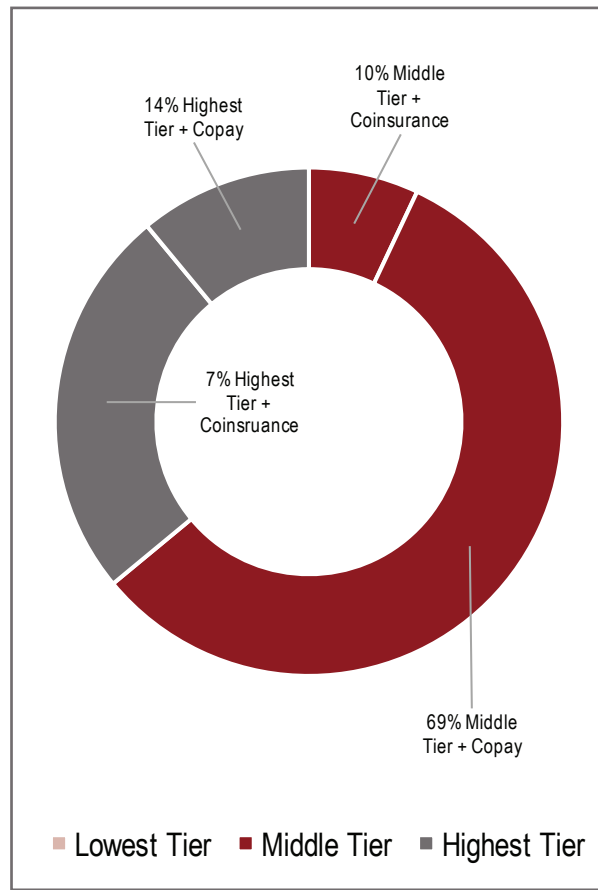
⁵ Gundersen Health Plan’s Silver HSA \$3500 – 0% plan; Arise Health Plan: Aspirus Arise HMO 3500 HDHP; Aurora and Bellin HMO 3500 HDHP; Aurora and ThedaCare HMO 3500 HDHP; Aurora HMO 3500 HDHP; ProHealth and Aurora HMO 3500 HDHP; and ThedaCare HMO 3500 HDHP.

STATE FINDINGS: HIV (CONTINUED)

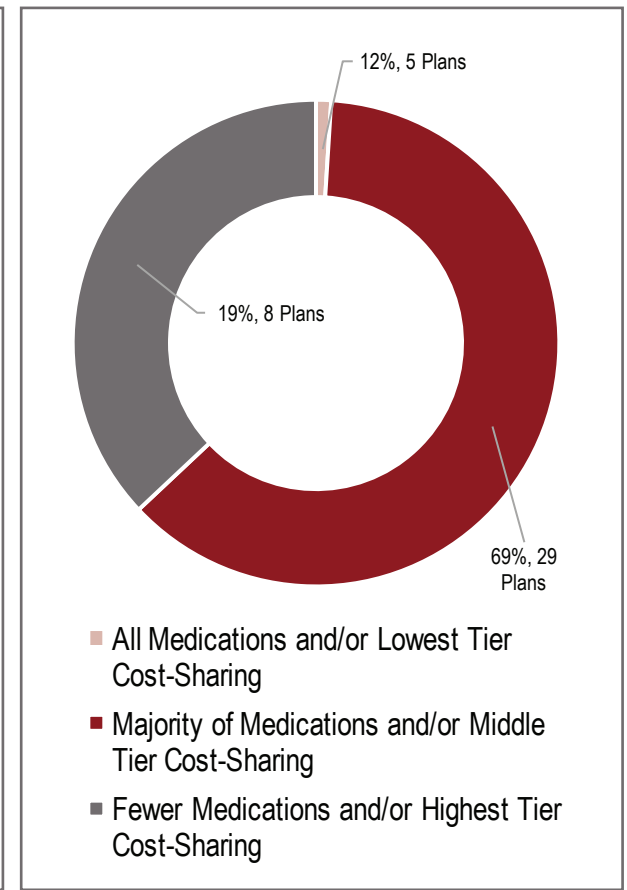
PLAN COVERAGE



COST-SHARING



ACCESS TO HCV REGIMENS



Ambetter by Managed Health Services Wisconsin

Ambetter Balanced Care 2

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Ambetter by Managed Health Services Wisconsin		
Plan Name:	Ambetter Balanced Care 2		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Fond du Lac, Milwaukee, Outagamie, Ozaukee, Racine , Washington, Winnebago		
Link to Summary of Benefits:	https://api.centene.com/SBC/2016/32754WI0010012-01.pdf		
Individual Deductibles:	Medical: \$ 6,500	Prescription: \$	Out of Pocket Cap: \$ 6,500
Family Deductibles:	Medical: \$ 13,000	Prescription: \$	Out of Pocket Cap: \$ 13,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 308	Family: \$ 962	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services				No charge after deductible.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to services with copays.			

Plan Information				
Tiers		Co-Payments (\$)	Co-Insurance (%)	Notes
One		\$15		Generic
Two		\$50		Preferred Brand
Three			No charge after deductible.	Non preferred brand
Four			No charge after deductible.	Specialty
Five		N/A		
Six		N/A		
Seven		N/A		
Name of Formulary Used:	2016 Prescription Drug List			
Link to Formulary:	https://ambetter.mhswi.com/content/dam/centene/MHSWI/Ambetter/PDFs/FORMULARY-AMBETTER_FROM_MHS_HEALTH_WISCONSIN.pdf			
Contact Number:				
Notes re: Deductible or Coverage:	Deductible does not apply to Tiers 1 + 2.			

HCV Medications												
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes	
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest tier in formulary; QL, PA	
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA, Maximum Daily Dose (MDD)	
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X		

HIV Medications												
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes	
Atripla (efavirenz/emtricitabine/tenofovir)	X			X							Tier 4 is highest tier in formulary; QL	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Complera (emtricitabine/ rilpivirine/tenofovir)										X	
Epzicom (abacavir/lamivudine)	X		X								QL
Evotaz (atazanavir/cobicistat)										X	
Intelence (etravirine)	X		X								QL
Isentress (raltegravir)	X		X								QL
Norvir (ritonavir)	X		X								QL
Prezcobix (darunavir/cobicistat)										X	
Prezista (darunavir)	X		X								QL
Reyataz (atazaniavir)	X		X								QL
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/ lamivudine)										X	
Truvada (emtricitabine/tenofovir)	X		X								QL,PA
Tybost (cobicistat)	X		X								QL
Abacavir (generic)	X	X									QL
Edurant (rilpivirine)	X		X								QL
Emtriva (emtricitabine)	X		X								QL
Epivir (lamivudine)	X			X							QL
Lamivudine (generic)	X	X									QL
Sustiva (efavirenz)	X		X								QL
Viread (tenofovir)	X		X								QL
Ziagen (abacavir)	X		X								

Ambetter by Managed Health Services Wisconsin

Ambetter Balanced Care 10

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Ambetter by Managed Health Services Wisconsin		
Plan Name:	Ambetter Balanced Care 10		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Fond du Lac, Milwaukee, Outagamie, Ozaukee, Racine , Washington, Winnebago		
Link to Summary of Benefits:	https://api.centene.com/SBC/2016/32754WI0010014-01.pdf		
Individual Deductibles:	Medical: \$ 4,500	Prescription: \$	Out of Pocket Cap: \$ 6,500
Family Deductibles:	Medical: \$ 9,000	Prescription: \$	Out of Pocket Cap: \$ 13,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 320	Family: \$ 998	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20			
Specialists	\$40			
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services	\$20			
Substance Use Disorder				
Outpatient Services	\$20			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to services with copays.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Preferred Brand
Three		20%	Non preferred brand
Four		20%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	2016 Prescription Drug List		
Link to Formulary:	https://ambetter.mhswi.com/content/dam/centene/MHSWI/Ambetter/PDFs/FORMULARY-AMBETTER_FROM_MHS_HEALTH_WISCONSIN.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible does not apply to Tiers 1 + 2.		

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest tier in formulary; QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA, Maximum Daily Dose (MDD)
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			X							Tier 4 is highest tier in formulary; QL

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Complera (emtricitabine/rilpivirine/tenofovir)										X	
Epzicom (abacavir/lamivudine)	X		X								QL
Evotaz (atazanavir/cobicistat)										X	
Intelence (etravirine)	X		X								QL
Isentress (raltegravir)	X		X								QL
Norvir (ritonavir)	X		X								QL
Prezcobix (darunavir/cobicistat)										X	
Prezista (darunavir)	X		X								QL
Reyataz (atazaniavir)	X		X								QL
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)										X	
Truvada (emtricitabine/tenofovir)	X		X								QL,PA
Tybost (cobicistat)	X		X								QL
Abacavir (generic)	X	X									QL
Edurant (rilpivirine)	X		X								QL
Emtriva (emtricitabine)	X		X								QL
Epivir (lamivudine)	X			X							QL
Lamivudine (generic)	X	X									QL
Sustiva (efavirenz)	X		X								QL
Viread (tenofovir)	X		X								QL
Ziagen (abacavir)	X		X								

Anthem Blue Cross Blue Shield

Anthem Silver Blue Priority X WI 10% for HSA

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Anthem Blue Cross Blue Shield		
Plan Name:	Anthem Silver Blue Priority X WI 10% for HSA		
Plan Type:	PPO	POS	HMO X Other (CDHP)
Coverage Area (counties):	Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Jackson, Jefferson, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette , Monroe, Oconto, Oneida, Outagamie, Ozaukee, Portage, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/79475WI0340022/details		
Individual Deductibles:	Medical: \$ 3,000	Prescription: \$ N/A	Out of Pocket Cap: \$ 5,000
Family Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 10,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 393	Family: \$ 1225	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		10%		
Specialists		10%		
Referral required for specialists?	No			
Inpatient Services	\$750	10% coinsurance after copay		
Emergency Room	\$500	10% coinsurance after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services		10%		
Substance Use Disorder				
Outpatient Services		10%		
Laboratory Services		10%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		10% Retail and Home-Delivery	Generic; Home-delivery covers up to a 90-day supply for Tiers 1-3. Maintenance medications are subject to mandatory home delivery services after initial supply has been dispensed at a retail pharmacy.
Two		10% Retail and Home-Delivery	
Three		10% Retail and Home-Delivery	
Four		10% Retail and Home-Delivery	
Five	N/A		Preferred/Brand
Six	N/A		
Seven	N/A		
Name of Formulary Used: Anthem Blue Cross Blue Shield Select Drug List (Four-tier Formulary)			
Link to Formulary: https://fm.formularynavigator.com/MemberPages/pdf/2016WISelectHIX_7020_Full_1592.pdf			
Contact Number:			
Notes re: Deductible or Coverage: Many drugs are “non-formulary” drugs in Wisconsin (noted NF on formulary). Anthem BCBS notes that there is an “exception process” for requesting coverage for a non-formulary drug. Maintenance medications are subject to mandatory home delivery services after initial supply has been dispensed at a retail pharmacy.			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X						Tier 4 is highest formulary tier; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X						PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	NF

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						
Complera (emtricitabine/rilpivirine/tenofovir)										X	NF
Epzicom (abacavir/lamivudine)										X	NF
Evotaz (atazanavir/cobicistat)										X	NF
Intelence (etravirine)										X	NF
Isentress (raltegravir)	X				X						
Norvir (ritonavir)										X	NF
Prezcobix (darunavir/cobicistat)										X	NF
Prezista (darunavir)										X	NF
Reyataz (atazaniavir)										X	NF
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	NF
Tivicay (dolutegravir)										X	NF
Triumeq (abacavir/dolutegravir/lamivudine)										X	NF
Truvada (emtricitabine/tenofovir)										X	NF
Tybost (cobicistat)										X	NF
Abacavir (generic)										X	NF
Edurant (rilpivirine)	X				X						
Emtriva (emtricitabine)										X	NF
Epivir (lamivudine)										X	NF
Lamivudine (generic)	X				X						
Sustiva (efavirenz)	X				X						
Viread (tenofovir)	X				X					X	NF
Ziagen (abacavir)										X	NF

Anthem Blue Cross Blue Shield

Anthem Silver Blue Priority X WI 1850/20%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Anthem Blue Cross Blue Shield		
Plan Name:	Anthem Silver Blue Priority X WI 1850/20%		
Plan Type:	PPO	X POS	HMO Other
Coverage Area (counties):	Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Jackson, Jefferson, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette , Monroe, Oconto, Oneida, Outagamie, Ozaukee, Portage, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/79475WI0340023/details		
Individual Deductibles:	Medical: \$ 1,850	Prescription: \$ N/A	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 3,700	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 407	Family: \$ 1270	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35/visit for first 3 visits, coinsurance for subsequent visits	20% coinsurance/visit after first 3 visits		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services	\$750	20% coinsurance after copay		
Emergency Room	\$500	20% coinsurance after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (Retail) \$30 (Home-Delivery) \$50 (Retail)		Generic; Home-delivery covers up to a 90-day supply for Tiers 1-3. Maintenance medications are subject to mandatory home delivery services after initial supply has been dispensed at a retail pharmacy.
Two	\$125 (Home-Delivery)		Preferred/Brand
Three		20% Retail and Home-Delivery	Non Preferred/Specialty
Four		20% Retail and Home-Delivery	Home-delivery covers up to a 30-day supply for specialty drugs.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Anthem Blue Cross Blue Shield Select Drug List (Four-tier Formulary)		
Link to Formulary:	https://fm.formularynavigator.com/MemberPages/pdf/2016WISelectHIX_7020_Full_1592.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Many drugs are “non-formulary” drugs in Wisconsin (noted NF on formulary). Anthem BCBS notes that there is an “exception process” for requesting coverage for a non-formulary drug. Maintenance medications are subject to mandatory home delivery services after initial supply has been dispensed at a retail pharmacy.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest formulary tier; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	NF

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						
Complera (emtricitabine/rilpivirine/tenofovir)										X	NF
Epzicom (abacavir/lamivudine)										X	NF
Evotaz (atazanavir/cobicistat)										X	NF
Intelence (etravirine)										X	NF
Isentress (raltegravir)	X				X						
Norvir (ritonavir)										X	NF
Prezcobix (darunavir/cobicistat)										X	NF
Prezista (darunavir)										X	NF
Reyataz (atazaniavir)										X	NF
Atazanavir (generic)										X	NF
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	NF
Tivicay (dolutegravir)										X	NF
Triumeq (abacavir/dolutegravir/lamivudine)										X	NF

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Truvada (emtricitabine/tenofovir)										X	NF
Tybost (cobicistat)										X	NF
Abacavir (generic)										X	NF
Edurant (rilpivirine)	X				X						
Emtriva (emtricitabine)										X	NF
Epivir (lamivudine)										X	NF
Lamivudine (generic)	X				X						
Sustiva (efavirenz)	X				X						
Viread (tenofovir)	X				X					X	NF
Ziagen (abacavir)										X	NF

Anthem Blue Cross Blue Shield

Anthem Silver Blue Priority X WI 2500/10%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Anthem Blue Cross Blue Shield		
Plan Name:	Anthem Silver Blue Priority X WI 2500/10%		
Plan Type:	PPO	X POS	HMO Other
Coverage Area (counties):	Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Jackson, Jefferson, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette , Monroe, Oconto, Oneida, Outagamie, Ozaukee, Portage, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/79475WI0340021/details		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$ N/A	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 408	Family: \$ 1273	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$40/visit for first 3 visits, coinsurance for subsequent visits	10% coinsurance/visit after first 3 visits		
Specialists		10%		
Referral required for specialists?	No			
Inpatient Services	\$750	10% coinsurance after copay		
Emergency Room	\$500	10% coinsurance after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services		10%		
Substance Use Disorder				
Outpatient Services		10%		
Laboratory Services		10%		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (Retail) \$30 (Home-Delivery) \$40 (Retail)		Generic; Home-delivery covers up to a 90-day supply for Tiers 1-3. Maintenance medications are subject to mandatory home delivery services after initial supply has been dispensed at a retail pharmacy.
Two	\$100 (Home-Delivery)		Preferred/Brand
Three		10% Retail and Home-Delivery	Non Preferred/Specialty
Four		10% Retail and Home-Delivery	Home-delivery covers up to a 30-day supply for specialty drugs.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Anthem Blue Cross Blue Shield Select Drug List (Four-tier Formulary)		
Link to Formulary:	https://fm.formularynavigator.com/MemberPages/pdf/2016WISelectHIX_7020_Full_1592.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Many drugs are “non-formulary” drugs in Wisconsin (noted NF on formulary). Anthem BCBS notes that there is an “exception process” for requesting coverage for a non-formulary drug. Maintenance medications are subject to mandatory home delivery services after initial supply has been dispensed at a retail pharmacy.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest formulary tier; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	NF

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						
Complera (emtricitabine/rilpivirine/tenofovir)										X	NF
Epzicom (abacavir/lamivudine)										X	NF
Evotaz (atazanavir/cobicistat)										X	NF
Intelence (etravirine)										X	NF
Isentress (raltegravir)	X				X						
Norvir (ritonavir)										X	NF
Prezcobix (darunavir/cobicistat)										X	NF
Prezista (darunavir)										X	NF
Reyataz (atazaniavir)										X	NF
Atazanavir (generic)										X	NF
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	NF
Tivicay (dolutegravir)										X	NF
Triumeq (abacavir/dolutegravir/lamivudine)										X	NF

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Truvada (emtricitabine/tenofovir)										X	NF
Tybost (cobicistat)										X	NF
Abacavir (generic)										X	NF
Edurant (rilpivirine)	X				X						
Emtriva (emtricitabine)										X	NF
Epivir (lamivudine)										X	NF
Lamivudine (generic)	X				X						
Sustiva (efavirenz)	X				X						
Viread (tenofovir)	X				X					X	NF
Ziagen (abacavir)										X	NF

Anthem Blue Cross Blue Shield

Anthem Silver Blue Priority X WI 3750/10%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Anthem Blue Cross Blue Shield		
Plan Name:	Anthem Silver Blue Priority X WI 3750/10%		
Plan Type:	PPO	X POS	HMO Other
Coverage Area (counties):	Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Jackson, Jefferson, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette , Monroe, Oconto, Oneida, Outagamie, Ozaukee, Portage, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/79475WI0340020/details		
Individual Deductibles:	Medical: \$ 3,750	Prescription: \$ N/A	Out of Pocket Cap: \$ 5,500
Family Deductibles:	Medical: \$ 7,500	Prescription: \$	Out of Pocket Cap: \$ 11,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 389	Family: \$ 1212	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$45			
Specialists		10%		
Referral required for specialists?	No			
Inpatient Services	\$750	10% coinsurance after copay		
Emergency Room	\$500	10% coinsurance after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services		10%		
Substance Use Disorder				
Outpatient Services		10%		
Laboratory Services		10%		
Out of network provider rules:				

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

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 (Retail) \$30 (Home-Delivery) \$40 (Retail)		Generic; Home-delivery covers up to a 90-day supply for Tiers 1-3. Maintenance medications are subject to mandatory home delivery services after initial supply has been dispensed at a retail pharmacy.
Two	\$100 (Home-Delivery)		Preferred/Brand
Three		10% Retail and Home-Delivery	Non Preferred/Specialty
Four		10% Retail and Home-Delivery	Home-delivery covers up to a 30-day supply for specialty drugs.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Anthem Blue Cross Blue Shield Select Drug List (Four-tier Formulary)		
Link to Formulary:	https://fm.formularynavigator.com/MemberPages/pdf/2016WISelectHIX_7020_Full_1592.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Many drugs are “non-formulary” drugs in Wisconsin (noted NF on formulary). Anthem BCBS notes that there is an “exception process” for requesting coverage for a non-formulary drug. Maintenance medications are subject to mandatory home delivery services after initial supply has been dispensed at a retail pharmacy.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest formulary tier; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	NF

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						
Complera (emtricitabine/rilpivirine/tenofovir)										X	NF
Epzicom (abacavir/lamivudine)										X	NF
Evotaz (atazanavir/cobicistat)										X	NF
Intelence (etravirine)										X	NF
Isentress (raltegravir)	X				X						
Norvir (ritonavir)										X	NF
Prezcobix (darunavir/cobicistat)										X	NF
Prezista (darunavir)										X	NF
Reyataz (atazaniavir)										X	NF
Atazanavir (generic)										X	NF
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	NF
Tivicay (dolutegravir)										X	NF
Triumeq (abacavir/dolutegravir/lamivudine)										X	NF

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Truvada (emtricitabine/tenofovir)										X	NF
Tybost (cobicistat)										X	NF
Abacavir (generic)										X	NF
Edurant (rilpivirine)	X				X						
Emtriva (emtricitabine)										X	NF
Epivir (lamivudine)										X	NF
Lamivudine (generic)	X				X						
Sustiva (efavirenz)	X				X						
Viread (tenofovir)	X				X					X	NF
Ziagen (abacavir)										X	NF

Anthem Blue Cross Blue Shield

Anthem Silver Blue Priority X WI 4000/25%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Anthem Blue Cross Blue Shield		
Plan Name:	Anthem Silver Blue Priority X WI 4000/25%		
Plan Type:	PPO	X POS	HMO Other
Coverage Area (counties):	Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Jackson, Jefferson, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette , Monroe, Oconto, Oneida, Outagamie, Ozaukee, Portage, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/79475WI0340027/details		
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$ 1,000 (Tiers 2-4 Drugs)	Out of Pocket Cap: \$ 5,000
Family Deductibles:	Medical: \$ 7,500	Prescription: \$ 2,000 (Tiers 2-4 Drugs)	Out of Pocket Cap: \$ 10,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 376	Family: \$ 1174	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20			
Specialists		25%		
Referral required for specialists?	No			
Inpatient Services	\$750	25% coinsurance after copay		
Emergency Room	\$500	25% coinsurance after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services		25%		
Substance Use Disorder				
Outpatient Services		25%		
Laboratory Services		25%		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10 (Retail) \$20 (Home-Delivery)		Generic; Home-delivery covers up to a 90-day supply for Tiers 1-3. Maintenance medications are subject to mandatory home delivery services after initial supply has been dispensed at a retail pharmacy.
Two	\$40 (Retail) \$100 (Home-Delivery)		Preferred/Brand; Pharmacy deductible applies.
Three		25% Retail and Home-Delivery	Non Preferred/Specialty; Pharmacy deductible applies.
Four		25% Retail and Home-Delivery	Home-delivery covers up to a 30-day supply for specialty drugs; Pharmacy deductible applies.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Anthem Blue Cross Blue Shield Select Drug List (Four-tier Formulary)		
Link to Formulary:	https://fm.formularynavigator.com/MemberPages/pdf/2016WISelectHIX_7020_Full_1592.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Pharmacy deductible of \$1,000 individual/\$2,000 family applies to Tiers 2-4. Many drugs are “non-formulary” drugs in Wisconsin (noted NF on formulary). Anthem BCBS notes that there is an “exception process” for requesting coverage for a non-formulary drug. Maintenance medications are subject to mandatory home delivery services after initial supply has been dispensed at a retail pharmacy.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest formulary tier; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	NF

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						
Complera (emtricitabine/rilpivirine/tenofovir)										X	NF
Epzicom (abacavir/lamivudine)										X	NF
Evotaz (atazanavir/cobicistat)										X	NF
Intelence (etravirine)										X	NF
Isentress (raltegravir)	X				X						
Norvir (ritonavir)										X	NF
Prezcobix (darunavir/cobicistat)										X	NF
Prezista (darunavir)										X	NF
Reyataz (atazaniavir)										X	NF
Atazanavir (generic)										X	NF
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	NF
Tivicay (dolutegravir)										X	NF
Triumeq (abacavir/dolutegravir/lamivudine)										X	NF

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Truvada (emtricitabine/tenofovir)										X	NF
Tybost (cobicistat)										X	NF
Abacavir (generic)										X	NF
Edurant (rilpivirine)	X				X						
Emtriva (emtricitabine)										X	NF
Epivir (lamivudine)										X	NF
Lamivudine (generic)	X				X						
Sustiva (efavirenz)	X				X						
Viread (tenofovir)	X				X					X	NF
Ziagen (abacavir)										X	NF

Anthem Blue Cross Blue Shield Silver DirectAccess, a Multi-State Plan 2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Anthem Blue Cross Blue Shield		
Plan Name:	Silver DirectAccess, a Multi-State Plan		
Plan Type:	<input type="checkbox"/> PPO	<input checked="" type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Jackson, Jefferson, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette , Monroe, Oconto, Oneida, Outagamie, Ozaukee, Portage, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/79475WI0500003/details		
Individual Deductibles:	Medical: \$ 1,750	Prescription: \$ N/A	Out of Pocket Cap: \$ 6,600
Family Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 13,200
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 411	Family: \$ 1284	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35/visit for first 3 visits	20% coinsurance/visit after first 3 visits		Copays for first 3 visits, and coinsurance charged thereafter.
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services	\$750	20% coinsurance after copay		
Emergency Room	\$500	20% coinsurance after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15 Retail \$30 Home-Delivery \$50 Retail		Generic; Home-delivery covers up to a 90-day supply for Tiers 1-3.
Two	\$125 Home-Delivery		Preferred/Brand
Three		20% Retail and Home-Delivery	Non Preferred/Specialty Home-delivery covers up to a 30-day supply for specialty drugs.
Four		20% Retail and Home-Delivery	
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Anthem Blue Cross Blue Shield Select Drug List (Four-tier Formulary)		
Link to Formulary:	https://fm.formularynavigator.com/MemberPages/pdf/2016WISelectHIX_7020_Full_1592.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Many drugs are “non-formulary” drugs in Wisconsin (noted NF on formulary). Anthem BCBS notes that there is an “exception process” for requesting coverage for a non-formulary drug.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X						Tier 4 is highest formulary tier; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X						PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	NF

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						
Complera (emtricitabine/rilpivirine/tenofovir)										X	NF
Epzicom (abacavir/lamivudine)										X	NF
Evotaz (atazanavir/cobicistat)										X	NF
Intelence (etravirine)										X	NF
Isentress (raltegravir)	X				X						
Norvir (ritonavir)										X	NF
Prezcobix (darunavir/cobicistat)										X	NF
Prezista (darunavir)										X	NF
Reyataz (atazaniavir)										X	NF
Atazanavir (generic)										X	NF
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	NF
Tivicay (dolutegravir)										X	NF
Triumeq (abacavir/dolutegravir/lamivudine)										X	NF
Truvada (emtricitabine/tenofovir)										X	NF
Tybost (cobicistat)										X	NF
Abacavir (generic)										X	NF
Edurant (rilpivirine)	X				X						
Emtriva (emtricitabine)										X	NF
Epivir (lamivudine)										X	NF
Lamivudine (generic)	X				X						
Sustiva (efavirenz)	X				X						
Viread (tenofovir)	X				X					X	NF
Ziagen (abacavir)										X	NF

Common Ground Healthcare Cooperative

Silver 1800/80

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	Common Ground Healthcare Cooperative			
Plan Name:	Silver 1800/80			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	Other
Coverage Area (counties):	Brown, Calumet, Door, Fond du Lac, Kenosha, Kewaunee, Manitowoc, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine , Shawano, Sheboygan, Walworth, Washington, Waukesha, Winnebago			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/87416WI0010024/details			
Individual Deductibles:	Medical: \$ 1,800	Prescription: \$ N/A	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 3,600	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 3,600	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Family Out of Network Deductibles:	Medical: \$ 7,200	Prescription: \$	Out of Pocket Cap: \$ 27,400	
Premiums (per month):	Individual: \$ 344	Family: \$ 1073		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
				Deductible applies to all services. For all services listed, non-network deductible applies to non-participating providers plus 50% coinsurance.
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:	Non-network deductible applies to non-participating providers plus 50% coinsurance.			

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?				
Other information:	In network deductible applies to all services from participating providers. For all services listed, non-network deductible applies to non-participating providers plus 50% coinsurance.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		20%	Tier 1 = Generic. Deductible applies to all services. Non-network deductible applies to non-participating providers plus 50% coinsurance for all tiers.
Two		20%	
Three		20%	
Four		20%	
Five	N/A		Tier 2 = Preferred brand. Tier 3 = Non Preferred. (Specialty Drugs)
Six	N/A		
Seven	N/A		
Name of Formulary Used:	2016 Formulary Reference Guide		
Link to Formulary:	https://www.healthcare.gov/see-plans/#/plan/results/87416W10010050/details		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to all services. Non-network deductible applies to non-participating providers plus 50% coinsurance for all tiers.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes Tier 4 (Specialty) is highest formulary tier; PA
Sovaldi (sofosbuvir)	X				X				X		
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Triumeq (abacavir/dolutegravir/lamivudine)										X	
Truvada (emtricitabine/tenofovir)	X		X						X		PA
Tybost (cobicistat)										X	
Abacavir (generic)	X	X									
Edurant (rilpivirine)	X		X								
Emtriva (emtricitabine)	X		X								
Epivir (lamivudine)	X		X								Epivir HBV covered.
Lamivudine (generic)	X	X									
Sustiva (efavirenz)	X		X								
Viread (tenofovir)	X		X								
Ziagen (abacavir)	X		X								

Common Ground Healthcare Cooperative

Silver 2400/80 Copay 35

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Common Ground Healthcare Cooperative		
Plan Name:	Silver 2400/80 Copay 35		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO Other
Coverage Area (counties):	Brown, Calumet, Door, Fond du Lac, Kenosha, Kewaunee, Manitowoc, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine , Shawano, Sheboygan, Walworth, Washington, Waukesha, Winnebago		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/87416WI0010022/details		
Individual Deductibles:	Medical: \$ 2,400	Prescription: \$ N/A	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 4,800	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$ 4,800	Prescription: \$	Out of Pocket Cap: \$ 13,700
Family Out of Network Deductibles:	Medical: \$ 9,600	Prescription: \$	Out of Pocket Cap: \$ 27,400
Premiums (per month):	Individual: \$ 352	Family: \$ 1097	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			For non-network providers, the non-network deductible plus 50% coinsurance will be charged.
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		20%		For non-network providers, non-network deductible plus 50% coinsurance will be charged.
Out of network provider rules:	For non-network providers, the non-network deductible plus 50% coinsurance will be charged.			

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?				
Other information:	In network deductible applies to all services from participating providers. For all services listed, non-network deductible applies to non-participating providers plus 50% coinsurance.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$25		Tier 1 = Generic. In-network deductible applies to all Tiers. Tier 2 = Preferred brand. Tier 3 = Non Preferred. (Specialty Drugs) For Specialty drugs only, non-network deductible applies to non-participating providers plus 50% coinsurance for all tiers.
Two	\$50		
Three	\$75		
Four		20%	
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	2016 Formulary Reference Guide		
Link to Formulary:	https://www.healthcare.gov/see-plans/#/plan/results/87416WI0010050/details		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to all Tiers. For Specialty drugs only, non-network deductible applies to non-participating providers plus 50% coinsurance for all tiers.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 (Specialty) is highest formulary tier; PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Triumeq (abacavir/dolutegravir/lamivudine)										X	
Truvada (emtricitabine/tenofovir)	X		X						X		PA
Tybost (cobicistat)										X	
Abacavir (generic)	X	X									
Edurant (rilpivirine)	X		X								
Emtriva (emtricitabine)	X		X								
Epivir (lamivudine)	X		X								Epivir HBV covered.
Lamivudine (generic)	X	X									
Sustiva (efavirenz)	X		X								
Viread (tenofovir)	X		X								
Ziagen (abacavir)	X		X								

Common Ground Healthcare Cooperative

Silver 2400/80

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Common Ground Healthcare Cooperative		
Plan Name:	Silver 2400/80		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO Other
Coverage Area (counties):	Brown, Calumet, Door, Fond du Lac, Kenosha, Kewaunee, Manitowoc, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine , Shawano, Sheboygan, Walworth, Washington, Waukesha, Winnebago		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/87416W10010024/details		
Individual Deductibles:	Medical: \$ 2,400	Prescription: \$ N/A	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 4,800	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$ 4,800	Prescription: \$	Out of Pocket Cap: \$ 13,700
Family Out of Network Deductibles:	Medical: \$ 9,600	Prescription: \$	Out of Pocket Cap: \$ 27,400
Premiums (per month):	Individual: \$ 333	Family: \$ 1039	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
				Deductible applies to all services. For all services listed, non-network deductible applies to non-participating providers plus 50% coinsurance.
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:	Non-network deductible applies to non-participating providers plus 50% coinsurance.			

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?				
Other information:	In network deductible applies to all services from participating providers. For all services listed, non-network deductible applies to non-participating providers plus 50% coinsurance.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		20%	Tier 1 = Generic. Deductible applies to all services. Non-network deductible applies to non-participating providers plus 50% coinsurance for all tiers.
Two		20%	
Three		20%	
Four		20%	
Five	N/A		Tier 2 = Preferred brand. Tier 3 = Non Preferred. (Specialty Drugs)
Six	N/A		
Seven	N/A		
Name of Formulary Used:	2016 Formulary Reference Guide		
Link to Formulary:	https://www.healthcare.gov/see-plans/#/plan/results/87416WI0010050/details		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to all services. Non-network deductible applies to non-participating providers plus 50% coinsurance for all tiers.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes Tier 4 (Specialty) is highest formulary tier; PA
Sovaldi (sofosbuvir)	X				X				X		
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Triumeq (abacavir/dolutegravir/ lamivudine)										X	
Truvada (emtricitabine/tenofovir)	X		X						X		PA
Tybost (cobicistat)										X	
Abacavir (generic)	X	X									
Edurant (rilpivirine)	X		X								
Emtriva (emtricitabine)	X		X								
Epivir (lamivudine)	X		X								Epivir HBV covered.
Lamivudine (generic)	X	X									
Sustiva (efavirenz)	X		X								
Viread (tenofovir)	X		X								
Ziagen (abacavir)	X		X								

Common Ground Healthcare Cooperative

Silver 3600/80

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	Common Ground Healthcare Cooperative			
Plan Name:	Silver 3600/80			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	Other
Coverage Area (counties):	Brown, Calumet, Door, Fond du Lac, Kenosha, Kewaunee, Manitowoc, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine , Shawano, Sheboygan, Walworth, Washington, Waukesha, Winnebago			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/87416W10010021/details			
Individual Deductibles:	Medical: \$ 3,600	Prescription: \$ N/A	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 7,200	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 7,200	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Family Out of Network Deductibles:	Medical: \$ 14,400	Prescription: \$	Out of Pocket Cap: \$ 27,400	
Premiums (per month):	Individual: \$ 330	Family: \$ 1031		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			For non-network providers, the non-network deductible plus 50% coinsurance will be charged.
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$35			
Substance Use Disorder				
Outpatient Services	\$35			
Laboratory Services		20%		For non-network providers, non-network deductible plus 50% coinsurance will be charged.

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules: Special provisions/exceptions for individuals living with HIV?	For non-network providers, the non-network deductible plus 50% coinsurance will be charged.			
Other information:	In network deductible applies to all services from participating providers. For all services listed, non-network deductible applies to non-participating providers plus 50% coinsurance.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$25		Tier 1 = Generic. In-network deductible applies to all Tiers. Tier 2 = Preferred brand. Tier 3 = Non Preferred. (Specialty Drugs) For Specialty drugs only, non-network deductible applies to non-participating providers plus 50% coinsurance for all tiers.
Two	\$50		
Three	\$75		
Four		20%	
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	2016 Formulary Reference Guide		
Link to Formulary:	https://www.healthcare.gov/see-plans/#/plan/results/87416WI0010050/details		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to all Tiers. For Specialty drugs only, non-network deductible applies to non-participating providers plus 50% coinsurance for all tiers.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 (Specialty) is highest formulary tier; PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Triumeq (abacavir/dolutegravir/lamivudine)										X	
Truvada (emtricitabine/tenofovir)	X		X						X		PA
Tybost (cobicistat)										X	
Abacavir (generic)	X	X									
Edurant (rilpivirine)	X		X								
Emtriva (emtricitabine)	X		X								
Epivir (lamivudine)	X		X								Epivir HBV covered.
Lamivudine (generic)	X	X									
Sustiva (efavirenz)	X		X								
Viread (tenofovir)	X		X								
Ziagen (abacavir)	X		X								

Common Ground Healthcare Cooperative

Silver HSA 3000/80

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Common Ground Healthcare Cooperative		
Plan Name:	Silver HSA 3000/80		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO Other
Coverage Area (counties):	Brown, Calumet, Door, Fond du Lac, Kenosha, Kewaunee, Manitowoc, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine , Shawano, Sheboygan, Walworth, Washington, Waukesha, Winnebago		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/87416WI0010050/details		
Individual Deductibles:	Medical: \$ 3,000	Prescription: \$ N/A	Out of Pocket Cap: \$ 4,500
Family Deductibles:	Medical: \$ 6,000	Prescription: \$ N/A	Out of Pocket Cap: \$ 9,000
Individual Out of Network Deductibles:	Medical: \$ 6,000	Prescription: \$ N/A	Out of Pocket Cap: \$ 9,000
Family Out of Network Deductibles:	Medical: \$ 12,000	Prescription: \$ N/A	Out of Pocket Cap: \$ 18,000
Premiums (per month):	Individual: \$ 239	Family: \$ 1025	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
				Deductible applies to all services. For all services listed, non-network deductible applies to non-participating providers plus 50% coinsurance.
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:	Non-network deductible applies to non-participating providers plus 50% coinsurance.			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?				
Other information:	In network deductible applies to all services from participating providers. For all services listed, non-network deductible applies to non-participating providers plus 50% coinsurance.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		20%	Tier 1 = Generic. Deductible applies to all services. Non-network deductible applies to non-participating providers plus 50% coinsurance for all tiers.
Two		20%	
Three		20%	
Four		20%	
Five	N/A		Tier 2 = Preferred brand. Tier 3 = Non Preferred. (Specialty Drugs)
Six	N/A		
Seven	N/A		
Name of Formulary Used:	2016 Formulary Reference Guide		
Link to Formulary:	https://www.healthcare.gov/see-plans/#/plan/results/87416WI0010050/details		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to all services. Non-network deductible applies to non-participating providers plus 50% coinsurance for all tiers.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 (Specialty) is highest formulary tier; PA
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	Tier 6	Tier 7	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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								
Triumeq (abacavir/dolutegravir/lamivudine)										X	
Truvada (emtricitabine/tenofovir)	X		X						X		PA
Tybost (cobicistat)										X	
Abacavir (generic)	X	X									
Edurant (rilpivirine)	X		X								
Emtriva (emtricitabine)	X		X								
Epivir (lamivudine)	X		X								Epivir HBV covered.
Lamivudine (generic)	X	X									
Sustiva (efavirenz)	X		X								
Viread (tenofovir)	X		X								
Ziagen (abacavir)	X		X								

Dean Health Plan

Prevea360 Silver Copay Plus 3500X

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Dean Health Plan		
Plan Name:	Prevea360 Silver Copay Plus 3500X		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto, Outagamie, Shawano, Sheboygan		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38345W10060075/details		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 318	Family: \$ 992	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30 and/or	10% after deductible		Deductible applies to all services listed.
Specialists	\$60 and/or	10% after deductible		
Referral required for specialists?	No			
Inpatient Services		10% after deductible		
Emergency Room	\$200	10% after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		10% after deductible		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		90 day supply through mail-order for 2 copays.
Two	\$40		90 day supply through mail-order for 3 copays.
Three		50%	90 day supply through mail-order for 3 copays.
Four		50%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Prime 4-Tier Formulary		
Link to Formulary:	http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to prescription drugs.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intelence (etravirine)	X				X						MSP
ISENTRESS (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP
Sustiva (efavirenz)	X				X						MSP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Dean Health Plan

Dean Focus Network Silver HSA-E 3400X01

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Dean Health Plan		
Plan Name:	Dean Focus Network Silver HSA-E 3400X01		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Dane, Rock, Sauk		
Link to Summary of Benefits:	https://app.deancare.com/sbc/Individual/Dean_FocusNetworkSilverHSA-E3400X01_0116.PDF		
Individual Deductibles:	Medical: \$ 3,400	Prescription: \$	Out of Pocket Cap: \$ 3,400
Family Deductibles:	Medical: \$ 6,800	Prescription: \$	Out of Pocket Cap: \$ 6,800
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 226	Family: \$ 705	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		0%		No charge for most services after deductible is met.
Specialists		0%		
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room		0%		
Mental/Behavioral				
Outpatient Health Services		0%		
Substance Use Disorder				
Outpatient Services		0%		
Laboratory Services		0%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		0%	
Two		0%	
Three		0%	
Four		0%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Prime 4-Tier Formulary		
Link to Formulary:	http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to prescription drugs.		

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications												
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes	
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Mandatory Specialty Pharmacy Program (MSP)	
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP	
Epzicom (abacavir/lamivudine)										X		
Evotaz (atazanavir/cobicistat)	X				X						MSP	
Intelence (etravirine)	X				X						MSP	
Isentress (raltegravir)	X				X						MSP	
Norvir (ritonavir)	X				X						MSP	
Prezcobix (darunavir/cobicistat)	X				X						MSP	
Prezista (darunavir)	X				X						MSP	
Reyataz (atazaniavir)										X		
Atazanavir (generic)										X		
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X		
Tivicay (dolutegravir)										X		
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL	
Truvada (emtricitabine/tenofovir)										X		
Tybost (cobicistat)										X		
Abacavir (generic)										X		
Edurant (rilpivirine)										X		
Emtriva (emtricitabine)										X		
Epivir (lamivudine)										X		
Lamivudine (generic)	X				X						MSP	
Sustiva (efavirenz)	X				X						MSP	
Viread (tenofovir)										X		
Ziagen (abacavir)										X		

Dean Health Plan

Dean Focus Network Silver Value Copay 5150X

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	Dean Health Plan			
Plan Name:	Dean Focus Network Silver Value Copay 5150X			
Plan Type:	PPO	POS	HMO	X Other (EPO)
Coverage Area (counties):	Dane, Rock, Sauk			
Link to Summary of Benefits:	https://app.deancare.com/sbc/Individual/Dean_FocusNetworkSilverValueCopay5150X01_0116.PDF			
Individual Deductibles:	Medical: \$ 5,150	Prescription: \$	Out of Pocket Cap: \$ 5,150	
Family Deductibles:	Medical: \$ 10,300	Prescription: \$	Out of Pocket Cap: \$ 10,300	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 201	Family: \$ 626		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$25/visit for first 3 visits and no charge thereafter after meeting the deductible.			
Specialists		0%		After deductible.
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$200	0% after copay		Copay waived if admitted.
Mental/Behavioral Outpatient Health Services	\$25/visit for first 3 visits and no charge thereafter after meeting the deductible.			
Substance Use Disorder Outpatient Services	\$25/visit for first 3 visits and no charge thereafter after meeting the deductible.			
Laboratory Services		0%		After deductible.

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		90 day supply through mail-order for 2 copays.
Two		50%	90 day supply through mail-order for 3 copays.
Three		50%	90 day supply through mail-order for 3 copays.
Four		50%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Prime 4-Tier Formulary		
Link to Formulary:	http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to prescription drugs.		

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intelence (etravirine)	X				X						MSP
Isentress (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP
Sustiva (efavirenz)	X				X						MSP
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Dean Health Plan

Dean Silver Value Copay 5150X

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	Dean Health Plan			
Plan Name:	Dean Silver Value Copay 5150X			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Adams, Columbia, Crawford, Dane , Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth, Waukesha			
Link to Summary of Benefits:	https://app.deancare.com/sbc/Individual/Dean_SilverValueCopay5150X01_0116.PDF			
Individual Deductibles:	Medical: \$ 5,150	Prescription: \$	Out of Pocket Cap: \$ 5,150	
Family Deductibles:	Medical: \$ 10,300	Prescription: \$	Out of Pocket Cap: \$ 10,300	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 228	Family: \$ 711		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$25/visit for first 3 visits and no charge thereafter after meeting the deductible.			
Specialists		0%		After deductible.
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$200	0% after copay		Copay waived if admitted.
Mental/Behavioral Outpatient Health Services	\$25/visit for first 3 visits and no charge thereafter after meeting the deductible.			

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Substance Use Disorder Outpatient Services	\$25/visit for first 3 visits and no charge thereafter after meeting the deductible.			
Laboratory Services		0%		After deductible.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		90 day supply through mail-order for 2 copays.
Two		50%	90 day supply through mail-order for 3 copays.
Three		50%	90 day supply through mail-order for 3 copays.
Four		50%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Prime 4-Tier Formulary		
Link to Formulary:	http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to prescription drugs.		

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intelence (etravirine)	X				X						MSP
Isentress (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/ lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP
Sustiva (efavirenz)	X				X						MSP
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Dean Health Plan

Prevea360 Silver Classic 4500X

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Dean Health Plan		
Plan Name:	Prevea360 Silver Classic 4500X		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto, Outagamie, Shawano, Sheboygan		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38345W10060048/details		
Individual Deductibles:	Medical: \$ 4,500	Prescription: \$	Out of Pocket Cap: \$ 4,500
Family Deductibles:	Medical: \$ 9,000	Prescription: \$	Out of Pocket Cap: \$ 9,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 274	Family: \$ 854	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		0%		Deductible applies to all services listed.
Specialists		0%		
Referral required for specialists?	No			
Inpatient Services		0%		Copay waived if admitted.
Emergency Room	\$200	0% after copay		
Mental/Behavioral				
Outpatient Health Services		0%		
Substance Use Disorder				
Outpatient Services		0%		
Laboratory Services		0%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		90 day supply through mail-order for 2 copays.
Two	\$40		90 day supply through mail-order for 3 copays.
Three		50%	90 day supply through mail-order for 3 copays.
Four		50%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Prime 4-Tier Formulary		
Link to Formulary:	http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to prescription drugs.		

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine /tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intelence (etravirine)	X				X						MSP
ISENTRESS (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP
Sustiva (efavirenz)	X				X						MSP
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Dean Health Plan

Prevea360 Silver Copay Plus 2000X

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Dean Health Plan		
Plan Name:	Prevea360 Silver Copay Plus 2000X		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto, Outagamie, Shawano, Sheboygan		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38345W10060045/details		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 316	Family: \$ 985	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30 and/or	30% after deductible		Deductible applies to all services listed.
Specialists	\$60 and/or	30% after deductible		
Referral required for specialists?	No			
Inpatient Services		30% after deductible		
Emergency Room	\$200	30% after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30% after deductible		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		90 day supply through mail-order for 2 copays.
Two	\$40		90 day supply through mail-order for 3 copays.
Three		50%	90 day supply through mail-order for 3 copays.
Four		50%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Prime 4-Tier Formulary	
Link to Formulary:		http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf	
Contact Number:			
Notes re: Deductible or Coverage:		Deductible applies to prescription drugs.	

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intelence (etravirine)	X				X						MSP
Isentress (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP
Sustiva (efavirenz)	X				X						MSP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Dean Health Plan

Prevea360 Silver Classic 2500X

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	Dean Health Plan			
Plan Name:	Prevea360 Silver Classic 2500X			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto, Outagamie, Shawano, Sheboygan			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38345WI0060047/details			
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 302	Family: \$ 943		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		10%		Deductible applies to all services listed.
Specialists		10%		
Referral required for specialists?	No			
Inpatient Services		10%		
Emergency Room	\$200	10% after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services		10%		
Substance Use Disorder				
Outpatient Services		10%		
Laboratory Services		10%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		90 day supply through mail-order for 2 copays.
Two	\$40		90 day supply through mail-order for 3 copays.
Three		50%	90 day supply through mail-order for 3 copays.
Four		50%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Prime 4-Tier Formulary	
Link to Formulary:		http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf	
Contact Number:			
Notes re: Deductible or Coverage:		Deductible applies to prescription drugs.	

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intelence (etravirine)	X				X						MSP
ISENTRESS (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP
Sustiva (efavirenz)	X				X						MSP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Dean Health Plan

Dean Prevea Silver HSA-E 3400X

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Dean Health Plan		
Plan Name:	Dean Prevea Silver HSA-E 3400X		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto, Outagamie, Shawano, Sheboygan		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38345W10060072/details		
Individual Deductibles:	Medical: \$ 3,400	Prescription: \$	Out of Pocket Cap: \$ 3,400
Family Deductibles:	Medical: \$ 6,800	Prescription: \$	Out of Pocket Cap: \$ 6,800
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 296	Family: \$ 923	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		0%		No charge for most services after deductible is met.
Specialists		0%		
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room		0%		
Mental/Behavioral				
Outpatient Health Services		0%		
Substance Use Disorder				
Outpatient Services		0%		
Laboratory Services		0%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		0%	
Two		0%	
Three		0%	
Four		0%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Prime 4-Tier Formulary	
Link to Formulary:		http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf	
Contact Number:			
Notes re: Deductible or Coverage:		Deductible applies to prescription drugs.	

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
											Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Sovaldi (sofosbuvir)	X				X				X		
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intelence (etravirine)	X				X						MSP
Isentress (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP
Sustiva (efavirenz)	X				X						MSP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Dean Health Plan

Dean Silver Classic 2500X

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	Dean Health Plan			
Plan Name:	Dean Silver Classic 2500X			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Adams, Columbia, Crawford, Dane , Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth, Waukesha			
Link to Summary of Benefits:	https://app.deancare.com/sbc/Individual/Dean_SilverClassic2500X01_0116.PDF			
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 262	Family: \$ 818		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		10%		Deductible applies to all services listed.
Specialists		10%		
Referral required for specialists?	No			
Inpatient Services		10%		Copay waived if admitted.
Emergency Room	\$200	10% after copay		
Mental/Behavioral				
Outpatient Health Services		10%		
Substance Use Disorder				
Outpatient Services		10%		
Laboratory Services		10%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		90 day supply through mail-order for 2 copays.
Two	\$40		90 day supply through mail-order for 3 copays.
Three		50%	90 day supply through mail-order for 3 copays.
Four		50%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used: Prime 4-Tier Formulary			
Link to Formulary: http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf			
Contact Number:			
Notes re: Deductible or Coverage: Deductible applies to prescription drugs.			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
											Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Sovaldi (sofosbuvir)	X				X				X		
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intence (etravirine)	X				X						MSP
Isentress (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP
Sustiva (efavirenz)	X				X						MSP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Dean Health Plan

Dean Silver Classic 4500X

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	Dean Health Plan			
Plan Name:	Dean Silver Classic 4500X			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Adams, Columbia, Crawford, Dane , Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth, Waukesha			
Link to Summary of Benefits:	https://app.deancare.com/sbc/Individual/Dean_SilverClassic4500X01_0116.PDF			
Individual Deductibles:	Medical: \$ 4,500	Prescription: \$	Out of Pocket Cap: \$ 4,500	
Family Deductibles:	Medical: \$ 9,000	Prescription: \$	Out of Pocket Cap: \$ 9,000	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 237	Family: \$ 741		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		0%		Deductible applies to all services listed.
Specialists		0%		
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$200	0% after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services		0%		
Substance Use Disorder				
Outpatient Services		0%		
Laboratory Services		0%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		90 day supply through mail-order for 2 copays.
Two	\$40		90 day supply through mail-order for 3 copays.
Three		50%	90 day supply through mail-order for 3 copays.
Four		50%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Prime 4-Tier Formulary	
Link to Formulary:		http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf	
Contact Number:			
Notes re: Deductible or Coverage:		Deductible applies to prescription drugs.	

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intelence (etravirine)	X				X						MSP
Isentress (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sustiva (efavirenz)	X				X						MSP
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Dean Health Plan

Dean Silver Copay Plus 2000X

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	Dean Health Plan			
Plan Name:	Dean Silver Copay Plus 2000X			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Adams, Columbia, Crawford, Dane , Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth, Waukesha			
Link to Summary of Benefits:	https://app.deancare.com/sbc/Individual/Dean_SilverCopayPlus2000X01_0116.PDF			
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 274	Family: \$ 855		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30 and/or	30% after deductible		Deductible applies to all services listed.
Specialists	\$60 and/or	30% after deductible		
Referral required for specialists?	No			
Inpatient Services		30% after deductible		
Emergency Room	\$200	30% after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30% after deductible		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		90 day supply through mail-order for 2 copays.
Two	\$40		90 day supply through mail-order for 3 copays.
Three		50%	90 day supply through mail-order for 3 copays.
Four		50%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Prime 4-Tier Formulary		
Link to Formulary:	http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to prescription drugs.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intelence (etravirine)	X				X						MSP
Isentress (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP
Sustiva (efavirenz)	X				X						MSP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Dean Health Plan

Dean Silver Copay Plus 3500X

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Dean Health Plan		
Plan Name:	Dean Silver Copay Plus 3500X		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Adams, Columbia, Crawford, Dane , Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth, Waukesha		
Link to Summary of Benefits:	https://app.deancare.com/sbc/Individual/Dean_SilverCopayPlus3500X01_0116.PDF		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 276	Family: \$ 861	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30 and/or	10% after deductible		Deductible applies to all services listed.
Specialists	\$60 and/or	10% after deductible		
Referral required for specialists?	No			
Inpatient Services		10% after deductible		
Emergency Room	\$200	10% after copay		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		10% after deductible		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		90 day supply through mail-order for 2 copays.
Two	\$40		90 day supply through mail-order for 3 copays.
Three		50%	90 day supply through mail-order for 3 copays.
Four		50%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Prime 4-Tier Formulary		
Link to Formulary:	http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible applies to prescription drugs.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
											Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Sovaldi (sofosbuvir)	X				X				X		
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intelence (etravirine)	X				X						MSP
Isentress (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP
Sustiva (efavirenz)	X				X						MSP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Dean Health Plan

Dean Silver HSA 3400X

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Dean Health Plan		
Plan Name:	Dean Silver HSA 3400X		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Columbia, Crawford, Dane , Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth, Waukesha		
Link to Summary of Benefits:	https://app.deancare.com/sbc/Individual/Dean_SilverHSA-E3400X01_0116.PDF		
Individual Deductibles:	Medical: \$ 3,400	Prescription: \$	Out of Pocket Cap: \$ 3,400
Family Deductibles:	Medical: \$ 6,800	Prescription: \$	Out of Pocket Cap: \$ 6,800
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 260	Family: \$ 800	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		0%		No charge for most services after deductible is met.
Specialists		0%		
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room		0%		
Mental/Behavioral				
Outpatient Health Services		0%		
Substance Use Disorder				
Outpatient Services		0%		
Laboratory Services		0%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		0%	
Two		0%	
Three		0%	
Four		0%	Specialty; Mail-order not covered.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Prime 4-Tier Formulary	
Link to Formulary:		http://www.deancare.com/app/files/public/6237/prime-4-tier.pdf	
Contact Number:			
Notes re: Deductible or Coverage:		Deductible applies to prescription drugs.	

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, QL, PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is the highest tier in formulary; Mandatory Specialty Pharmacy Program (MSP)
Complera (emtricitabine/rilpivirine/tenofovir)	X				X						MSP
Epzicom (abacavir/lamivudine)										X	
Evotaz (atazanavir/cobicistat)	X				X						MSP
Intelence (etravirine)	X				X						MSP
Isentress (raltegravir)	X				X						MSP
Norvir (ritonavir)	X				X						MSP
Prezcobix (darunavir/cobicistat)	X				X						MSP
Prezista (darunavir)	X				X						MSP
Reyataz (atazaniavir)										X	
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)										X	
Tivicay (dolutegravir)										X	
Triumeq (abacavir/dolutegravir/lamivudine)	X				X						QL
Truvada (emtricitabine/tenofovir)										X	
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)										X	
Epivir (lamivudine)										X	
Lamivudine (generic)	X				X						MSP
Sustiva (efavirenz)	X				X						MSP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Viread (tenofovir)										X	
Ziagen (abacavir)										X	

Group Health Cooperative - SCW

Select Silver 30 Copay

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Group Health Cooperative - SCW		
Plan Name:	Select Silver 30 Copay		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Green, Iowa, Jefferson, Lafayette, Rock, Sauk		
Link to Summary of Benefits:	https://benefitsummary.ghcscw.com/Plans/PreviewPdf/7065		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$	Out of Pocket Cap: \$ 6,000 (\$250 for diabetic disposable supplies)
Family Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 12,000 (\$250 for diabetic disposable supplies)
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 315	Family: \$ 981	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$30			
Referral required for specialists?	Yes			
Inpatient Services		30%		
Emergency Room	\$300			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible applies to all services with coinsurance.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$35		Generic
Two	\$60		Preferred brand
Three	\$120		Non preferred brand
Four		30% (with \$300 maximum)	Specialty drugs
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		GHC-SCW-Marketplace Formulary	
Link to Formulary:		https://www.ghcscw.com/SiteCollectionDocuments/GHC-SCW_Marketplace_Complete_Formulary.pdf	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest formulary tier; Mandatory Specialty Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	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	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								QL
Triumeq (abacavir/dolutegravir/lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X						X		PA
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	

Group Health Cooperative - SCW

Select Silver 2000 Deductible

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Group Health Cooperative - SCW		
Plan Name:	Select Silver 2000 Deductible		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Green, Iowa, Jefferson, Lafayette, Rock, Sauk		
Link to Summary of Benefits:	https://benefitsummary.ghcscw.com/Plans/PreviewPdf/7071		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$	Out of Pocket Cap: \$ 6,000 (\$250 for diabetic disposable supplies)
Family Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 12,000 (\$250 for diabetic disposable supplies)
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 301	Family: \$ 937	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		30%		
Specialists		30%		
Referral required for specialists?	Yes			
Inpatient Services		30%		
Emergency Room	\$200			
Mental/Behavioral				
Outpatient Health Services		30%		
Substance Use Disorder				
Outpatient Services		30%		
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible applies to all services.			

Plan Information				
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes	
One	\$30		Generic	
Two	\$60		Preferred brand	
Three	\$120		Non preferred brand	
Four		30% (with \$300 maximum)	Specialty drugs	
Five	N/A			
Six	N/A			
Seven	N/A			
Name of Formulary Used:	GHC-SCW-Marketplace Formulary			
Link to Formulary:	https://www.ghcscw.com/SiteCollectionDocuments/GHC-SCW_Marketplace_Complete_Formulary.pdf			
Contact Number:				
Notes re: Deductible or Coverage:				

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest formulary tier; Mandatory Specialty Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	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	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								QL
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X						X		PA
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	

Group Health Cooperative - SCW Select Silver 3500 Deductible HSA 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	Group Health Cooperative - SCW			
Plan Name:	Select Silver 3500 Deductible HSA			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Columbia, Dane , Dodge, Green, Iowa, Jefferson, Lafayette, Rock, Sauk			
Link to Summary of Benefits:	https://benefitsummary.ghcscw.com/Plans/PreviewPdf/7077			
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 3,500	
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 7,000	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 312	Family: \$ 972		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible.
Specialists				No charge after deductible.
Referral required for specialists?	Yes			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services				No charge after deductible.
Substance Use Disorder				
Outpatient Services				No charge after deductible.
Laboratory Services				
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	No charge after deductible for all services.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		No charge after deductible.	Generic
Two		No charge after deductible.	Preferred brand
Three		No charge after deductible.	Non preferred brand
Four		No charge after deductible.	Specialty drugs
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		GHC-SCW-Marketplace Formulary	
Link to Formulary:		https://www.ghcscw.com/SiteCollectionDocuments/GHC-SCW_Marketplace_Complete_Formulary.pdf	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest formulary tier; Mandatory Specialty Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								QL
Triumeq (abacavir/dolutegravir/lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X						X		PA
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	

Group Health Cooperative - SCW

Select Silver 3500 Deductible

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Group Health Cooperative - SCW		
Plan Name:	Select Silver 3500 Deductible		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Green, Iowa, Jefferson, Lafayette, Rock, Sauk		
Link to Summary of Benefits:	https://benefitsummary.ghcscw.com/Plans/PreviewPdf/7089		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 6,850 (\$250 for diabetic disposable supplies)
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 13,700 (\$250 for diabetic disposable supplies)
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 302	Family: \$ 942	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$30			
Referral required for specialists?	Yes			
Inpatient Services		40%		
Emergency Room	\$300			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		40%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible applies to all services with coinsurance.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$30		Generic
Two	\$60		Preferred brand
Three	\$120		Non preferred brand
Four		30% (with \$300 maximum)	Specialty drugs
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	GHC-SCW-Marketplace Formulary		
Link to Formulary:	https://www.ghcscw.com/SiteCollectionDocuments/GHC-SCW_Marketplace_Complete_Formulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest formulary tier; Mandatory Specialty Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X								
Complera (emtricitabine/rilpivirine/tenofovir)	X		X								

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								QL
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X						X		PA
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	

Group Health Cooperative - SCW

Silver 30 Copay

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Group Health Cooperative - SCW		
Plan Name:	Select Silver 30 Copay		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Columbia, Dane , Dodge, Green Iowa, Jefferson, Juneau, Lafayette, Richland, Rock, Sauk, Vernon		
Link to Summary of Benefits:	https://benefitsummary.ghcscw.com/Plans/PreviewPdf/7015		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$	Out of Pocket Cap: \$ 6,000 (\$250 for diabetic disposable supplies)
Family Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 12,000 (\$250 for diabetic disposable supplies)
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 346	Family: \$ 1,080	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$30			
Referral required for specialists?	Yes			
Inpatient Services		30%		
Emergency Room	\$300			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible applies to all services with coinsurance.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$35		Generic
Two	\$60		Preferred brand
Three	\$120		Non preferred brand
Four		30% (with \$300 maximum)	Specialty drugs
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	GHC-SCW-Marketplace Formulary		
Link to Formulary:	https://www.ghcscw.com/SiteCollectionDocuments/GHC-SCW_Marketplace_Complete_Formulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
											Tier 4 is highest formulary tier; Mandatory Specialty Program (MSP); QL, PA
Sovaldi (sofosbuvir)	X				X				X		
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								QL
Triumeq (abacavir/dolutegravir/lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X						X		PA
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	

Group Health Cooperative - SCW

Silver 2000 Deductible

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Group Health Cooperative - SCW		
Plan Name:	Silver 2000 Deductible		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Columbia, Dane , Dodge, Green Iowa, Jefferson, Juneau, Lafayette, Richland, Rock, Sauk, Vernon		
Link to Summary of Benefits:	https://benefitsummary.ghcscw.com/Plans/PreviewPdf/7021		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$	Out of Pocket Cap: \$ 6,000 (\$250 for diabetic disposable supplies)
Family Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 12,000 (\$250 for diabetic disposable supplies)
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 331	Family: \$ 1,031	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		30%		
Specialists		30%		
Referral required for specialists?	Yes			
Inpatient Services		30%		
Emergency Room	\$200			
Mental/Behavioral				
Outpatient Health Services		30%		
Substance Use Disorder				
Outpatient Services		30%		
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible applies to all services.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$30		Generic
Two	\$60		Preferred brand
Three	\$120		Non preferred brand
Four		30% (with \$300 maximum)	Specialty drugs
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	GHC-SCW-Marketplace Formulary		
Link to Formulary:	https://www.ghcscw.com/SiteCollectionDocuments/GHC-SCW_Marketplace_Complete_Formulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
											Tier 4 is highest formulary tier; Mandatory Specialty Program (MSP); QL, PA
Sovaldi (sofosbuvir)	X				X				X		QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								QL
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X						X		PA
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	

Group Health Cooperative - SCW

Silver 3500 Deductible HSA

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Group Health Cooperative - SCW		
Plan Name:	Silver 3500 Deductible HSA		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Columbia, Dane , Dodge, Green Iowa, Jefferson, Juneau, Lafayette, Richland, Rock, Sauk, Vernon		
Link to Summary of Benefits:	https://benefitsummary.ghcscw.com/Plans/PreviewPdf/7027		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 3,500
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 7,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 346	Family: \$ 1,080	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible.
Specialists				No charge after deductible.
Referral required for specialists?	Yes			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services				No charge after deductible.
Substance Use Disorder				
Outpatient Services				No charge after deductible.
Laboratory Services				
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	No charge after deductible for all services.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		No charge after deductible.	Generic
Two		No charge after deductible.	Preferred brand
Three		No charge after deductible.	Non preferred brand
Four		No charge after deductible.	Specialty drugs
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used: GHC-SCW-Marketplace Formulary			
Link to Formulary: https://www.ghcscw.com/SiteCollectionDocuments/GHC-SCW_Marketplace_Complete_Formulary.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
											Tier 4 is highest formulary tier; Mandatory Specialty Program (MSP); QL, PA
Sovaldi (sofosbuvir)	X				X				X		
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X								
Complera (emtricitabine/rilpivirine/tenofovir)	X		X								

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								QL
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X						X		PA
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	

Group Health Cooperative - SCW

Silver 3500 Deductible

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Group Health Cooperative - SCW		
Plan Name:	Silver 3500 Deductible		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Columbia, Dane , Dodge, Green Iowa, Jefferson, Juneau, Lafayette, Richland, Rock, Sauk, Vernon		
Link to Summary of Benefits:	https://benefitsummary.ghcscw.com/Plans/PreviewPdf/7089		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 6,850 (\$250 for diabetic disposable supplies)
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 13,700 (\$250 for diabetic disposable supplies)
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 332	Family: \$ 1,036	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$30			
Referral required for specialists?	Yes			
Inpatient Services		40%		
Emergency Room	\$300			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		40%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible applies to all services with coinsurance.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$30		Generic
Two	\$60		Preferred brand
Three	\$120		Non preferred brand
Four		30% (with \$300 maximum)	Specialty drugs
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	GHC-SCW-Marketplace Formulary		
Link to Formulary:	https://www.ghcscw.com/SiteCollectionDocuments/GHC-SCW_Marketplace_Complete_Formulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest formulary tier; Mandatory Specialty Program (MSP); QL, PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		MSP, PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)										X	

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	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	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
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 (atazaniavir)	X		X								
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X								QL
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X						X		PA
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	

Gundersen Health Plan, Inc.

Silver \$2500-20%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Gundersen Health Plan, Inc.		
Plan Name:	Silver \$2500-20%		
Plan Type:	<input type="checkbox"/> PPO	<input checked="" type="checkbox"/> POS	<input type="checkbox"/> HMO Other
Coverage Area (counties):	Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk , Trempealeau, Vernon		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/91058WI0050007/details		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 5,000
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 10,000
Individual Out of Network Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$ 15,000
Family Out of Network Deductibles:	Medical: \$ 20,000	Prescription: \$	Out of Pocket Cap: \$ 30,000
Premiums (per month):	Individual: \$ 416	Family: \$ 1,298	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services	\$200/day	20% for	physician/surgeon fees	
Emergency Room	\$150			Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services provided by a non-participating provider.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$70		Preferred brand
Three	\$145		Non Preferred brand
Four		50%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used: 2016 Gundersen One Drug Formulary			
Link to Formulary: https://clearscript.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhbIBkZIR5cGUtMTc1			
Contact Number:			
Notes re: Deductible or Coverage: Prescription drugs must be dispensed by a participating provider to be covered.			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X								Tier 4 is the highest tier in formulary; QL
Complera (emtricitabine/rilpivirine/tenofovir)	X		X								QL
Epzicom (abacavir/lamivudine)	X		X								QL

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Evotaz (atazanavir/cobicistat)	X				X						QL
Intelence (etravirine)	X		X								QL
ISENTRESS (raltegravir)	X		X								QL
Norvir (ritonavir)	X		X								QL
Prezcobix (darunavir/cobicistat)	X				X						QL
Prezista (darunavir)	X		X								QL
Reyataz (atazaniavir)	X		X								QL
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X						X		PA, QL
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X								PA
Tybost (cobicistat)	X		X								QL
Abacavir (generic)	X	X									
Edurant (rilpivirine)	X		X								QL
Emtriva (emtricitabine)	X		X								QL
Epivir (lamivudine)	X		X								QL
Lamivudine (generic)	X	X							X		PA, QL
Sustiva (efavirenz)											
Viread (tenofovir)	X			X							
Ziagen (abacavir)	X		X								

Gundersen Health Plan, Inc.

Silver \$2500-50%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Gundersen Health Plan, Inc.		
Plan Name:	Silver \$2500-50%		
Plan Type:	<input type="checkbox"/> PPO	<input checked="" type="checkbox"/> POS	<input type="checkbox"/> HMO Other
Coverage Area (counties):	Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk , Trempealeau, Vernon		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/91058WI0050006/details		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 6,000
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 12,000
Individual Out of Network Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$ 15,000
Family Out of Network Deductibles:	Medical: \$ 20,000	Prescription: \$	Out of Pocket Cap: \$ 30,000
Premiums (per month):	Individual: \$ 403	Family: \$ 1,258	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$50			
Specialists	\$50			
Referral required for specialists?	No			
Inpatient Services		45% facility/ 50% physician and surgeon fee		
Emergency Room	\$150			Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services	\$50			
Substance Use Disorder				
Outpatient Services	\$50			
Laboratory Services		50%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	80% Coinsurance for all services provided by a non-participating provider.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$70		Preferred brand
Three	\$145		Non Preferred brand
Four		50%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	2016 Gundersen One Drug Formulary		
Link to Formulary:	https://clearscript.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhblBkZIR5cGUtMTc1		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be dispensed by a participating provider to be covered.		

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X								Tier 4 is the highest tier in formulary; QL
Complera (emtricitabine/rilpivirine/tenofovir)	X		X								QL

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Epzicom (abacavir/lamivudine)	X		X								QL
Evotaz (atazanavir/cobicistat)	X				X						QL
Intelence (etravirine)	X		X								QL
ISENTRESS (raltegravir)	X		X								QL
Norvir (ritonavir)	X		X								QL
Prezcobix (darunavir/cobicistat)	X				X						QL
Prezista (darunavir)	X		X								QL
Reyataz (atazaniavir)	X		X								QL
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X						X		PA, QL
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X								PA
Tybost (cobicistat)	X		X								QL
Abacavir (generic)	X	X									
Edurant (rilpivirine)	X		X								QL
Emtriva (emtricitabine)	X		X								QL
Epivir (lamivudine)	X		X								QL
Lamivudine (generic)	X	X							X		PA, QL
Sustiva (efavirenz)											
Viread (tenofovir)	X			X							
Ziagen (abacavir)	X		X								

Gundersen Health Plan, Inc.

Silver \$3500-20%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Gundersen Health Plan, Inc.		
Plan Name:	Silver \$3500-20%		
Plan Type:	<input type="checkbox"/> PPO	<input checked="" type="checkbox"/> POS	<input type="checkbox"/> HMO Other
Coverage Area (counties):	Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk , Trempealeau, Vernon		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/91058WI0050005/details		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 5,000
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 10,000
Individual Out of Network Deductibles:	Medical: \$ 12,500	Prescription: \$	Out of Pocket Cap: \$ 17,500
Family Out of Network Deductibles:	Medical: \$ 25,000	Prescription: \$	Out of Pocket Cap: \$ 35,000
Premiums (per month):	Individual: \$ 403	Family: \$ 1,257	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$50			
Specialists	\$50			
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room	\$150			Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services	\$50			
Substance Use Disorder				
Outpatient Services	\$50			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services provided by a non-participating provider.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$70		Preferred brand
Three	\$145		Non Preferred brand
Four		50%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	2016 Gundersen One Drug Formulary		
Link to Formulary:	https://clearscript.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhbIBkZIR5cGUtMTc1		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be dispensed by a participating provider to be covered.		

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X								Tier 4 is the highest tier in formulary; QL
Complera (emtricitabine/rilpivirine/tenofovir)	X		X								QL
Epzicom (abacavir/lamivudine)	X		X								QL

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Evotaz (atazanavir/cobicistat)	X				X						QL
Intelence (etravirine)	X		X								QL
ISENTRESS (raltegravir)	X		X								QL
Norvir (ritonavir)	X		X								QL
Prezcobix (darunavir/cobicistat)	X				X						QL
Prezista (darunavir)	X		X								QL
Reyataz (atazaniavir)	X		X								QL
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X						X		PA, QL
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X								PA
Tybost (cobicistat)	X		X								QL
Abacavir (generic)	X	X									
Edurant (rilpivirine)	X		X								QL
Emtriva (emtricitabine)	X		X								QL
Epivir (lamivudine)	X		X								QL
Lamivudine (generic)	X	X							X		PA, QL
Sustiva (efavirenz)											
Viread (tenofovir)	X			X							
Ziagen (abacavir)	X		X								

Gundersen Health Plan, Inc.

Silver HSA \$2000-50%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Gundersen Health Plan, Inc.		
Plan Name:	Silver HSA \$2000-50%		
Plan Type:	<input type="checkbox"/> PPO	<input checked="" type="checkbox"/> POS	<input type="checkbox"/> HMO Other
Coverage Area (counties):	Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk , Trempealeau, Vernon		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/91058WI0050006/details		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$	Out of Pocket Cap: \$ 4,000
Family Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 8,000
Individual Out of Network Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$ 15,000
Family Out of Network Deductibles:	Medical: \$ 20,000	Prescription: \$	Out of Pocket Cap: \$ 30,000
Premiums (per month):	Individual: \$ 368	Family: \$ 1,147	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		50%		
Specialists		50%		
Referral required for specialists?	No			
Inpatient Services		45% facility/ 50% physician and surgeon fee		
Emergency Room		50%		Copay waived if admitted.
Mental/Behavioral				
Outpatient Health Services		50%		
Substance Use Disorder				
Outpatient Services		50%		
Laboratory Services		50%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	80% Coinsurance for all services provided by a non-participating provider.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		50%	Generic
Two		50%	Preferred brand
Three		50%	Non Preferred brand
Four		50%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	2016 Gundersen One Drug Formulary		
Link to Formulary:	https://clearscript.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhbIBkZIR5cGUtMTc1		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be dispensed by a participating provider to be covered.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X						

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X								Tier 4 is the highest tier in formulary; QL
Complera (emtricitabine/rilpivirine/tenofovir)	X		X								QL

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Epzicom (abacavir/lamivudine)	X		X								QL
Evotaz (atazanavir/cobicistat)	X				X						QL
Intelence (etravirine)	X		X								QL
ISENTRESS (raltegravir)	X		X								QL
Norvir (ritonavir)	X		X								QL
Prezcobix (darunavir/cobicistat)	X				X						QL
Prezista (darunavir)	X		X								QL
Reyataz (atazaniavir)	X		X								QL
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X						X		PA, QL
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X								PA
Tybost (cobicistat)	X		X								QL
Abacavir (generic)	X	X									
Edurant (rilpivirine)	X		X								QL
Emtriva (emtricitabine)	X		X								QL
Epivir (lamivudine)	X		X								QL
Lamivudine (generic)	X	X							X		PA, QL
Sustiva (efavirenz)											
Viread (tenofovir)	X			X							
Ziagen (abacavir)	X		X								

Gundersen Health Plan, Inc.

Silver HSA \$3500-0%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Gundersen Health Plan, Inc.		
Plan Name:	Silver HSA \$3500-0%		
Plan Type:	<input type="checkbox"/> PPO	<input checked="" type="checkbox"/> POS	<input type="checkbox"/> HMO Other
Coverage Area (counties):	Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk , Trempealeau, Vernon		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/91058WI0060001/details		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 3,500
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 7,000
Individual Out of Network Deductibles:	Medical: \$ 12,500	Prescription: \$	Out of Pocket Cap: \$ 17,500
Family Out of Network Deductibles:	Medical: \$ 25,000	Prescription: \$	Out of Pocket Cap: \$ 35,000
Premiums (per month):	Individual: \$ 380	Family: \$ 1,185	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	No charge after meeting deductible.			
Specialists	No charge after meeting deductible.			
Referral required for specialists?	No			
Inpatient Services	No charge after meeting deductible.			
Emergency Room	No charge after meeting deductible.			
Mental/Behavioral				
Outpatient Health Services	No charge after meeting deductible.			
Substance Use Disorder				
Outpatient Services	No charge after meeting deductible.			
Laboratory Services	No charge after meeting deductible.			
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services provided by a non-participating provider.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	No charge after meeting deductible.		Generic
Two	No charge after meeting deductible.		Preferred brand
Three	No charge after meeting deductible.		Non Preferred brand
Four	No charge after meeting deductible.		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		2016 Gundersen One Drug Formulary	
Link to Formulary:		https://clearscript.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhbIBkZIR5cGUtMTc1	
Contact Number:			
Notes re: Deductible or Coverage:		Prescription drugs must be dispensed by a participating provider to be covered.	

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is the highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X								Tier 4 is the highest tier in formulary; QL
Complera (emtricitabine/rilpivirine/tenofovir)	X		X								QL
Epzicom (abacavir/lamivudine)	X		X								QL

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Evotaz (atazanavir/cobicistat)	X				X						QL
Intelence (etravirine)	X		X								QL
ISENTRESS (raltegravir)	X		X								QL
Norvir (ritonavir)	X		X								QL
Prezcobix (darunavir/cobicistat)	X				X						QL
Prezista (darunavir)	X		X								QL
Reyataz (atazaniavir)	X		X								QL
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X								QL
Tivicay (dolutegravir)	X		X						X		PA, QL
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X								QL
Truvada (emtricitabine/tenofovir)	X		X								PA
Tybost (cobicistat)	X		X								QL
Abacavir (generic)	X	X									
Edurant (rilpivirine)	X		X								QL
Emtriva (emtricitabine)	X		X								QL
Epivir (lamivudine)	X		X								QL
Lamivudine (generic)	X	X							X		PA, QL
Sustiva (efavirenz)											
Viread (tenofovir)	X			X							
Ziagen (abacavir)	X		X								

Health Tradition Health Plan

Silver 2000/80

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Health Tradition Health Plan		
Plan Name:	Silver 2000/80		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Barron, Buffalo, Chippewa, Crawford, Dunn, Eau Claire, Grant, Jackson, Juneau, La Crosse, Monroe, Pepin, Richland, Rusk, Sauk , Trempealeau, Vernon		
Link to Summary of Benefits:	https://api.healthtradition.com/files/2015/08/2016-Individual-Silver-2000-80.pdf		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$	Out of Pocket Cap: \$ 5,000
Family Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 10,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 351	Family: \$ 1,096	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No for in-network specialists.			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$70		Brand formulary; Penalty applied if brand is chosen when generic is available.
Three	\$150		Non-formulary
Four		50%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Health Tradition Formulary (Abridged Version - December 2015)		
Link to Formulary:	https://www.healthtradition.com/wp-content/uploads/2015/12/December-2015-formulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible does not apply to prescription drugs.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest tier in formulary; can only be filled at a Mayo Clinic Health Systems Pharmacy; PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X				X		PA

HIV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is highest tier in formulary.
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 (atazaniavir)	X				X						
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X						Can only be filled at a Mayo Clinic Health Systems Pharmacy.
Tivicay (dolutegravir)	X				X						
Triumeq (abacavir/dolutegravir/lamivudine)										X	
Truvada (emtricitabine/tenofovir)	X				X						
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)	X				X						
Epivir (lamivudine)	X				X						
Lamivudine (generic)										X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sustiva (efavirenz)	X				X						
Viread (tenofovir)	X				X						
Ziagen (abacavir)	X				X						

Health Tradition Health Plan

Silver 3000/70 w/Copay

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Health Tradition Health Plan		
Plan Name:	Silver 3000/70 w/Copay		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Barron, Buffalo, Chippewa, Crawford, Dunn, Eau Claire, Grant, Jackson, Juneau, La Crosse, Monroe, Pepin, Richland, Rusk, Sauk , Trempealeau, Vernon		
Link to Summary of Benefits:	https://api.healthtradition.com/files/2015/08/2016-Individual-Silver-3000-70-copay-2-free.pdf		
Individual Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 5,400
Family Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 10,800
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 346	Family: \$ 1,080	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$75			
Specialists	\$125			
Referral required for specialists?	No for in-network specialists.			
Inpatient Services		30%		
Emergency Room		30%		
Mental/Behavioral				
Outpatient Health Services	\$75			
Substance Use Disorder				
Outpatient Services	\$75			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Brand formulary; Penalty applied if brand is chosen when generic is available.
Three	\$145		Non-formulary
Four		50%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Health Tradition Formulary (Abridged Version - December 2015)		
Link to Formulary:	https://www.healthtradition.com/wp-content/uploads/2015/12/December-2015-formulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Deductible does not apply to prescription drugs.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest tier in formulary; can only be filled at a Mayo Clinic Health Systems Pharmacy; PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X				X		PA

HIV Medications												
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes	
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is highest tier in formulary.	
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 (atazaniavir)	X				X							
Atazanavir (generic)										X		
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X						Can only be filled at a Mayo Clinic Health Systems Pharmacy.	
Tivicay (dolutegravir)	X				X							
Triumeq (abacavir/dolutegravir/lamivudine)										X		
Truvada (emtricitabine/tenofovir)	X				X							
Tybost (cobicistat)										X		
Abacavir (generic)										X		
Edurant (rilpivirine)										X		
Emtriva (emtricitabine)	X				X							
Epivir (lamivudine)	X				X							
Lamivudine (generic)										X		

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sustiva (efavirenz)	X				X						
Viread (tenofovir)	X				X						
Ziagen (abacavir)	X				X						

Health Tradition Health Plan

Silver 3500

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Health Tradition Health Plan		
Plan Name:	Silver 3500		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Barron, Buffalo, Chippewa, Crawford, Dunn, Eau Claire, Grant, Jackson, Juneau, La Crosse, Monroe, Pepin, Richland, Rusk, Sauk , Trempealeau, Vernon		
Link to Summary of Benefits:	https://api.healthtradition.com/files/2015/08/2016-Individual-Silver-3500.pdf		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$ 250	Out of Pocket Cap: \$ 4,500
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 9,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 319	Family: \$ 996	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$50			
Specialists	\$100			
Referral required for specialists?	No for in-network specialists.			
Inpatient Services		0%		
Emergency Room		0%		
Mental/Behavioral				
Outpatient Health Services	\$50			
Substance Use Disorder				
Outpatient Services	\$50			
Laboratory Services		0%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to physician services.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$20		Generic
Two	\$40		Brand formulary; Penalty applied if brand is chosen when generic is available.
Three	\$60		Non-formulary
Four	\$80		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Health Tradition Formulary (Abridged Version - December 2015)		
Link to Formulary:	https://www.healthtradition.com/wp-content/uploads/2015/12/December-2015-formulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	\$250 prescription drug deductible applies.		

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest tier in formulary; can only be filled at a Mayo Clinic Health Systems Pharmacy; PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X				X		PA

HIV Medications												
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes	
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is highest tier in formulary.	
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 (atazaniavir)	X				X							
Atazanavir (generic)										X		
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X						Can only be filled at a Mayo Clinic Health Systems Pharmacy.	
Tivicay (dolutegravir)	X				X							
Triumeq (abacavir/dolutegravir/lamivudine)										X		
Truvada (emtricitabine/tenofovir)	X				X							
Tybost (cobicistat)										X		
Abacavir (generic)										X		
Edurant (rilpivirine)										X		
Emtriva (emtricitabine)	X				X							
Epivir (lamivudine)	X				X							
Lamivudine (generic)										X		
Sustiva (efavirenz)	X				X							

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Viread (tenofovir)	X				X						
Ziagen (abacavir)	X				X						

Health Tradition Health Plan

Silver 4000/80 w/ Copay

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Health Tradition Health Plan		
Plan Name:	Silver 4000/80 w/ Copay		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Barron, Buffalo, Chippewa, Crawford, Dunn, Eau Claire, Grant, Jackson, Juneau, La Crosse, Monroe, Pepin, Richland, Rusk, Sauk , Trempealeau, Vernon		
Link to Summary of Benefits:	https://api.healthtradition.com/files/2015/08/2016-Individual-Silver-4000-80-copay.pdf		
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,000
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 12,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 348	Family: \$ 1,086	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No for in-network specialists.			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to physician services.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Brand formulary; Penalty applied if brand is chosen when generic is available.
Three	\$155		Non-formulary
Four		50%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Health Tradition Formulary (Abridged Version - December 2015)		
Link to Formulary:	https://www.healthtradition.com/wp-content/uploads/2015/12/December-2015-formulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest tier in formulary; can only be filled at a Mayo Clinic Health Systems Pharmacy; PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X				X		PA

HIV Medications												
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes	
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is highest tier in formulary.	
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 (atazaniavir)	X				X							
Atazanavir (generic)										X		
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X						Can only be filled at a Mayo Clinic Health Systems Pharmacy.	
Tivicay (dolutegravir)	X				X							
Triumeq (abacavir/dolutegravir/lamivudine)										X		
Truvada (emtricitabine/tenofovir)	X				X							
Tybost (cobicistat)										X		
Abacavir (generic)										X		
Edurant (rilpivirine)										X		
Emtriva (emtricitabine)	X				X							
Epivir (lamivudine)	X				X							
Lamivudine (generic)										X		

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sustiva (efavirenz)	X				X						
Viread (tenofovir)	X				X						
Ziagen (abacavir)	X				X						

Health Tradition Health Plan

Silver HDHP 85

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Health Tradition Health Plan		
Plan Name:	Silver HDHP 85		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HDHP HMO
Coverage Area (counties):	Barron, Buffalo, Chippewa, Crawford, Dunn, Eau Claire, Grant, Jackson, Juneau, La Crosse, Monroe, Pepin, Richland, Rusk, Sauk , Trempealeau, Vernon		
Link to Summary of Benefits:	https://api.healthtradition.com/files/2015/08/Individual-Silver-HDHP-85.pdf		
Individual Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 4,000
Family Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 8,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 331	Family: \$ 1,033	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		15%		
Specialists		15%		
Referral required for specialists?	No for in-network specialists.			
Inpatient Services		15%		
Emergency Room		15%		
Mental/Behavioral				
Outpatient Health Services		15%		
Substance Use Disorder				
Outpatient Services		15%		
Laboratory Services		15%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		5%	Generic
Two		10%	Brand formulary; Penalty applied if brand is chosen when generic is available.
Three		50%	
Four		50%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Health Tradition Formulary (Abridged Version - December 2015)		
Link to Formulary:	https://www.healthtradition.com/wp-content/uploads/2015/12/December-2015-formulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications											
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest tier in formulary; can only be filled at a Mayo Clinic Health Systems Pharmacy; PA
Harvoni (ledipasvir, sofosbuvir)	X				X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X				X		PA

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is highest tier in formulary.
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 (atazaniavir)	X				X						
Atazanavir (generic)										X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X						
											Can only be filled at a Mayo Clinic Health Systems Pharmacy.
Tivicay (dolutegravir)	X				X						
Triumeq (abacavir/dolutegravir/lamivudine)										X	
Truvada (emtricitabine/tenofovir)	X				X						
Tybost (cobicistat)										X	
Abacavir (generic)										X	
Edurant (rilpivirine)										X	
Emtriva (emtricitabine)	X				X						
Epivir (lamivudine)	X				X						
Lamivudine (generic)										X	
Sustiva (efavirenz)	X				X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Viread (tenofovir)	X				X						
Ziagen (abacavir)	X				X						

Health Tradition Health Plan

Silver HDHP 100

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Health Tradition Health Plan		
Plan Name:	Silver HDHP 100		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HDHP HMO Other
Coverage Area (counties):	Barron, Buffalo, Chippewa, Crawford, Dunn, Eau Claire, Grant, Jackson, Juneau, La Crosse, Monroe, Pepin, Richland, Rusk, Sauk , Trempealeau, Vernon		
Link to Summary of Benefits:	https://api.healthtradition.com/files/2015/08/2016-Individual-Silver-HDHP-100.pdf		
Individual Deductibles:	Medical: \$ 4,125	Prescription: \$	Out of Pocket Cap: \$ 4,125
Family Deductibles:	Medical: \$ 8,250	Prescription: \$	Out of Pocket Cap: \$ 8,250
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 319	Family: \$ 996	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		0%		
Specialists		0%		
Referral required for specialists?	No for in-network specialists.			
Inpatient Services		0%		
Emergency Room		0%		
Mental/Behavioral				
Outpatient Health Services		0%		
Substance Use Disorder				
Outpatient Services		0%		
Laboratory Services		0%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to physician services.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		0%	Generic
Two		0%	Brand formulary; Penalty applied if brand is chosen when generic is available.
Three		0%	
Four		0%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Health Tradition Formulary (Abridged Version - December 2015)		
Link to Formulary:	https://www.healthtradition.com/wp-content/uploads/2015/12/December-2015-formulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications												
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes	
Sovaldi (sofosbuvir)	X				X				X		Tier 4 is highest tier in formulary; can only be filled at a Mayo Clinic Health Systems Pharmacy; PA	
Harvoni (ledipasvir, sofosbuvir)	X				X				X			PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X				X			PA

HIV Medications												
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes	
Atripla (efavirenz/emtricitabine/tenofovir)	X				X						Tier 4 is highest tier in formulary.	
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 (atazaniavir)	X				X							
Atazanavir (generic)										X		
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X						Can only be filled at a Mayo Clinic Health Systems Pharmacy.	
Tivicay (dolutegravir)	X				X							
Triumeq (abacavir/dolutegravir/lamivudine)										X		
Truvada (emtricitabine/tenofovir)	X				X							
Tybost (cobicistat)										X		
Abacavir (generic)										X		
Edurant (rilpivirine)										X		
Emtriva (emtricitabine)	X				X							
Epivir (lamivudine)	X				X							
Lamivudine (generic)										X		

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Prior Authorization	NC/NL	Notes
Sustiva (efavirenz)	X				X						
Viread (tenofovir)	X				X						
Ziagen (abacavir)	X				X						

Medica Health Plans of Wisconsin

Medica Individual Choice Silver Copay Plus

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Medica Health Plans of Wisconsin		
Plan Name:	Medica Individual Choice Silver Copay Plus		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO Other
Coverage Area (counties):	Ashland, Barron , Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Saint Croix, Sawyer, Washburn		
Link to Summary of Benefits:	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-72543-2015101317052223315-final.pdf		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 6,000
Family Deductibles:	Medical: \$ 7,500	Prescription: \$	Out of Pocket Cap: \$ 12,000
Individual Out of Network Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$ 20,000	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 472	Family: \$ 1,360	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$60			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services	\$400/day for 5 days; thereafter, no charge.			
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$60			
Substance Use Disorder				
Outpatient Services	\$60			
Laboratory Services	\$60/visit			
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Other information:	Deductible does not apply to copay services. 50% coinsurance for out-of-network providers.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		
Two	\$60		
Three	\$200		
Specialty Tier 1	\$300		Abbreviated ST-1 below.
Specialty Tier 2	\$600		Abbreviated ST-2 below.
Name of Formulary Used: Medica Pharmacies and Prescriptions Formulary Search			
Link to Formulary: https://www.medica.com/pharmacy/individual/preferred-drug-list-search			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	ST-1	ST-2	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				Preferred specialty
Harvoni (ledipasvir, sofosbuvir)	X				X				Preferred specialty
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X			Non preferred specialty

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	ST-1	ST-2	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 (atazaniavir)	X		X						
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X						
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

Medica Health Plans of Wisconsin

Medica Individual Choice Silver Copay

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Medica Health Plans of Wisconsin		
Plan Name:	Medica Individual Choice Silver Copay		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO Other
Coverage Area (counties):	Ashland, Barron , Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Saint Croix, Sawyer, Washburn		
Link to Summary of Benefits:	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-71725-2015091712203061116-final.pdf		
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 5,750
Family Deductibles:	Medical: \$ 7,800	Prescription: \$	Out of Pocket Cap: \$ 11,500
Individual Out of Network Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$ 20,000	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 425	Family: \$ 1,325	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$30			
Referral required for specialists?	No			
Inpatient Services		40%		
Emergency Room		40%		
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		40%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% coinsurance for out-of-network providers.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		
Two		40%	
Three		60%	
Specialty Tier 1		30%	Abbreviated ST-1 below.
Specialty Tier 2		50%	Abbreviated ST-2 below.
Name of Formulary Used: Medica Pharmacies and Prescriptions Formulary Search			
Link to Formulary: https://www.medica.com/pharmacy/individual/preferred-drug-list-search			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	ST-1	ST-2	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				Preferred specialty
Harvoni (ledipasvir, sofosbuvir)	X				X				Preferred specialty
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X			Non preferred specialty

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	ST-1	ST-2	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						

HIV Medications

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

Medica Health Plans of Wisconsin Medica Individual Choice Silver HSA 2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Medica Health Plans of Wisconsin		
Plan Name:	Medica Individual Choice Silver HSA		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO Other
Coverage Area (counties):	Ashland, Barron , Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Saint Croix, Sawyer, Washburn		
Link to Summary of Benefits:	https://www.bolgerapps.com/medica_sb7/usum/output_cache/1111-71734-2015091712203061116-final.pdf		
Individual Deductibles:	Medical: \$ 1,300	Prescription: \$	Out of Pocket Cap: \$ 5,450
Family Deductibles:	Medical: \$ 3,900	Prescription: \$	Out of Pocket Cap: \$ 12,700
Individual Out of Network Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$ 20,000	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 417	Family: \$ 1,301	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		40%		
Specialists		40%		
Referral required for specialists?	No			
Inpatient Services		40%		
Emergency Room		40%		
Mental/Behavioral				
Outpatient Health Services		40%		
Substance Use Disorder				
Outpatient Services		40%		
Laboratory Services		40%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% coinsurance for out-of-network providers.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		40%	
Two		40%	
Three		40%	
Specialty Tier 1		30%	Abbreviated ST-1 below.
Specialty Tier 2		50%	Abbreviated ST-2 below.
Name of Formulary Used:	Medica Pharmacies and Prescriptions Formulary Search		
Link to Formulary:	https://www.medica.com/pharmacy/individual/preferred-drug-list-search		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	ST-1	ST-2	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X				Preferred specialty
Harvoni (ledipasvir, sofosbuvir)	X				X				Preferred specialty
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X			Non preferred specialty

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	ST-1	ST-2	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						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	ST-1	ST-2	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						
Prezista (darunavir)	X		X						
Reyataz (atazaniavir)	X		X						
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X						
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
EpiVir (lamivudine)	X			X					
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X						

MercyCare Health Plans

MercyCare HMO Silver Option A

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	MercyCare Health Plans		
Plan Name:	MercyCare HMO Silver Option A		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Green , Rock, Walworth		
Link to Summary of Benefits:	http://72.52.162.26/~mercyCare/wp-content/uploads/2015/04/HMO-Silver-Opt-A-58326WI0090002.pdf		
Individual Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 6,800
Family Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$ 13,600
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 279	Family: \$ 871	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$30			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$100			Copay waived if admitted
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible applies to all services.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$20		Generic
Two	\$40		Preferred brand
Three	\$60		Non Preferred Brand
Four		25%	Specialty
Name of Formulary Used:	MercyCare FOUR Tier Exchange Formulary		
Link to Formulary:	https://mercycahealthplans.com/wp-content/uploads/2015/01/15-4tier-exchange12.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications								
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		Mandatory Specialty Pharmacy Program (MSP); PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X	X		MSP, PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)							X	

HIV Medications								
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	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			

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	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 (atazaniavir)	X				X			
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X				X			
Tivicay (dolutegravir)	X				X			
Triumeq (abacavir/dolutegravir/ lamivudine)	X				X			QL
Truvada (emtricitabine/tenofovir)	X			X	X	X		PA
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	

MercyCare Health Plans

MercyCare HMO Silver Option B

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	MercyCare Health Plans		
Plan Name:	MercyCare HMO Silver Option B		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Green , Rock, Walworth		
Link to Summary of Benefits:	http://72.52.162.26/~mercyCare/wp-content/uploads/2015/04/HMO-Silver-Opt-B-58326WI0090015.pdf		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 6,800
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 13,600
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 293	Family: \$ 915	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			Copay waived if admitted
Mental/Behavioral				
Outpatient Health Services	\$60			
Substance Use Disorder				
Outpatient Services	\$60			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$20		Generic
Two	\$40		Preferred brand
Three	\$60		Non Preferred Brand
Four		25%	Specialty
Name of Formulary Used:		MercyCare FOUR Tier Exchange Formulary	
Link to Formulary:		https://mercycahealthplans.com/wp-content/uploads/2015/01/15-4tier-exchange12.pdf	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		Mandatory Specialty Pharmacy Program (MSP); PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X	X		MSP, PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)							X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	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			

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X				X			
Prezista (darunavir)	X				X			
Reyataz (atazaniavir)	X				X			
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X				X			
Tivicay (dolutegravir)	X			X	X			
Triumeq (abacavir/dolutegravir/ lamivudine)	X				X			QL
Truvada (emtricitabine/tenofovir)	X			X	X	X		PA
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	X			
Ziagen (abacavir)							X	

MercyCare Health Plans

MercyCare HMO Silver Option C

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	MercyCare Health Plans		
Plan Name:	MercyCare HMO Silver Option C		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Green, Rock, Walworth		
Link to Summary of Benefits:	http://72.52.162.26/~mercyCare/wp-content/uploads/2015/04/HMO-Silver-Opt-C-58326WI0090016.pdf		
Individual Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 6,350
Family Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 12,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 275	Family: \$ 858	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		30%		
Specialists		30%		
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$500			Copay waived if admitted
Mental/Behavioral				
Outpatient Health Services		30%		
Substance Use Disorder				
Outpatient Services		30%		
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$25		Preferred brand
Three	\$50		Non Preferred Brand
Four		25%	Specialty
Name of Formulary Used:		MercyCare FOUR Tier Exchange Formulary	
Link to Formulary:		https://mercycahealthplans.com/wp-content/uploads/2015/01/15-4tier-exchange12.pdf	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		Mandatory Specialty Pharmacy Program (MSP); PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X	X		MSP, PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)							X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	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			

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X				X			
Prezista (darunavir)	X				X			
Reyataz (atazaniavir)	X				X			
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X				X			
Tivicay (dolutegravir)	X			X	X			
Triumeq (abacavir/dolutegravir/ lamivudine)	X				X			QL
Truvada (emtricitabine/tenofovir)	X			X	X	X		PA
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	X			
Ziagen (abacavir)							X	

Molina Healthcare of Wisconsin, Inc.

Molina Silver 250 Plan

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Molina Healthcare of Wisconsin, Inc.		
Plan Name:	Molina Silver 250 Plan		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Jefferson, Kenosha, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Racine , Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Winnebago, Wood		
Link to Summary of Benefits:	http://www.molinahealthcare.com/members/wi/en-US/PDF/marketplace/summary-of-benefits-silver-250-2016.pdf		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$ 200	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 4,000	Prescription: \$ 400	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 265	Family: \$ 828	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20			
Specialists	\$55			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$300			
Mental/Behavioral				
Outpatient Health Services	\$20			
Substance Use Disorder				
Outpatient Services	\$20			
Laboratory Services	\$35			
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$55		Preferred Brand
Three		30%	Non preferred Brand
Four		30%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	2016 Formulary (List of Covered Drugs)		
Link to Formulary:	http://www.molinahealthcare.com/members/wi/en-us/pdf/marketplace/formulary-2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	\$200 individual/\$400 family deductible applies.		

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		Tier 4 is highest tier in formulary; PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X					Tier 4 is highest tier in formulary.
Complera (emtricitabine/rilpivirine/tenofovir)	X		X					
Epzicom (abacavir/lamivudine)	X		X					
Evotaz (atazanavir/cobicistat)	X		X					

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Prior Authorization	NC/NL	Notes
Intelence (etravirine)	X				X	X		PA
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X		X					
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							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					PA
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					

Network Health Prestige Silver 0 2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Network Health		
Plan Name:	Prestige Silver 0		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Calumet, Milwaukee, Outagamie, Ozaukee, Racine , Washington, Waukesha, Winnebago		
Link to Summary of Benefits:	https://networkhealth.com/benefits/sbc/silver0.pdf		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 320	Family: \$ 1,000	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				
Specialists				
Referral required for specialists?	No			
Inpatient Services				
Emergency Room				
Mental/Behavioral				
Outpatient Health Services				
Substance Use Disorder				
Outpatient Services				
Laboratory Services				
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	No charge for all services (except prescription drugs) after deductible is met.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15		Generic
Two	\$40		Preferred Brand
Three		35%	Non-Preferred Brand
Four		30%	Preferred Specialty
Five		40%	Non-Preferred Specialty
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Network Health 2016 Abridged List of Covered Drugs	
Link to Formulary:		https://networkhealth.com/_files/pdf/Miscellaneous/individualdruglist.pdf	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Tier 5 is highest tier in formulary; PA
Harvoni (ledipasvir, sofosbuvir)	X					X	X		PA
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					Tier 5 is highest tier in formulary; PA
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					
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 (atazaniavir)	X			X					
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X			X					
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X			X					
Truvada (emtricitabine/tenofovir)	X			X					
Tybost (cobicistat)	X			X					
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

Network Health Prestige Silver 20 2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Network Health		
Plan Name:	Prestige Silver 20		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Calumet, Milwaukee, Outagamie, Ozaukee, Racine , Washington, Waukesha, Winnebago		
Link to Summary of Benefits:	https://networkhealth.com/benefits/sbc/silver20.pdf		
Individual Deductibles:	Medical: \$ 2,750	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 5,500	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 333	Family: \$ 1,037	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$25			
Specialists	\$50			
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services	\$25			
Substance Use Disorder				
Outpatient Services	\$25			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$15		Generic
Two	\$40		Preferred Brand
Three		35%	Non-Preferred Brand
Four		30%	Preferred Specialty
Five		40%	Non-Preferred Specialty
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Network Health 2016 Abridged List of Covered Drugs	
Link to Formulary:		https://networkhealth.com/_files/pdf/Miscellaneous/individualdruglist.pdf	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Tier 5 is highest tier in formulary; PA
Harvoni (ledipasvir, sofosbuvir)	X					X	X		PA
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					Tier 5 is highest tier in formulary; PA
Complera (emtricitabine/rilpivirine/tenofovir)	X			X					
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 (atazaniavir)	X			X					
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X			X					
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X			X					
Truvada (emtricitabine/tenofovir)	X			X					
Tybost (cobicistat)	X			X					
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X			X					
Viread (tenofovir)	X			X					
Ziagen (abacavir)	X			X					

Physicians Plus Insurance Corporation

2500D 30 COINS OV 40

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Physicians Plus Insurance Corporation		
Plan Name:	2500D 30 COINS OV 40		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon		
Link to Summary of Benefits:	http://www.pplusic.com/documents/upload/2016-ind-aca-2500d-30c-ov40.pdf		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 6,000
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 12,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 298	Family: \$ 931	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$40			
Specialists	\$80			
Referral required for specialists?	Yes			
Inpatient Services		30%		
		30% coinsurance		
Emergency Room	\$250			after copay and deductible
Mental/Behavioral				
Outpatient Health Services	\$40			
Substance Use Disorder				
Outpatient Services	\$40			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Other information:	Deductible applies to laboratory services, inpatient hospital services, outpatient surgical services, and skilled nursing.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Preferred Value Generics
Two	\$30		Preferred Generic
Three	\$75		Preferred Brand
Four		50%	Preferred Specialty, Brand, and Generic
Five		50%	Non Preferred Specialty Brand and Generic drugs
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Physicians Plus Premier Formulary 2016		
Link to Formulary:	http://www.pplusic.com/documents/upload/2016premierformulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Tier 5 is highest tier in formulary; PA
Harvoni (ledipasvir, sofosbuvir)	X					X	X		PA, ST
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)								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				

Physicians Plus Insurance Corporation

2500D 20 COINS OV 40

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Physicians Plus Insurance Corporation		
Plan Name:	2500D 20 COINS OV 40		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon		
Link to Summary of Benefits:	http://www.pplusic.com/documents/upload/2016-ind-aca-2500d-20-coins-ov-40.pdf		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 6,000
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 12,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 309	Family: \$ 963	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$40			
Specialists	\$80			
Referral required for specialists?	Yes			
Inpatient Services		20%		
		20% coinsurance		
		after copay and deductible		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$40			
Substance Use Disorder				
Outpatient Services	\$40			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Other information:	Deductible applies to laboratory services, inpatient hospital services, outpatient surgical services, and skilled nursing.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Preferred Value Generics
Two	\$30		Preferred Generic
Three	\$75		Preferred Brand
Four		50%	Preferred Specialty, Brand, and Generic
Five		50%	Non Preferred Specialty Brand and Generic drugs
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Physicians Plus Premier Formulary 2016		
Link to Formulary:	http://www.pplusic.com/documents/upload/2016premierformulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Tier 5 is highest tier in formulary; PA
Harvoni (ledipasvir, sofosbuvir)	X					X	X		PA, ST
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
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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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)								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				

Physicians Plus Insurance Corporation

3000D 20 COINS OV 40

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Physicians Plus Insurance Corporation		
Plan Name:	3000D 20 COINS OV 40		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon		
Link to Summary of Benefits:	http://www.pplusic.com/documents/upload/2016-ind-aca-3000d-20-coins-ov-40.pdf		
Individual Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 6,000
Family Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 12,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 301	Family: \$ 940	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$40			
Specialists	\$80			
Referral required for specialists?	Yes			
Inpatient Services		20%		
		20% coinsurance		
Emergency Room	\$250			after copay and deductible
Mental/Behavioral				
Outpatient Health Services	\$40			
Substance Use Disorder				
Outpatient Services	\$40			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Other information:	Deductible applies to laboratory services, inpatient hospital services, outpatient surgical services, and skilled nursing.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Preferred Value Generics
Two	\$30		Preferred Generic
Three	\$75		Preferred Brand
Four		50%	Preferred Specialty, Brand, and Generic
Five		50%	Non Preferred Specialty Brand and Generic drugs
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Physicians Plus Premier Formulary 2016		
Link to Formulary:	http://www.pplusic.com/documents/upload/2016premierformulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Tier 5 is highest tier in formulary; PA
Harvoni (ledipasvir, sofosbuvir)	X					X	X		PA, ST
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)								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				

Physicians Plus Insurance Corporation

3000D 30 COINS OV 40

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Physicians Plus Insurance Corporation		
Plan Name:	3000D 30 COINS OV 40		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon		
Link to Summary of Benefits:	http://www.pplusic.com/documents/upload/2016-ind-aca-3000d-30-coins-ov-40.pdf		
Individual Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 6,000
Family Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 12,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 293	Family: \$ 913	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$40			
Specialists	\$80			
Referral required for specialists?	Yes			
Inpatient Services		30%		
		30% coinsurance		
Emergency Room	\$250			after copay and deductible
Mental/Behavioral				
Outpatient Health Services	\$40			
Substance Use Disorder				
Outpatient Services	\$40			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Other information:	Deductible applies to laboratory services, inpatient hospital services, outpatient surgical services, and skilled nursing.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Preferred Value Generics
Two	\$30		Preferred Generic
Three	\$75		Preferred Brand
Four		50%	Preferred Specialty, Brand, and Generic
Five		50%	Non Preferred Specialty Brand and Generic drugs
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Physicians Plus Premier Formulary 2016		
Link to Formulary:	http://www.pplusic.com/documents/upload/2016premierformulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Tier 5 is highest tier in formulary; PA
Harvoni (ledipasvir, sofosbuvir)	X					X	X		PA, ST
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)								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				

Physicians Plus Insurance Corporation

4000D

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Physicians Plus Insurance Corporation		
Plan Name:	4000D		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon		
Link to Summary of Benefits:	http://www.pplusic.com/documents/upload/2016-ind-aca-4000d-hsa.pdf		
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 4,000
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 8,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 321	Family: \$ 1002	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible.
Specialists				No charge after deductible.
Referral required for specialists?	Yes			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services				No charge after deductible.
Substance Use Disorder				
Outpatient Services				No charge after deductible.
Laboratory Services				No charge after deductible.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	No charge after deductible.		Preferred Value Generics
Two	No charge after deductible.		Preferred Generic
Three	No charge after deductible.		Preferred Brand
Four		No charge after deductible.	Preferred Specialty, Brand, and Generic
Five		No charge after deductible.	Non Preferred Specialty Brand and Generic drugs
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Physicians Plus Premier Formulary 2016	
Link to Formulary:		http://www.pplusic.com/documents/upload/2016premierformulary.pdf	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Tier 5 is highest tier in formulary; PA
Harvoni (ledipasvir, sofosbuvir)	X					X	X		PA, ST
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			

HIV Medications

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

Physicians Plus Insurance Corporation

5250D OV 25

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Physicians Plus Insurance Corporation		
Plan Name:	5250D OV 25		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon		
Link to Summary of Benefits:	http://www.pplusic.com/documents/upload/2016-ind-aca-5250d-ov-25.pdf		
Individual Deductibles:	Medical: \$ 5,250	Prescription: \$	Out of Pocket Cap: \$ 5,250
Family Deductibles:	Medical: \$ 10,500	Prescription: \$	Out of Pocket Cap: \$ 10,500
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 279	Family: \$ 870	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$25			
Specialists				No charge after deductible.
Referral required for specialists?	Yes			
Inpatient Services				No charge after deductible.
Emergency Room	\$250, then deductible.			
Mental/Behavioral				
Outpatient Health Services	\$25			
Substance Use Disorder				
Outpatient Services	\$25			
Laboratory Services				No charge after deductible.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to primary care visits, prescription drugs, mental health outpatient and substance use outpatient visits.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Preferred Value Generics
Two	\$30		Preferred Generic
Three	\$75		Preferred Brand
Four		50%	Preferred Specialty, Brand, and Generic
Five		50%	Non Preferred Specialty Brand and Generic drugs
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Physicians Plus Premier Formulary 2016	
Link to Formulary:		http://www.pplusic.com/documents/upload/2016premierformulary.pdf	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Tier 5 is highest tier in formulary; PA
Harvoni (ledipasvir, sofosbuvir)	X					X	X		PA, ST
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			

HIV Medications

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

Physicians Plus Insurance Corporation

5500D OV 25

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Physicians Plus Insurance Corporation		
Plan Name:	5500D OV 25		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon		
Link to Summary of Benefits:	http://www.pplusic.com/documents/upload/2016-ind-aca-5500d-ov-25.pdf		
Individual Deductibles:	Medical: \$ 5,500	Prescription: \$	Out of Pocket Cap: \$ 5,500
Family Deductibles:	Medical: \$ 11,000	Prescription: \$	Out of Pocket Cap: \$ 11,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 274	Family: \$ 856	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$25			
Specialists				No charge after deductible.
Referral required for specialists?	Yes			
Inpatient Services				No charge after deductible.
Emergency Room	\$200, then deductible.			
Mental/Behavioral				
Outpatient Health Services	\$25			
Substance Use Disorder				
Outpatient Services	\$25			
Laboratory Services				No charge after deductible.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to primary care visits, prescription drugs, mental health outpatient and substance use outpatient visits.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Preferred Value Generics
Two	\$30		Preferred Generic
Three	\$75		Preferred Brand
Four		50%	Preferred Specialty, Brand, and Generic
Five		50%	Non Preferred Specialty Brand and Generic drugs
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Physicians Plus Premier Formulary 2016		
Link to Formulary:	http://www.pplusic.com/documents/upload/2016premierformulary.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X					X	X		Tier 5 is highest tier in formulary; PA
Harvoni (ledipasvir, sofosbuvir)	X					X	X		PA, ST
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					

HIV Medications

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

Security Health Plan of Wisconsin

Classic \$2,000 - 30%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Security Health Plan of Wisconsin		
Plan Name:	Classic \$2,000 - 30%		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Ashland, Barron , Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Washburn, Waupaca, Waushara, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38166WIO170004/details		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$	Out of Pocket Cap: \$ 6,350
Family Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 12,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 398	Family: \$ 1,241	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		30%		
Specialists	\$50			
Referral required for specialists?	Yes			
Inpatient Services	\$500			
Emergency Room	\$150			
Mental/Behavioral				
Outpatient Health Services		30%		
Substance Use Disorder				
Outpatient Services		30%		
Laboratory Services	\$150			
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to services with copays.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		
Two	\$40		
Three	\$80		
Four		33%	Specialty.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Classic Pharmacy		
Link to Formulary:	https://securityhealth.org/prescription-tools/2016/2016-individual-and-family-plans/classic-pharmacy-information		
Contact Number:			
Notes re: Deductible or Coverage:			

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

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						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X		X						
Reyataz (atazaniavir)									
Atazanavir (generic)								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			X					
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					Epivir solution is Tier 2.
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X			X					

Security Health Plan of Wisconsin

Classic \$2,500 - 20%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Security Health Plan of Wisconsin		
Plan Name:	Classic \$2,500 - 20%		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Ashland, Barron , Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langulade, Lincoln, Marathon, Monroe, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Washburn, Waupaca, Waushara, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38166WI0170003/details		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 397	Family: \$ 1,238	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists	\$50			
Referral required for specialists?	Yes			
Inpatient Services	\$200			
Emergency Room	\$150			
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services	\$150			
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to services with copays.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		
Two	\$40		
Three	\$80		
Four		33%	Specialty.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Classic Pharmacy		
Link to Formulary:	https://securityhealth.org/prescription-tools/2016/2016-individual-and-family-plans/classic-pharmacy-information		
Contact Number:			
Notes re: Deductible or Coverage:			

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

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						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X		X						
Reyataz (atazaniavir)									
Atazanavir (generic)								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			X					
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					Epivir solution is Tier 2.
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X			X					

Security Health Plan of Wisconsin

Classic \$3,500 HDHP

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Security Health Plan of Wisconsin		
Plan Name:	Classic \$3,500 HDHP		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO
Coverage Area (counties):	Adams, Ashland, Barron , Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Washburn, Waupaca, Waushara, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38166WI0170002/details		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 3,500
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 7,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 436	Family: \$ 1,361	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible.
Specialists				No charge after deductible.
Referral required for specialists?	Yes			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services				No charge after deductible.
Substance Use Disorder				
Outpatient Services				No charge after deductible.
Laboratory Services				
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible applies to prescription drugs.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One			No charge after deductible.
Two			No charge after deductible.
Three			No charge after deductible.
Four			No charge after deductible; Specialty.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Classic Pharmacy		
Link to Formulary:	https://securityhealth.org/prescription-tools/2016/2016-individual-and-family-plans/classic-pharmacy-information		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

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

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						

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	
Prezista (darunavir)	X		X						
Reyataz (atazaniavir)									
Atazanavir (generic)								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			X					
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					Epivir solution is Tier 2.
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X			X					

Security Health Plan of Wisconsin

Classic \$4,500 - 30%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Security Health Plan of Wisconsin		
Plan Name:	Classic \$4,500 - 30%		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Ashland, Barron , Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Washburn, Waupaca, Waushara, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38166WI0170009/details		
Individual Deductibles:	Medical: \$ 4,500	Prescription: \$	Out of Pocket Cap: \$ 6,400
Family Deductibles:	Medical: \$ 9,000	Prescription: \$	Out of Pocket Cap: \$ 12,800
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 392	Family: \$ 1,223	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			
Specialists	\$70			
Referral required for specialists?	Yes			
Inpatient Services		30%		
Emergency Room	\$200			
Mental/Behavioral				
Outpatient Health Services		30%		
Substance Use Disorder				
Outpatient Services		30%		
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$20		
Two	\$50		
Three	\$75		
Four		25%	Specialty.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Classic Pharmacy	
Link to Formulary:		https://securityhealth.org/prescription-tools/2016/2016-individual-and-family-plans/classic-pharmacy-information	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

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

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						

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	
Prezista (darunavir)	X		X						
Reyataz (atazaniavir)									
Atazanavir (generic)								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			X					
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					Epivir solution is Tier 2.
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X			X					

Security Health Plan of Wisconsin

Select \$2,000 – 30%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Security Health Plan of Wisconsin		
Plan Name:	Select \$2,000 – 30%		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Ashland, Barron , Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, Lincoln, Marathon, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Trempealeau, Vilas, Washburn, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38166WI0180004/details		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$	Out of Pocket Cap: \$ 6,350
Family Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 12,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 322	Family: \$ 1,005	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		30%		
Specialists	\$50			
Referral required for specialists?	Yes			
Inpatient Services	\$500			
Emergency Room	\$150			
Mental/Behavioral				
Outpatient Health Services		30%		
Substance Use Disorder				
Outpatient Services		30%		
Laboratory Services	\$150			
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to services with copays.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		
Two	\$40		
Three	\$80		
Four		33%	Specialty.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Select Pharmacy		
Link to Formulary:	https://securityhealth.org/prescription-tools/2016/2016-individual-and-family-plans/select-pharmacy-information		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

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

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						

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	
Prezista (darunavir)	X		X						
Reyataz (atazaniavir)	X		X						
Atazanavir (generic)								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			X					
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					Epivir solution is Tier 2.
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X			X					

Security Health Plan of Wisconsin

Select \$2,500 - 20%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Security Health Plan of Wisconsin		
Plan Name:	Select \$2,500 - 20%		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Ashland, Barron , Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, Lincoln, Marathon, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Trempealeau, Vilas, Washburn, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38166WI0180003/details		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 321	Family: \$ 1,002	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists	\$50			
Referral required for specialists?	Yes			
Inpatient Services	\$200			
Emergency Room	\$150			
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services	\$150			
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to services with copays.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		
Two	\$40		
Three	\$80		
Four		33%	Specialty.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Select Pharmacy		
Link to Formulary:	https://securityhealth.org/prescription-tools/2016/2016-individual-and-family-plans/select-pharmacy-information		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

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

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						

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	
Prezista (darunavir)	X		X						
Reyataz (atazaniavir)									
Atazanavir (generic)								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			X					
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					Epivir solution is Tier 2.
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X			X					

Security Health Plan of Wisconsin

Select \$3,500 HDHP

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Security Health Plan of Wisconsin		
Plan Name:	Select \$3,500 HDHP		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Ashland, Barron , Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, Lincoln, Marathon, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Trempealeau, Vilas, Washburn, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38166WI0180002/details		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 3,500
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 7,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 353	Family: \$ 1,103	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible.
Specialists				No charge after deductible.
Referral required for specialists?	Yes			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services				No charge after deductible.
Substance Use Disorder				
Outpatient Services				No charge after deductible.
Laboratory Services				
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible applies to prescription drugs.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One			No charge after deductible.
Two			No charge after deductible.
Three			No charge after deductible.
Four			No charge after deductible; Specialty.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:			
Select Pharmacy			
Link to Formulary: https://securityhealth.org/prescription-tools/2016/2016-individual-and-family-plans/select-pharmacy-information			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

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

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						

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	
Prezista (darunavir)	X		X						
Reyataz (atazaniavir)									
Atazanavir (generic)								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			X					
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					Epivir solution is Tier 2.
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X			X					

Security Health Plan of Wisconsin

Select \$4,500 – 30%

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Security Health Plan of Wisconsin		
Plan Name:	Select \$4,500 – 30%		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Ashland, Barron , Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, Lincoln, Marathon, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Trempealeau, Vilas, Washburn, Wood		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/38166WI0180009/details		
Individual Deductibles:	Medical: \$ 4,500	Prescription: \$	Out of Pocket Cap: \$ 6,400
Family Deductibles:	Medical: \$ 9,000	Prescription: \$	Out of Pocket Cap: \$ 12,800
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 317	Family: \$ 990	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$35			
Specialists	\$70			
Referral required for specialists?	Yes			
Inpatient Services		30%		
Emergency Room	\$200			
Mental/Behavioral				
Outpatient Health Services		30%		
Substance Use Disorder				
Outpatient Services		30%		
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$20		
Two	\$50		
Three	\$75		
Four		25%	Specialty.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Select Pharmacy		
Link to Formulary:	https://securityhealth.org/prescription-tools/2016/2016-individual-and-family-plans/select-pharmacy-information		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

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

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					

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	
Prezista (darunavir)	X		X						
Reyataz (atazaniavir)									
Atazanavir (generic)								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			X					
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X			X					Epivir solution is Tier 2.
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X			X					

United Healthcare (All Savers Insurance Co.)

Silver Compass 2000 1

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	United Healthcare (All Savers Insurance Co.)		
Plan Name:	Silver Compass 2000 1		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Adams, Brown, Buffalo, Calumet, Clark, Columbia, Dodge, Door, Florence, Fond du Lac, Forest, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Portage, Price, Racine , Richland, Rock, Rusk, Sauk, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washington, Waukesha, Waupaca		
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhc.com/en/ie/wi/Silver-Compass-2000-1.pdf		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$ N/A	Out of Pocket Cap: \$ 6,500
Family Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 13,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 347	Family: \$ 1082	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
				Deductible applies to all services. Virtual visits (Telehealth) - \$25 copay per visit by a designated virtual network provider.
Primary Care Providers	\$25			
Specialists	\$50			
Referral required for specialists?	Yes			
Inpatient Services	\$1,250 per admission			
Emergency Room	\$475 per visit			
Mental/Behavioral				
Outpatient Health Services	\$25			
Substance Use Disorder				
Outpatient Services	\$25			

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Laboratory Services		0% (Free Standing) 30% (Hospital)		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Retail: Up to 31-day supply. Mail-order is not covered.
Two	\$50		
Three		20% with minimum copay \$120	
Four		30% with minimum copay \$250	
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	United Healthcare Prescription Drug List		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/onBack.do		
Contact Number:	1-877-887-0450		
Notes re: Deductible or Coverage:			

HCV Medications

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

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/ tenofovir)	X		X						Tier 4 is highest formulary tier.
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 (atazaniavir)	X		X						
Atazanavir (generic)								NL	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X				X				ST
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						Viread 40 MG/GM Powder is placed on Tier 3; all other dosage regimens of Viread appear on Tier 2.

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Ziagen (abacavir)	X		X						Ziagen 300 MG Tablet is placed on Tier 3; Ziagen 20 MG/ML Solution appears on Tier 2.

United Healthcare (All Savers Insurance Co.)

Silver Compass 3500

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	United Healthcare (All Savers Insurance Co.)		
Plan Name:	Silver Compass 3500		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Adams, Brown, Buffalo, Calumet, Clark, Columbia, Dodge, Door, Florence, Fond du Lac, Forest, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Portage, Price, Racine , Richland, Rock, Rusk, Sauk, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washington, Waukesha, Waupaca		
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhcdotcom/en/iex/wi/Silver-Compass-3500.pdf		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$ 1,000 per person (Tiers 3 + 4)	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 7,000	Prescription: \$ 1,000 per person (Tiers 3 + 4)	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 352	Family: \$ 1098	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
				Deductible applies to all services. Virtual visits (Telehealth) - \$20 copay per visit by a designated virtual network provider.
Primary Care Providers	\$20			
Specialists	\$60			
Referral required for specialists?	Yes			
Inpatient Services		20%		
Emergency Room		20% with minimum pay of \$475.		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Mental/Behavioral Outpatient Health Services	\$20			
Substance Use Disorder Outpatient Services	\$20			
Laboratory Services		20% (Free-Standing)		
Out of network provider rules:		40% (Hospital)		
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$5		Pharmacy Deductible does not apply to Tiers 1 + 2. Retail: Up to 31-day supply. Mail-order not covered.
Two	\$40		
Three		20% with \$120 copay minimum	\$1,000 pharmacy deductible applies.
Four		30% with \$250 copay minimum	\$1,000 pharmacy deductible applies.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	United Healthcare Prescription Drug List		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/onBack.do		
Contact Number:	1-877-887-0450		
Notes re: Deductible or Coverage:	Pharmacy Deductible does not apply to Tiers 1 + 2. \$1,000 pharmacy deductible applies to Tiers 3 + 4. Retail: Up to 31-day supply. Mail-order 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		Tier 4 is highest formulary tier. PA, ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X			PA, ST

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						Tier 4 is highest formulary tier.
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 (atazaniavir)	X		X						
Atazanavir (generic)								NL	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			ST
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				X				
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						Viread 40 MG/GM Powder is placed on Tier 3; all other dosage regimens of Viread appear on Tier 2.
Ziagen (abacavir)	X		X						Ziagen 300 MG Tablet is placed on Tier 3; Ziagen 20 MG/ML Solution appears on Tier 2.

United Healthcare (All Savers Insurance Co.)

Silver Compass 4500

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	United Healthcare (All Savers Insurance Co.)		
Plan Name:	Silver Compass 4500		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Adams, Brown, Buffalo, Calumet, Clark, Columbia, Dodge, Door, Florence, Fond du Lac, Forest, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Portage, Price, Racine , Richland, Rock, Rusk, Sauk, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washington, Waukesha, Waupaca		
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhcdotcom/en/iex/wi/Silver-Compass-4500.pdf		
Individual Deductibles:	Medical: \$ 4,500	Prescription: \$ 1,000 (Tiers 3 + 4)	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 9,000	Prescription: \$ 1,000 (Tiers 3 + 4)	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 360	Family: \$ 1123	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$10			Deductible does not apply to services with copays. Virtual visits (Telehealth) - \$10 copay per visit by a designated virtual network provider.
Specialists	\$30			
Referral required for specialists?	Yes			
Inpatient Services		0%		
Emergency Room		0% with \$475 payment per occurrence.		
Mental/Behavioral				
Outpatient Health Services	\$10			
Substance Use Disorder				
Outpatient Services	\$10			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Laboratory Services		0% (Free-Standing)		
Out of network provider rules:		20% (Hospital)		
Special provisions/exceptions for individuals living with HIV?				
Other information:	Deductible does not apply to services with copays.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$5		Pharmacy Deductible does not apply to Tiers 1 + 2. Retail: Up to 31-day supply. Mail-order not covered.
Two	\$40		
Three		20% with \$120 copay minimum	\$1,000 pharmacy deductible applies.
Four		30% with \$250 copay minimum	\$1,000 pharmacy deductible applies.
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	United Healthcare Prescription Drug List		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/onBack.do		
Contact Number:	1-877-887-0450		
Notes re: Deductible or Coverage:	Pharmacy Deductible does not apply to Tiers 1 + 2. \$1,000 pharmacy deductible applies to Tiers 3 + 4. Retail: Up to 31-day supply. Mail-order 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		Tier 4 is highest formulary tier. PA, ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X				PA, ST

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						Tier 4 is highest formulary tier.
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 (atazaniavir)	X		X						
Atazanavir (generic)								NL	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			ST
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X					X			
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						Viread 40 MG/GM Powder is placed on Tier 3; all other dosage regimens of Viread appear on Tier 2.

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Ziagen (abacavir)	X		X						Ziagen 300 MG Tablet is placed on Tier 3; Ziagen 20 MG/ML Solution appears on Tier 2.

United Healthcare (All Savers Insurance Co.)

Silver Compass HSA 3000

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	United Healthcare (All Savers Insurance Co.)		
Plan Name:	Silver Compass HSA 3000		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Adams, Brown, Buffalo, Calumet, Clark, Columbia, Dodge, Door, Florence, Fond du Lac, Forest, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Portage, Price, Racine , Richland, Rock, Rusk, Sauk, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washington, Waukesha, Waupaca		
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhcdotcom/en/ie/wi/Silver-Compass-HSA-3000.pdf		
Individual Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 6,500
Family Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$13,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 333	Family: \$ 1226	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		0%		Once deductible is met for most services, no coinsurance.
Specialists		0%		
Referral required for specialists?	Yes			
Inpatient Services		0%		
Emergency Room		0%		
Mental/Behavioral				
Outpatient Health Services		0%		
Substance Use Disorder				
Outpatient Services		0%		
Laboratory Services		0% (Free-Standing) 30% (Hospital)		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$5		Retail: Up to 31-day supply. Mail-order not covered.
Two	\$40		
Three		20% with \$150 copay minimum	
Four		30% with \$300 copay minimum	
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	United Healthcare Prescription Drug List		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/onBack.do		
Contact Number:	1-877-887-0450		
Notes re: Deductible or Coverage:			

HCV Medications

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

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						Tier 4 is highest formulary tier.
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 (generic)								NL	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			ST
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X					X			
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Viread (tenofovir)	X		X						Viread 40 MG/GM Powder is placed on Tier 3; all other dosage regimens of Viread appear on Tier 2.
Ziagen (abacavir)	X		X						Ziagen 300 MG Tablet is placed on Tier 3; Ziagen 20 MG/ML Solution appears on Tier 2.

United Healthcare (All Savers Insurance Co.)

Silver Compass 2000

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	United Healthcare (All Savers Insurance Co.)		
Plan Name:	Silver Compass 2000		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Adams, Brown, Buffalo, Calumet, Clark, Columbia, Dodge, Door, Florence, Fond du Lac, Forest, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Portage, Price, Racine , Richland, Rock, Rusk, Sauk, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washington, Waukesha, Waupaca		
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhcdotcom/en/iex/wi/Silver-Compass-2000.pdf		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$ 500/person (Tiers 3 + 4)	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 4,000	Prescription: \$ 500/person (Tiers 3 + 4)	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$ N/A	Prescription: \$ N/A	Out of Pocket Cap: \$ N/A
Family Out of Network Deductibles:	Medical: \$ N/A	Prescription: \$ N/A	Out of Pocket Cap: \$ N/A
Premiums (per month):	Individual: \$ 350	Family: \$ 1091	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			Deductible applies to all services. Virtual visits (Telehealth) - \$25 copay per visit by a designated virtual network provider.
Specialists	\$60			
Referral required for specialists?	Yes			
Inpatient Services		30%		
Emergency Room		30% with minimum of		
Mental/Behavioral		\$475 per visit.		
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Laboratory Services		30% (Free-Standing)/ 50% (Hospital)		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information				
Tiers	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
One	\$10			Retail: Up to 31-day supply. Mail-order is not covered. Pharmacy deductible does not apply to Tiers 1 + 2.
Two	\$50			
Three		20% with minimum copay \$120		Pharmacy deductible of \$500 applies.
Four		30% with minimum copay \$250		Pharmacy deductible of \$500 applies.
Five	N/A			
Six	N/A			
Seven	N/A			
Name of Formulary Used:	United Healthcare Prescription Drug List			
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/onBack.do			
Contact Number:	1-877-887-0450			
Notes re: Deductible or Coverage:	Pharmacy deductible does not apply to Tiers 1 + 2. \$500 pharmacy deductible applies to Tiers 3 + 4.			

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		Tier 4 is highest formulary tier. PA, ST
Harvoni (ledipasvir, sofosbuvir)	X		X				X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X				PA, ST

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						Tier 4 is highest formulary tier.
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 (atazaniavir)	X		X						
Atazanavir (generic)								NL	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			ST
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X					X			
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Viread (tenofovir)	X		X						Viread 40 MG/GM Powder is placed on Tier 3; all other dosage regimens of Viread appear on Tier 2.
Ziagen (abacavir)	X		X						Ziagen 300 MG Tablet is placed on Tier 3; Ziagen 20 MG/ML Solution appears on Tier 2.

Unity Health Plans Insurance Corp.

Unity Beloit One Silver Choice Value

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Beloit One Silver Choice Value		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Rock		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDBS4		
Individual Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 256	Family: \$ 780	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$25			
Specialists	\$50			
Referral required for specialists?	No for in-network providers.			
Inpatient Services		20%		
Emergency Room	\$200			
Mental/Behavioral				
Outpatient Health Services	\$25			
Substance Use Disorder				
Outpatient Services	\$25			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Preferred Brand
Three	\$100		Non preferred Brand
Four	\$300		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								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				
Eпивir (lamivudine)	X				X				Eпивir HBV 100 MG Tablet and Eпивir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Beloit One Silver Deductible

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Beloit One Silver Deductible		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Rock		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDBS2		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 5,000
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 10,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 250	Family: \$ 779	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		30%		
Specialists		30%		
Referral required for specialists?	No for in-network providers.			
Inpatient Services		30%		
Emergency Room		30%		
Mental/Behavioral				
Outpatient Health Services		30%		
Substance Use Disorder				
Outpatient Services		30%		
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		30%	Generic
Two		30%	Preferred Brand
Three		30%	Non preferred Brand
Four		30%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				X				Epivir HBV 100 MG Tablet and Epivir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Beloit One Silver Exclusive Value

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Beloit One Silver Exclusive Value		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Rock		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDBS5		
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 237	Family: \$ 740	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$40			
Specialists	\$90			
Referral required for specialists?	No for in-network providers.			
Inpatient Services		50%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$40			
Substance Use Disorder				
Outpatient Services	\$40			
Laboratory Services		50%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Preferred Brand
Three	\$100		Non preferred Brand
Four	\$300		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				X				Epivir HBV 100 MG Tablet and Epivir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Beloit One Silver Maintenance

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Beloit One Silver Maintenance		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Rock		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDBS3		
Individual Deductibles:	Medical: \$ 1,500	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 262	Family: \$ 817	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$75			
Referral required for specialists?	No for in-network providers.			
Inpatient Services	\$2325/day			
Emergency Room	\$500			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		No charge after deductible.		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$5		Generic
Two	\$75		Preferred Brand
Three	\$150		Non preferred Brand
Four	\$500		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				X				Epivir HBV 100 MG Tablet and Epivir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively. Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Beloit One Silver Plus

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	Unity Health Plans Insurance Corp.			
Plan Name:	Unity Beloit One Silver Plus			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Rock			
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDBS1			
Individual Deductibles:	Medical: \$ 4,550	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 9,100	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 242	Family: \$ 754		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No for in-network providers.			
Inpatient Services		20%		
Emergency Room	\$275			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Preferred Brand
Three	\$100		Non preferred Brand
Four	\$300		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				X				Epivir HBV 100 MG Tablet and Epivir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Elite Silver Choice Value

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Elite Silver Choice Value		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Crawford, Fond du Lac, Grant, Green Lake, Juneau, Lafayette, Marquette, Richland, Rock , Vernon, Walworth, Waushara		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDES4		
Individual Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 314	Family: \$ 980	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$25			
Specialists	\$50			
Referral required for specialists?	No for in-network providers.			
Inpatient Services		20%		
Emergency Room	\$200			
Mental/Behavioral				
Outpatient Health Services	\$25			
Substance Use Disorder				
Outpatient Services	\$25			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Preferred Brand
Three	\$100		Non preferred Brand
Four	\$300		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
EpiVir (lamivudine)	X				X				EpiVir HBV 100 MG Tablet and EpiVir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Elite Silver Deductible

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Elite Silver Deductible		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Crawford, Fond du Lac, Grant, Green Lake, Juneau, Lafayette, Marquette, Richland, Rock, Vernon, Walworth, Waushara		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDES2		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 5,000
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 10,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 306	Family: \$ 820	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		30%		
Specialists		30%		
Referral required for specialists?	No for in-network providers.			
Inpatient Services		30%		
Emergency Room		30%		
Mental/Behavioral				
Outpatient Health Services		30%		
Substance Use Disorder				
Outpatient Services		30%		
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		30%	Generic
Two		30%	Preferred Brand
Three		30%	Non preferred Brand
Four		30%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
EpiVir (lamivudine)	X				X				EpiVir HBV 100 MG Tablet and EpiVir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Elite Silver Exclusive Value

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Elite Silver Exclusive Value		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Crawford, Fond du Lac, Grant, Green Lake, Juneau, Lafayette, Marquette, Richland, Rock, Vernon, Walworth, Waushara		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDES5		
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 291	Family: \$ 907	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$40			
Specialists	\$90			
Referral required for specialists?	No for in-network providers.			
Inpatient Services		50%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$40			
Substance Use Disorder				
Outpatient Services	\$40			
Laboratory Services		50%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Preferred Brand
Three	\$100		Non preferred Brand
Four	\$300		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
EPIVIR (lamivudine)	X				X				EPIVIR HBV 100 MG Tablet and EPIVIR HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Elite Silver Maintenance

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Elite Silver Maintenance		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Crawford, Fond du Lac, Grant, Green Lake, Juneau, Lafayette, Marquette, Richland, Rock, Vernon, Walworth, Waushara		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDES3		
Individual Deductibles:	Medical: \$ 1,500	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 321	Family: \$ 1,002	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$75			
Referral required for specialists?	No for in-network providers.			
Inpatient Services	\$2325/day			
Emergency Room	\$500			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		No charge after deductible.		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$5		Generic
Two	\$75		Preferred Brand
Three	\$150		Non preferred Brand
Four	\$500		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				X				Epivir HBV 100 MG Tablet and Epivir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Elite Silver Plus

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Elite Silver Plus		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Crawford, Fond du Lac, Grant, Green Lake, Juneau, Lafayette, Marquette, Richland, Rock, Vernon, Walworth, Waushara		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDES1		
Individual Deductibles:	Medical: \$ 4,550	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 9,100	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 296	Family: \$ 924	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No for in-network providers.			
Inpatient Services		20%		
Emergency Room	\$275			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Preferred Brand
Three	\$100		Non preferred Brand
Four	\$300		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				X				Epivir HBV 100 MG Tablet and Epivir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Prime Silver Choice Value

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Beloit One Silver Choice Value		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Green, Iowa, Jefferson, Sauk		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDPS4		
Individual Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 252	Family: \$ 786	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$25			
Specialists	\$50			
Referral required for specialists?	No for in-network providers.			
Inpatient Services		20%		
Emergency Room	\$200			
Mental/Behavioral				
Outpatient Health Services	\$25			
Substance Use Disorder				
Outpatient Services	\$25			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Preferred Brand
Three	\$100		Non preferred Brand
Four	\$300		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								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				
Eпивir (lamivudine)	X				X				Eпивir HBV 100 MG Tablet and Eпивir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Prime Silver Deductible

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Prime Silver Deductible		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Green, Iowa, Jefferson, Sauk		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDPS2		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$	Out of Pocket Cap: \$ 5,000
Family Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 10,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 245	Family: \$ 765	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		30%		
Specialists		30%		
Referral required for specialists?	No for in-network providers.			
Inpatient Services		30%		
Emergency Room		30%		
Mental/Behavioral				
Outpatient Health Services		30%		
Substance Use Disorder				
Outpatient Services		30%		
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		30%	Generic
Two		30%	Preferred Brand
Three		30%	Non preferred Brand
Four		30%	Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/ lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				X				Epivir HBV 100 MG Tablet and Epivir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Prime Silver Exclusive Value

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Prime Silver Exclusive Value		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Green, Iowa, Jefferson, Sauk		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDPS5		
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 233	Family: \$ 727	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$40			
Specialists	\$90			
Referral required for specialists?	No for in-network providers.			
Inpatient Services		50%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$40			
Substance Use Disorder				
Outpatient Services	\$40			
Laboratory Services		50%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Preferred Brand
Three	\$100		Non preferred Brand
Four	\$300		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:		Unity Key Formulary Open	
Link to Formulary:		https://unityhealth.com/drugformulary/key-formulary-open	
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				X				Epivir HBV 100 MG Tablet and Epivir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Prime Silver Maintenance

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Prime Silver Maintenance		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane, Dodge, Green, Iowa, Jefferson, Sauk		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDPS3		
Individual Deductibles:	Medical: \$ 1,500	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 3,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 257	Family: \$ 803	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$75			
Referral required for specialists?	No for in-network providers.			
Inpatient Services	\$2325/day			
Emergency Room	\$500			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		No charge after deductible.		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$5		Generic
Two	\$75		Preferred Brand
Three	\$150		Non preferred Brand
Four	\$500		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Unity Key Formulary Open		
Link to Formulary:	https://unityhealth.com/drugformulary/key-formulary-open		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				X				Epivir HBV 100 MG Tablet and Epivir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

Unity Health Plans Insurance Corp.

Unity Prime Silver Plus

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	Unity Health Plans Insurance Corp.		
Plan Name:	Unity Prime Silver Plus		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Columbia, Dane , Dodge, Green, Iowa, Jefferson, Sauk		
Link to Summary of Benefits:	https://unityhealth.com/apps/sbc/Document.aspx?t=INDPS1		
Individual Deductibles:	Medical: \$ 4,550	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 9,100	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 238	Family: \$ 741	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No for in-network providers.			
Inpatient Services		20%		
Emergency Room	\$275			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Generic
Two	\$50		Preferred Brand
Three	\$100		Non preferred Brand
Four	\$300		Specialty
Five	N/A		
Six	N/A		
Seven	N/A		

Name of Formulary Used: Unity Key Formulary Open
 Link to Formulary: <https://unityhealth.com/drugformulary/key-formulary-open>
 Contact Number:
 Notes re: Deductible or Coverage:

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		Tier 4 is highest tier in formulary; PA, QL
Harvoni (ledipasvir, sofosbuvir)	X				X		X		PA, QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X		X		PA, 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				Tier 4 is highest tier in formulary
Complera (emtricitabine/rilpivirine/tenofovir)	X				X				
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 (atazaniavir)	X				X				
Atazanavir (generic)								X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X				X				
Triumeq (abacavir/dolutegravir/ lamivudine)	X				X				
Truvada (emtricitabine/tenofovir)	X				X				
Tybost (cobicistat)	X				X				
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				X				Epivir HBV 100 MG Tablet and Epivir HBV 25 MG/5 ML Oral Solution are on Tiers 3 and 2, respectively.
Lamivudine (generic)	X	X							Lamivudine 100 mg tablet only, all other forms of lamivudine are the specialty tier.
Sustiva (efavirenz)	X				X				
Viread (tenofovir)	X				X				
Ziagen (abacavir)	X				X				

WPS Health Plan, Inc./Arise Health Plan

Aspirus Arise 2600 HDHP

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan		
Plan Name:	Aspirus Arise 2600 HDHP		
Plan Type:	PPO	X POS	HMO Other
Coverage Area (counties):	Adams, Clark, Florence, Forest, Iron , Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas		
Link to Summary of Benefits:	https://secure.wecareforwisconsin.com/sbc_docs/2016/127007701.pdf		
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000
Individual Out of Network Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 15,200
Family Out of Network Deductibles:	Medical: \$ 10,400	Prescription: \$	Out of Pocket Cap: \$ 30,400
Premiums (per month):	Individual: \$ 358	Family: \$ 1,117	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be provided by in-network pharmacies to be covered.		

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aspirus Arise 4000

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aspirus Arise 4000			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Adams, Clark, Florence, Forest, Iron , Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood			
Link to Summary of Benefits:	https://secure.wecareforwisconsin.com/sbc_docs/2016/127004801.pdf			
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 18,000	
Family Out of Network Deductibles:	Medical: \$ 16,000	Prescription: \$	Out of Pocket Cap: \$ 36,000	
Premiums (per month):	Individual: \$ 351	Family: \$ 1,095		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be provided by in-network pharmacies to be covered.		

HCV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X					
Complera (emtricitabine/rilpivirine/tenofovir)	X		X					
Epzicom (abacavir/lamivudine)	X		X					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aspirus Arise 6850

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aspirus Arise 6850			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Adams, Clark, Florence, Forest, Iron , Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood			
Link to Summary of Benefits:	file:///C:/Users/sdowner/Downloads/127010501.pdf			
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 19,700	
Family Out of Network Deductibles:	Medical: \$ 27,400	Prescription: \$	Out of Pocket Cap: \$ 39,400	
Premiums (per month):	Individual: \$ 342	Family: \$ 1,065		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	30% coinsurance for all services from non-participating providers. Prescription drugs must be dispensed at a network pharmacy in order to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X					
Complera (emtricitabine/rilpivirine/tenofovir)	X		X					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aspirus Arise HMO 2600 HDHP

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan		
Plan Name:	Aspirus Arise HMO 2600 HDHP		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Adams, Clark, Florence, Forest, Iron , Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas		
Link to Summary of Benefits:	https://secure.wecareforwisconsin.com/sbc_docs/2016/125007701.pdf		
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 326	Family: \$ 1,015	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aspirus Arise HMO 3500 HDHP

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aspirus Arise HMO 3500 HDHP			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Adams, Clark, Florence, Forest, Iron , Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood			
Link to Summary of Benefits:	https://secure.wecareforwisconsin.com/sbc_docs/2016/125007401.pdf			
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 3,500	
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 7,000	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 342	Family: \$ 1,065		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible.
Specialists				No charge after deductible.
Referral required for specialists?	No			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services				No charge after deductible.
Substance Use Disorder				
Outpatient Services				No charge after deductible.
Laboratory Services				No charge after deductible.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	No charge after deductible.		Includes online formulary Tiers 1 & 2
Preferred Brand	No charge after deductible.		Includes online formulary Tier 3
Non Preferred Brand	No charge after deductible.		Includes online formulary Tier 4
Specialty	No charge after deductible.		Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aspirus Arise HMO 4000

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan		
Plan Name:	Aspirus Arise HMO 4000		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Adams, Clark, Florence, Forest, Iron , Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood		
Link to Summary of Benefits:	https://secure.wecareforwisconsin.com/sbc_docs/2016/125004801.pdf		
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 319	Family: \$ 995	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail		Includes online formulary Tiers 1 & 2
	\$50 Home Delivery		
Preferred Brand	\$50 Retail		Includes online formulary Tier 3
	\$125 Home Delivery		
Non Preferred Brand	\$75 Retail		Includes online formulary Tier 4
	\$187.50 Home Delivery		
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be provided by in-network pharmacies to be covered.		

HCV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aspirus Arise HMO 5000

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan		
Plan Name:	Aspirus Arise HMO 5000		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Adams, Clark, Florence, Forest, Iron , Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood		
Link to Summary of Benefits:	https://secure.wecareforwisconsin.com/sbc_docs/2016/125004801.pdf		
Individual Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 317	Family: \$ 990	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery \$50 Retail		Includes online formulary Tiers 1 & 2
Preferred Brand	\$125 Home Delivery \$75 Retail		Includes online formulary Tier 3
Non Preferred Brand	\$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aspirus Arise HMO 6000

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan		
Plan Name:	Aspirus Arise HMO 6000		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Adams, Clark, Florence, Forest, Iron , Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood		
Link to Summary of Benefits:	https://secure.wecareforwisconsin.com/sbc_docs/2016/125004801.pdf		
Individual Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 12,000	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 316	Family: \$ 984	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		10%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		10%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail		Includes online formulary Tiers 1 & 2
	\$50 Home Delivery		
Preferred Brand	\$50 Retail		Includes online formulary Tier 3
	\$125 Home Delivery		
Non Preferred Brand	\$75 Retail		Includes online formulary Tier 4
	\$187.50 Home Delivery		
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aspirus Arise HMO 6850

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan		
Plan Name:	Aspirus Arise HMO 6850		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Adams, Clark, Florence, Forest, Iron , Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, Wood		
Link to Summary of Benefits:	https://secure.wecareforwisconsin.com/sbc_docs/2016/125004801.pdf		
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 310	Family: \$ 968	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aurora 2600 HDHP

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora 2600 HDHP			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan , Walworth, Washington			
Link to Summary of Benefits:	https://secure.wecareforwisconsin.com/sbc_docs/2016/127008701.pdf			
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000	
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000	
Individual Out of Network Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 15,200	
Family Out of Network Deductibles:	Medical: \$ 10,400	Prescription: \$	Out of Pocket Cap: \$ 30,400	
Premiums (per month):	Individual: \$ 370	Family: \$ 1,154		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be provided by in-network pharmacies to be covered.		

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aurora 4000

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora 4000			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan , Walworth, Washington			
Link to Summary of Benefits:	https://secure.wecareforwisconsin.com/sbc_docs/2016/127005401.pdf			
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 18,000	
Family Out of Network Deductibles:	Medical: \$ 16,000	Prescription: \$	Out of Pocket Cap: \$ 36,000	
Premiums (per month):	Individual: \$ 362	Family: \$ 1,130		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail		Includes online formulary Tiers 1 & 2
	\$50 Home Delivery		
Preferred Brand	\$50 Retail		Includes online formulary Tier 3
	\$125 Home Delivery		
Non Preferred Brand	\$75 Retail		Includes online formulary Tier 4
	\$187.50 Home Delivery		
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage: Prescription drugs must be provided by in-network pharmacies to be covered.			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aurora 6850

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora 6850			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan , Walworth, Washington			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11270108/details			
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 19,700	
Family Out of Network Deductibles:	Medical: \$ 27,400	Prescription: \$	Out of Pocket Cap: \$ 39,400	
Premiums (per month):	Individual: \$ 353	Family: \$ 1,200		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	30% coinsurance for all services from non-participating providers. Prescription drugs must be dispensed at a network pharmacy in order to be covered.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aurora HMO 3500 HDHP

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan		
Plan Name:	Aurora HMO 3500 HDHP		
Plan Type:	PPO	POS	X HMO Other
Coverage Area (counties):	Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan , Walworth, Washington		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250084/details		
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 3,500
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 7,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 333	Family: \$ 1,038	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible.
Specialists				No charge after deductible.
Referral required for specialists?	No			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services				No charge after deductible.
Substance Use Disorder				
Outpatient Services				No charge after deductible.
Laboratory Services				No charge after deductible.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	No charge after deductible.		Includes online formulary Tiers 1 & 2
Preferred Brand	No charge after deductible.		Includes online formulary Tier 3
Non Preferred Brand	No charge after deductible.		Includes online formulary Tier 4
Specialty	No charge after deductible.		Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aurora HMO 4000

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora HMO 4000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan , Walworth, Washington			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250054/details			
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 329	Family: \$ 1,027		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail		Includes online formulary Tiers 1 & 2
	\$50 Home Delivery		
Preferred Brand	\$50 Retail		Includes online formulary Tier 3
	\$125 Home Delivery		
Non Preferred Brand Specialty	\$75 Retail		Includes online formulary Tier 4 Includes online formulary Tier 6
	\$187.50 Home Delivery	25% up to \$500 max per prescription	
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be provided by in-network pharmacies to be covered.		

HCV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aurora HMO 6000

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora HMO 6000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan , Walworth, Washington			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250107/details			
Individual Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 12,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 326	Family: \$ 1,016		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		10%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		10%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and Bellin 2600 HDHP 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and Bellin 2600 HDHP			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11270087/details			
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000	
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000	
Individual Out of Network Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 15,200	
Family Out of Network Deductibles:	Medical: \$ 10,400	Prescription: \$	Out of Pocket Cap: \$ 30,400	
Premiums (per month):	Individual: \$ 384	Family: \$ 1,197		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be provided by in-network pharmacies to be covered.		

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and Bellin 4000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and Bellin 4000			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11270119/details			
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 18,000	
Family Out of Network Deductibles:	Medical: \$ 16,000	Prescription: \$	Out of Pocket Cap: \$ 36,000	
Premiums (per month):	Individual: \$ 376	Family: \$ 1,172		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be provided by in-network pharmacies to be covered.		

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and Bellin 6850 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and Bellin 6850			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11270128/details			
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 19,700	
Family Out of Network Deductibles:	Medical: \$ 27,400	Prescription: \$	Out of Pocket Cap: \$ 39,400	
Premiums (per month):	Individual: \$ 366	Family: \$ 1,141		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	30% coinsurance for all services from non-participating providers. Prescription drugs must be dispensed at a network pharmacy in order to be covered.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X					
Complera (emtricitabine/rilpivirine/tenofovir)	X		X					
Epzicom (abacavir/lamivudine)	X		X					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and Bellin HMO 2600 HDHP 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and Bellin HMO 2600 HDHP			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250125/details			
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000	
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 368	Family: \$ 1,148		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and Bellin HMO 3500 HDHP 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and Bellin HMO 3500 HDHP			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250124/details			
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 3,500	
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 7,000	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 364	Family: \$ 1,135		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible.
Specialists				No charge after deductible.
Referral required for specialists?	No			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services				No charge after deductible.
Substance Use Disorder				
Outpatient Services				No charge after deductible.
Laboratory Services				No charge after deductible.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	No charge after deductible.		Includes online formulary Tiers 1 & 2
Preferred Brand	No charge after deductible.		Includes online formulary Tier 3
Non Preferred Brand	No charge after deductible.		Includes online formulary Tier 4
Specialty	No charge after deductible.		Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and Bellin HMO 4000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and Bellin HMO 4000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250119/details			
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 361	Family: \$ 1,124		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be provided by in-network pharmacies to be covered.		

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and Bellin HMO 5000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and Bellin HMO 5000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250126/details			
Individual Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 359	Family: \$ 1,119		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and Bellin HMO 6000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and Bellin HMO 6000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250127/details			
Individual Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 12,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 357	Family: \$ 1,112		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		10%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		10%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail		Includes online formulary Tiers 1 & 2
	\$50 Home Delivery		
Preferred Brand	\$50 Retail		Includes online formulary Tier 3
	\$125 Home Delivery		
Non Preferred Brand	\$75 Retail		Includes online formulary Tier 4
	\$187.50 Home Delivery		
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and Bellin HMO 6850 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and Bellin HMO 6850			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Brown, Door, Kewaunee, Manitowoc, Marinette, Oconto			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250128/details			
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 351	Family: \$ 1,094		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and ThedaCare 2600 HDHP 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and ThedaCare 2600 HDHP			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Calumet, Green Lake, Marquette , Waushara, Winnebago			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11270115/details			
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000	
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000	
Individual Out of Network Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 15,200	
Family Out of Network Deductibles:	Medical: \$ 10,400	Prescription: \$	Out of Pocket Cap: \$ 30,400	
Premiums (per month):	Individual: \$ 375	Family: \$ 1,169		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be provided by in-network pharmacies to be covered.		

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and ThedaCare 4000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and ThedaCare 4000			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Calumet, Green Lake, Marquette , Waushara, Winnebago			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1270109/details			
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 18,000	
Family Out of Network Deductibles:	Medical: \$ 16,000	Prescription: \$	Out of Pocket Cap: \$ 36,000	
Premiums (per month):	Individual: \$ 367	Family: \$ 1,146		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail		Includes online formulary Tiers 1 & 2
	\$50 Home Delivery		
Preferred Brand	\$50 Retail		Includes online formulary Tier 3
	\$125 Home Delivery		
Non Preferred Brand Specialty	\$75 Retail		Includes online formulary Tier 4 Includes online formulary Tier 6
	\$187.50 Home Delivery	25% up to \$500 max per prescription	
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be provided by in-network pharmacies to be covered.		

HCV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and ThedaCare 6850 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and ThedaCare 6850			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Calumet, Green Lake, Marquette , Waushara, Winnebago			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11270118/details			
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 19,700	
Family Out of Network Deductibles:	Medical: \$ 27,400	Prescription: \$	Out of Pocket Cap: \$ 39,400	
Premiums (per month):	Individual: \$ 357	Family: \$ 1,115		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	30% coinsurance for all services from non-participating providers. Prescription drugs must be dispensed at a network pharmacy in order to be covered.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and ThedaCare HMO 2600 HDHP 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and ThedaCare HMO 2600 HDHP			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Calumet, Green Lake, Marquette , Waushara, Winnebago			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250115/details			
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000	
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 360	Family: \$ 1,121		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and ThedaCare HMO 3500 HDHP 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and ThedaCare HMO 3500 HDHP			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Calumet, Green Lake, Marquette , Waushara, Winnebago			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250114/details			
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 3,500	
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 7,000	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 356	Family: \$ 1,109		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible.
Specialists				No charge after deductible.
Referral required for specialists?	No			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services				No charge after deductible.
Substance Use Disorder				
Outpatient Services				No charge after deductible.
Laboratory Services				No charge after deductible.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	No charge after deductible.		Includes online formulary Tiers 1 & 2
Preferred Brand	No charge after deductible.		Includes online formulary Tier 3
Non Preferred Brand	No charge after deductible.		Includes online formulary Tier 4
Specialty	No charge after deductible.		Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and ThedaCare HMO 4000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and ThedaCare HMO 4000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Calumet, Green Lake, Marquette , Waushara, Winnebago			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250109/details			
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 352	Family: \$ 1,099		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage: Prescription drugs must be provided by in-network pharmacies to be covered.			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and ThedaCare HMO 5000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and ThedaCare HMO 5000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Calumet, Green Lake, Marquette , Waushara, Winnebago			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250116/details			
Individual Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 350	Family: \$ 1,093		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and ThedaCare HMO 6000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and ThedaCare HMO 6000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Calumet, Green Lake, Marquette , Waushara, Winnebago			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250127/details			
Individual Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 12,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 348	Family: \$ 1,087		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		10%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		10%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan Aurora and ThedaCare HMO 6850 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora and ThedaCare HMO 6850			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Calumet, Green Lake, Marquette , Waushara, Winnebago			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250118/details			
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 343	Family: \$ 1,069		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aurora HMO 2600 HDHP

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan		
Plan Name:	Aurora HMO 2600 HDHP		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan , Walworth, Washington		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250087/details		
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 336	Family: \$ 1,049	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Intelence (etravirine)	X		X					
Isetress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aurora HMO 5000

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora HMO 5000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan , Walworth, Washington			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250106/details			
Individual Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 328	Family: \$ 1,022		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

Aurora HMO 6850

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Aurora HMO 6850			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan , Walworth, Washington			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250108/details			
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 321	Family: \$ 1,000		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan ProHealth and Aurora 2600 HDHP 2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan		
Plan Name:	ProHealth and Aurora 2600 HDHP		
Plan Type:	PPO	X POS	HMO Other
Coverage Area (counties):	Dodge, Waukesha		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1270135/details		
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000
Individual Out of Network Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 15,200
Family Out of Network Deductibles:	Medical: \$ 10,400	Prescription: \$	Out of Pocket Cap: \$ 30,400
Premiums (per month):	Individual: \$ 410	Family: \$ 1,277	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:	Prescription drugs must be provided by in-network pharmacies to be covered.		

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X					
Norvir (ritonavir)	X		X					
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan ProHealth and Aurora 4000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ProHealth and Aurora 4000			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Dodge, Waukesha			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11270129/details			
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 18,000	
Family Out of Network Deductibles:	Medical: \$ 16,000	Prescription: \$	Out of Pocket Cap: \$ 36,000	
Premiums (per month):	Individual: \$ 401	Family: \$ 1,252		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage: Prescription drugs must be provided by in-network pharmacies to be covered.			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan ProHealth and Aurora 6850 2016 Wisconsin QHP

Overall Plan Information

Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ProHealth and Aurora 6850			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Dodge, Waukesha			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11270138/details			
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 19,700	
Family Out of Network Deductibles:	Medical: \$ 27,400	Prescription: \$	Out of Pocket Cap: \$ 39,400	
Premiums (per month):	Individual: \$ 391	Family: \$ 1,218		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	30% coinsurance for all services from non-participating providers. Prescription drugs must be dispensed at a network pharmacy in order to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X					
Complera (emtricitabine/rilpivirine/tenofovir)	X		X					

HIV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan ProHealth and Aurora HMO 3500 HDHP 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ProHealth and Aurora HMO 3500 HDHP			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Dodge, Waukesha			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250134/details			
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 3,500	
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 7,000	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 368	Family: \$ 1,149		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible.
Specialists				No charge after deductible.
Referral required for specialists?	No			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services				No charge after deductible.
Substance Use Disorder				
Outpatient Services				No charge after deductible.
Laboratory Services				No charge after deductible.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	No charge after deductible.		Includes online formulary Tiers 1 & 2
Preferred Brand	No charge after deductible.		Includes online formulary Tier 3
Non Preferred Brand	No charge after deductible.		Includes online formulary Tier 4
Specialty	No charge after deductible.		Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan ProHealth and Aurora HMO 4000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ProHealth and Aurora HMO 4000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Dodge, Waukesha			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250129/details			
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 365	Family: \$ 1,138		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage: Prescription drugs must be provided by in-network pharmacies to be covered.			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan ProHealth and Aurora HMO 6000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ProHealth and Aurora HMO 6000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Dodge, Waukesha			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250137/details			
Individual Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 12,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 361	Family: \$ 1,125		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		10%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		10%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan ProHealth and Aurora HMO 2600 HDHP 2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan		
Plan Name:	ProHealth and Aurora HMO 2600 HDHP		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Dodge, Waukesha		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250135/details		
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 372	Family: \$ 1,161	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan ProHealth and Aurora HMO 5000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ProHealth and Aurora HMO 5000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Dodge, Waukesha			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250136/details			
Individual Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 363	Family: \$ 1,132		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

ProHealth and Aurora HMO 6850

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ProHealth and Aurora HMO 6850			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Dodge, Waukesha			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250138/details			
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 355	Family: \$ 1,107		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

ThedaCare 2600 HDHP

2016 Wisconsin QHP

Overall Plan Information

Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ThedaCare 2600 HDHP			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Outagamie , Shawano, Waupaca			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11270032/details			
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000	
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000	
Individual Out of Network Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 15,200	
Family Out of Network Deductibles:	Medical: \$ 10,400	Prescription: \$	Out of Pocket Cap: \$ 30,400	
Premiums (per month):	Individual: \$ 370	Family: \$ 1,154		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage: Prescription drugs must be provided by in-network pharmacies to be covered.			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

ThedaCare 4000

2016 Wisconsin QHP

Overall Plan Information

Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ThedaCare 4000			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Outagamie , Shawano, Waupaca			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11270015/details			
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 18,000	
Family Out of Network Deductibles:	Medical: \$ 16,000	Prescription: \$	Out of Pocket Cap: \$ 36,000	
Premiums (per month):	Individual: \$ 362	Family: \$ 1,130		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	50% Coinsurance for all services by non-participating providers. Prescription drugs must be provided by in-network pharmacies to be covered.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage: Prescription drugs must be provided by in-network pharmacies to be covered.			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

ThedaCare 6850

2016 Wisconsin QHP

Overall Plan Information

Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ThedaCare 6850			
Plan Type:	PPO	X POS	HMO	Other
Coverage Area (counties):	Outagamie , Shawano, Waupaca			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11270102/details			
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 19,700	
Family Out of Network Deductibles:	Medical: \$ 27,400	Prescription: \$	Out of Pocket Cap: \$ 39,400	
Premiums (per month):	Individual: \$ 353	Family: \$ 1,100		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:	30% coinsurance for all services from non-participating providers. Prescription drugs must be dispensed at a network pharmacy in order to be covered.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used:	Arise Health Plan 2016 Marketplace Formulary		
Link to Formulary:	https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf		
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications								
Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X					
Complera (emtricitabine/rilpivirine/tenofovir)	X		X					
Epzicom (abacavir/lamivudine)	X		X					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

ThedaCare HMO 3500 HDHP

2016 Wisconsin QHP

Overall Plan Information

Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ThedaCare HMO 3500 HDHP			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Outagamie , Shawano, Waupaca			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670WI1250029/details			
Individual Deductibles:	Medical: \$ 3,500	Prescription: \$	Out of Pocket Cap: \$ 3,500	
Family Deductibles:	Medical: \$ 7,000	Prescription: \$	Out of Pocket Cap: \$ 7,000	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 351	Family: \$ 1,095		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible.
Specialists				No charge after deductible.
Referral required for specialists?	No			
Inpatient Services				No charge after deductible.
Emergency Room				No charge after deductible.
Mental/Behavioral				
Outpatient Health Services				No charge after deductible.
Substance Use Disorder				
Outpatient Services				No charge after deductible.
Laboratory Services				No charge after deductible.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	No charge after deductible.		Includes online formulary Tiers 1 & 2
Preferred Brand	No charge after deductible.		Includes online formulary Tier 3
Non Preferred Brand	No charge after deductible.		Includes online formulary Tier 4
Specialty	No charge after deductible.		Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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					

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X			X				
Prezista (darunavir)	X		X					
Reyataz (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

ThedaCare HMO 4000

2016 Wisconsin QHP

Overall Plan Information

Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ThedaCare HMO 4000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Outagamie , Shawano, Waupaca			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250015/details			
Individual Deductibles:	Medical: \$ 4,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 8,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 348	Family: \$ 1,084		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		30%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage: Prescription drugs must be provided by in-network pharmacies to be covered.			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

ThedaCare HMO 2600 HDHP

2016 Wisconsin QHP

Overall Plan Information			
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan		
Plan Name:	ThedaCare HMO 2600 HDHP		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO Other
Coverage Area (counties):	Outagamie , Shawano, Waupaca		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250032/details		
Individual Deductibles:	Medical: \$ 2,600	Prescription: \$	Out of Pocket Cap: \$ 4,000
Family Deductibles:	Medical: \$ 5,200	Prescription: \$	Out of Pocket Cap: \$ 8,000
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month):	Individual: \$ 355	Family: \$ 1,106	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20%		
Specialists		20%		
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room		20%		
Mental/Behavioral				
Outpatient Health Services		20%		
Substance Use Disorder				
Outpatient Services		20%		
Laboratory Services		20%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic		20%	Includes online formulary Tiers 1 & 2
Preferred Brand		20%	Includes online formulary Tier 3
Three		20%	Includes online formulary Tier 4
Four		20%	Includes online formulary Tier 6
Five	N/A		
Six	N/A		
Seven	N/A		
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

ThedaCare HMO 5000

2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ThedaCare HMO 5000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Outagamie , Shawano, Waupaca			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250100/details			
Individual Deductibles:	Medical: \$ 5,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 10,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 346	Family: \$ 1,078		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		20%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		30%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan ThedaCare HMO 6000 2016 Wisconsin QHP

Overall Plan Information				
Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	ThedaCare HMO 6000			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Outagamie , Shawano, Waupaca			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250101/details			
Individual Deductibles:	Medical: \$ 6,000	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 12,000	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 344	Family: \$ 1,072		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		10%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		10%		
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					

WPS Health Plan, Inc./Arise Health Plan

ThedaCare HMO 6850

2016 Wisconsin QHP

Overall Plan Information

Issuer Name:	WPS Health Plan, Inc./Arise Health Plan			
Plan Name:	Thedacare HMO 6850			
Plan Type:	PPO	POS	X HMO	Other
Coverage Area (counties):	Outagamie , Shawano, Waupaca			
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/84670W11250102/details			
Individual Deductibles:	Medical: \$ 6,850	Prescription: \$	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$ 13,700	Prescription: \$	Out of Pocket Cap: \$ 13,700	
Individual Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Family Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month):	Individual: \$ 338	Family: \$ 1,055		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	No			
Inpatient Services		0%		
Emergency Room	\$250			
Mental/Behavioral				
Outpatient Health Services	\$30			
Substance Use Disorder				
Outpatient Services	\$30			
Laboratory Services		0%		Deductible waived for participating providers.
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Generic and Preferred Generic	\$20 Retail \$50 Home Delivery		Includes online formulary Tiers 1 & 2
Preferred Brand	\$50 Retail \$125 Home Delivery		Includes online formulary Tier 3
Non Preferred Brand	\$75 Retail \$187.50 Home Delivery		Includes online formulary Tier 4
Specialty		25% up to \$500 max per prescription	Includes online formulary Tier 6
Name of Formulary Used: Arise Health Plan 2016 Marketplace Formulary			
Link to Formulary: https://secure.wpsic.com/sales-materials/files/27429_arise_drug_formulary_2016.pdf			
Contact Number:			
Notes re: Deductible or Coverage:			

HCV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X	X		PA
Harvoni (ledipasvir, sofosbuvir)	X				X	X		PA
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				X	X		PA

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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				

HIV Medications

Medication	On Formulary	Generic	Preferred Brand	Non Preferred Brand	Specialty	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 (atazaniavir)	X		X					
Atazanavir (generic)							X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X					
Tivicay (dolutegravir)	X		X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X					
Truvada (emtricitabine/tenofovir)	X		X					
Tybost (cobicistat)	X			X				
Abacavir (generic)	X	X						
Edurant (rilpivirine)	X		X					
Emtriva (emtricitabine)	X		X					
Epivir (lamivudine)	X		X					
Lamivudine (generic)	X	X						
Sustiva (efavirenz)	X		X					
Viread (tenofovir)	X		X					
Ziagen (abacavir)	X		X					