

# 2017 PLAN ANALYSIS FOR QUALIFIED HEALTH PLANS:

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# TENNESSEE



Produced in collaboration with Nashville CARES



CENTER FOR HEALTH LAW  
& POLICY INNOVATION  
Harvard Law School

NASHVILLE  CARES

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# INTRODUCTION:

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People living with HIV and HCV have historically faced discrimination throughout the health care system. The Affordable Care Act (ACA) was in part intended to dramatically increase access to care for those previously excluded from our health care system, requiring coverage for preexisting conditions, and prohibiting discrimination against people with disabilities. To this end, the ACA created the health insurance Marketplaces in each state and prohibits insurers from discriminating against or denying benefits to individuals with disabilities. Despite these regulations, the Marketplaces are facing two major challenges: the changing political landscape and insurers' efforts to discriminate against high cost enrollees.

Although the future of the ACA and its component initiatives is uncertain in the changing political landscape, it is unlikely that the Marketplaces will be significantly modified or terminated before the end of 2017 at the earliest. This means that individuals can still obtain coverage through the Marketplaces for at least a year by enrolling in the 2017 Qualified Health Plans (QHPs). Furthermore, one of the best protections for a government initiative is a large number of people utilizing that program successfully. A robust and successful open enrollment for the 2017 QHPs is vital for preserving the Marketplaces and the protections afforded to people living with HIV and HCV by the ACA.

The other challenge facing the Marketplaces is the increasing adoption of discriminatory plan benefit design by participating insurers. Insurance companies are consistently utilizing discriminatory plan benefit designs to avoid meeting the needs of expensive-to-insure individuals, such as those living with HIV and HCV. Insurers' failure to meet the needs of consumers living with HIV and HCV means that these individuals are prevented from realizing the promises of the ACA. Documenting these practices is key to generating advocacy to prevent insurers from normalizing these practices and regulators from approving discriminatory plans.

# INTRODUCTION:

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In the face of increasingly restrictive and discriminatory health insurance plans within the Marketplaces and mindful of the importance of a healthy 2017 open enrollment period, the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) has developed the QHP Assessment Project to evaluate QHPs on key Marketplaces and assess their coverage and cost-sharing requirements for HIV and HCV medications. The QHP Assessment Project has two major goals: 1) to provide specific, detailed information on the QHPs offerings to allow individuals to select the correct QHP for their health needs; and 2) to utilize the information generated to inform the advocacy and litigation efforts of CHLPI and its partners. The ACA promises equal and affordable coverage for all persons, regardless of pre-existing conditions or disability, and this project is an important step in enforcing the health care rights of people living with HIV and HCV.

For further questions and inquiries please contact Carmel Shachar at [cshachar@law.harvard.edu](mailto:cshachar@law.harvard.edu). To learn more about CHLPI's litigation initiative, please contact Kevin Costello at [kcostello@law.harvard.edu](mailto:kcostello@law.harvard.edu).

# OVERVIEW:

The purpose of the QHP Assessment Project is to present all the information relating to a plan's benefit design that would lead an individual living with HIV and/or HCV to choose one QHP over another. Therefore the assessments of each QHP include a variety of information, including premiums, cost sharing for provider services, and deductibles. CHLPI has also identified discriminatory plan benefit design trends in the coverage and cost of key HIV and HCV medications. Correspondingly, CHLPI's 2017 QHP Assessment Project has a special focus on these metrics.

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

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>

## OVERVIEW:

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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. Often, insurers will place all HIV and HCV medications on the highest cost sharing tier of their formulary, in a discriminatory practice commonly referred to as adverse tiering. Adverse tiering forces individuals living with HIV and/or HCV to shoulder a much higher percentage of their health care costs than other enrollees in the same plans. It also can prevent individuals from affording critical medications, despite paying premiums for health care coverage. Adverse tiering is often used by insurers to deter “undesirable” consumers from selecting their plans.

Further exacerbating cost-related concerns, CHLPI has seen a trend to use co-insurance rather than co-payments for cost sharing. As CHLPI and others have noted, co-insurance tends to quickly increase cost to consumers for expensive medications, especially as compared to co-payments. Additionally, co-insurance is a transparency concern because it is hard for consumers with co-insurance to calculate the actual cost sharing owed before attempting to purchase their prescriptions. Co-insurance 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.

# How to Use This Tool:

CHLPI will produce a series of reports and analyses of the state of the 2017 Silver QHP offerings based on the data from the 2017 QHP Assessment Project. This document is one of the initial reports, evaluating all 2017 silver-level QHPs in this state as well as a high level analysis of cost and coverage trends in this Marketplace, including some basic recommendations for appropriate QHPs for individuals living with HIV and/or HCV.

This report is intended to be used by advocates, navigators, and consumers to help them determine which silver-level QHPs best serve the needs of individuals living with HIV and/or HCV. As such, CHLPI, in collaboration with its state partner, has gathered information on each silver-level QHP in this Marketplace on:

- **Overall Plan Information:** Including coverage area, plan type, and premium amounts.
- **Cost Sharing Information:** Including deductibles, co-payment and co-insurance amounts for medical services, as well as out of pocket cost sharing requirements for the different tiers of drugs in the QHP's formulary.
- **Formulary Information:** Provides name of formulary, link to formulary and notes regarding deductible or coverage issues.
- **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 the cost sharing requirements for accessing each medication.
- **HIV Medication Cost and Coverage:** Examining which standard of care HIV medications are listed on the formulary, covered by the QHP, and 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 counselor.

## LEGEND

NC/NL= NOT COVERED/NOT LISTED

QL= QUANTITY LIMIT

SP= SPECIALTY PHARMACY

ST= STEP THERAPY

# METHODOLOGY:

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The Center for Health Law and Policy Innovation (CHLPI) collaborated with state based partner organizations in key states across the country to gather information on the 2017 Silver Qualified Health Plans (QHPs). CHLPI staff trained community advocates to analyze the 2017 silver-level QHPs. CHLPI then utilized the assessments generated by the advocates to provide an analysis of coverage and cost sharing trends in the QHPs. Assessors and CHLPI used materials available on the applicable health insurance Marketplace, specifically plan summary of benefits and drug formularies, to assess the plans and generate an analysis of key trends.

## *Notes Regarding Sources*

CHLPI staff and assessors used the summary of benefits and formularies available at the beginning of open enrollment on the health insurance Marketplaces to assess the 2017 silver-level QHPs. When the summary of benefits and formularies did not provide information needed to assess the QHP, or provided inconsistent or unclear information, CHLPI staff and assessors called the relevant insurer using the general contact number and identified themselves as an individual considering enrollment in that QHP. The reports generated by the 2017 QHP Assessment Project, including this one, should be considered snapshots of the insurance markets at the beginning of the 2017 open enrollment period. Information may have changed or been updated since the assessment was completed and report released. 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.



# METHODOLOGY:

## *Notes Regarding Plan Assessment Charts*

**Plans Listed:** In some states, plans offered by the same insurer were distinguished (either by name or plan ID) based on their network, coverage area, and premiums but did not differ for cost sharing and coverage of services and medications. Because of the focus on benefit design in this project and to avoid duplication, in this situation, the plan benefit design was analyzed once and the coverage listed is a composite of the coverage area for the related plans. This project did not include plans with vision or dental services that otherwise were duplicates of other plans offered.

**Premiums:** Premium payments cited in these reports were generally for the county that encompasses a large metropolitan region in the state, unless noted otherwise. Sometimes, a QHP was not offered in that county, in which case, another county was selected. Premiums vary depending on age, smoking status, and location of the applicant. The premiums cited in this report should be used to compare the cost of available QHPs rather than considered a guaranteed premium for any particular individual.

**Selected Formularies and Covered Medications:** 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. Despite regulatory prohibitions against this practice, some insurers cover specific medication under a QHP but do not list that medication on the formulary posted to the Marketplace. These incomplete formularies are referred to as 'select' formularies. Complete formularies that list all covered medication are referred to as 'non-select' formularies. In cases where there was confusion or concern about the coverage, or lack thereof, of a particular medication, CHLPI staff and assessors called the insurer or obtained a more comprehensive formulary from the insurer's website. Medications were given one of the following designations in our assessment, depending on their coverage status and appearance on formulary.

# METHODOLOGY:

- **'Covered':** A drug is listed on the formulary available on the applicable health insurance exchange and is covered by the insurer under that particular QHP.
- **'Not, but covered':** The drug is not listed on the formulary provided on the applicable health insurance exchange but is covered under the particular QHP. Often, this information was obtained by calling the insurance company's customer service and speaking with a representative who provided additional information not listed on the formulary.
- **'No, not covered':** A drug is not listed on any formulary and is not covered by the insurer under that particular QHP.

**Generics and Branded Medication:** All branded medications are listed by their commercial name and that name is capitalized. Generics are referred to by their chemical name and are not capitalized.

**Tiering:** In some cases, an insurer may place one formulation of a medication on a lower tier than a different formulation. The plan assessments reflect the lower cost sharing tier for that medication. CHLPI staff consulted medical providers to determine which formulation was more commonly used. If medical providers agreed that the higher cost formulation was more important, CHLPI changed the designation of the medication to the higher cost sharing tier. Similarly, if one formulation of a medication was covered, but others were not, the plan assessments reflected the cost sharing tier for the covered formulation.

# METHODOLOGY:

## ***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.

**Coverage:** CHLPI mapped coverage concerns by creating graphs that illustrated the percentage of QHPs that covered all, some or none of the approved new generation HCV medications. Medications include Sovaldi, Harvoni, Epclusa, Olysio, Zepatier, and Viekira Pak. CHLPI also developed coverage graphs for 27 HIV 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, as well as consultation from medical providers specializing in HIV care. 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 19-27 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.

**Cost Sharing:** CHLPI also mapped cost sharing concerns by creating charts 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.

# METHODOLOGY:

For example, if QHP A categorized all of its HIV medications on its highest formulary tier, resulting in a 20% co-insurance, and QHP B placed all of its HIV medications on a middle formulary tier, resulting in a 30% co-insurance, 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. CHLPI did note which QHPs would be more expensive to consumers in the narrative summary, however.

QHPs were sorted into highest, middle, and lowest cost sharing categories in the cost sharing charts based on the placement of the majority of the medications. For example, if a QHP placed 17 HIV medications on its middle tier and 10 medications on its highest tier, it would be categorized into the middle cost sharing category. In the event of a tie, preference was given to the newer medications that are components of recommended treatment regimens in the *Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents*. Some high deductible QHPs tiered covered medications but did not impose any cost sharing after the deductible is met. Those QHPs were still placed into highest, middle, and lowest cost sharing categories in the cost sharing charts but were not included in the co-payment or co-insurance subcategories.

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.

## STATE FINDINGS | HCV:

Tennessee residents who are living with Hepatitis C (HCV) should be aware that the Silver and Gold Qualified Health Plans (QHPs) offered on the Marketplace for 2017 provide only limited coverage of HCV medications, with restricted access and high cost-sharing. All twelve Silver and Gold QHPs offered for 2017 cover only two out of the six new HCV medications: Sovaldi and Harvoni. Epclusa, Olysio, Zepatier, and Viekira Pak are not available through the Tennessee Marketplace for 2017. 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 for Tennesseans is cost-sharing for HCV medications. All twelve plans offered on the Marketplace in 2017 place Sovaldi and Harvoni on the highest cost-sharing tier and require prior authorization. Depending on the insurer, they may also have quantity limits (all Humana plans) or only be available from specialty pharmacies (all Blue Cross Blue Shield plans). All four Humana plans also have prescription drug deductibles (\$500 for individuals, \$1000 for families). Consumers considering these plans should be sure that they are able to finance the full cost of the prescription drug deductible in the first several months of the plan, before co-insurance kicks in.

Consumers who are interested in coverage of Sovaldi and Harvoni may want to consider plans that require co-payments rather than co-insurance. This is because co-payments are more predictable, transparent, and tend to be lower than co-insurance. The only Silver or Gold level plan offering co-pays for Sovaldi and Harvoni is the Blue Cross Blue Shield Gold G06S, Network S plan. This plan requires a \$120 co-payment for these medications, which are only available through a specialty pharmacy. All other plans require 30 to 50% co-insurance for these medications.

## STATE FINDINGS | HCV:

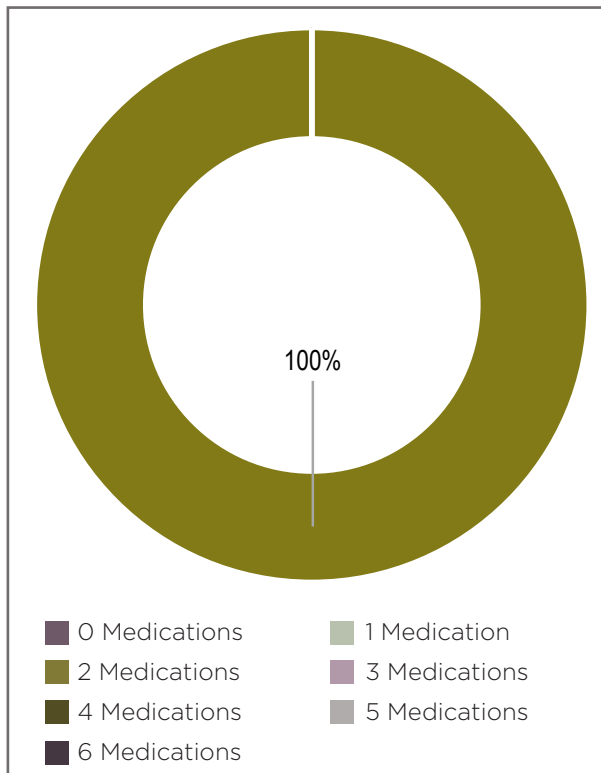
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It is important to note that Gold QHPs have much higher premiums than Silver QHPs, although cost-sharing (deductibles, out-of-pocket caps, co-pays and co-insurance) tends to be lower. Gold QHPs may be an appropriate choice for consumers who expect to have high out-of-pocket costs.

Consumers should also be aware that the full range of plans offered on the Tennessee Marketplace will not be offered in their county. Blue Cross Blue Shield will not offer plans in the Knoxville, Memphis, and Nashville metropolitan areas in 2017. Conversely, Cigna and Humana only offer plans in these metropolitan areas. Tennessee consumers should pay careful attention to coverage areas when comparing plans.

# STATE FINDINGS | HCV:

## PLAN COVERAGE



## COST SHARING

<b>Lowest Tier Formulary<sup>1</sup></b>		
	<b>Number</b>	<b>Percent</b>
Plans using lowest tier formulary	0	0%
Plans using lowest tier formulary and co-pay	0	0%
Plans using lowest tier formulary and coinsurance	0	0%
<b>Middle Tier Formulary<sup>2</sup></b>		
Plans using middle tier formulary	0	0%
Plans using middle tier formulary and co-pay	0	0%
Plans using middle tier formulary and coinsurance	0	0%
<b>Highest Tier Formulary<sup>3</sup></b>		
Plans using highest tier formulary	12	100%
Plans using highest tier formulary and co-pay	1	8%
Plans using highest tier formulary and coinsurance	11	92%

<sup>1</sup> Plans were categorized in the lowest tier if they placed the majority of medications in that tier.  
<sup>2</sup> Plans were categorized in the middle tier if they placed the majority of medications in that tier.  
<sup>3</sup> Plans were categorized in the highest tier if they placed the majority of medications in that tier.

## STATE FINDINGS | HIV:

Fortunately for Tennesseans living with HIV, the Silver and Gold QHPs offered on the Marketplace for 2017 provide robust coverage of HIV medications. All twelve plans cover at least 23 of the 27 HIV medications researched in the plan assessment initiative. In some cases, the generic version of a brand name medication is not covered, such as not covering generic ritonavir when Norvir is covered (all plans). Similarly, some plans only cover the generic zidovudine/lamivudine (Blue Cross Blue Shield, Humana), while others only cover the brand name drug Combivir (Cigna). Viamune and Retrovir are also frequently not covered, although their generics are. Consumers should be careful to select a plan that covers the medications that they and their physicians believe are appropriate for their treatment.

In contrast to 2016 where the majority of plans placed virtually all HIV medications on the highest cost-sharing tiers, 75% of plans offered on the 2017 Marketplace place the bulk of their HIV medications on middle cost-sharing tiers. Cigna moved all of its specialty tier HIV medications to lower non-preferred generic, preferred brand, and non-preferred brand tiers. Humana moved all but 8 of its HIV medications from the specialty tier to the lower low cost generic and preferred brand tiers. This may be a response to Office of Civil Rights Complaints filed by CHLPI in 2016. By contrast, Blue Cross Blue Shield's formulary changed little from 2016 to 2017. Approximately half of all HIV medications in Blue Cross Blue Shield plans are on the highest cost-sharing tier, with the rest on the middle (non-preferred brand) and lowest (generic) cost-sharing tiers. In contrast to Cigna and Humana, CHLPI did not file an Office of Civil Rights Complaint for discriminatory plan design against Blue Cross Blue Shield in Tennessee in 2016.



## STATE FINDINGS | HIV:

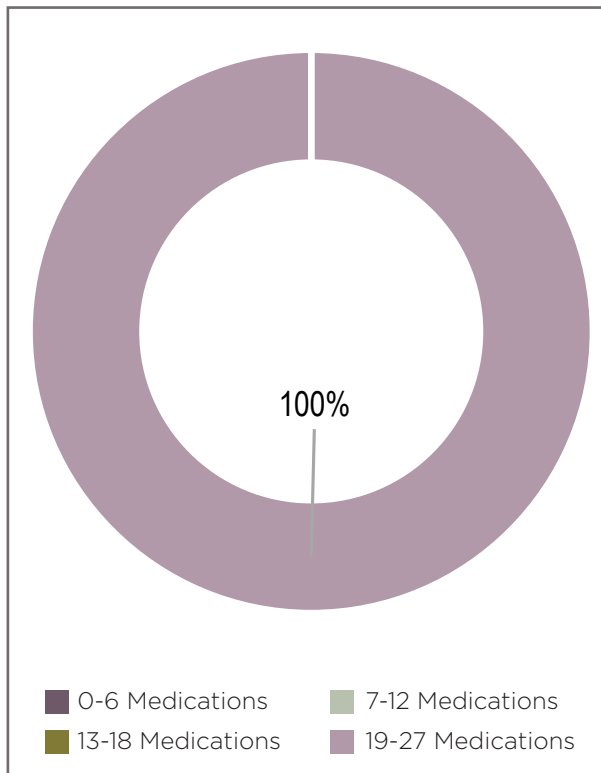
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While the overall trend is to move medications to lower cost-sharing tiers, it is also important to note that insurers may be instituting other practices that could increase costs for consumers. Humana plans in 2017 now have a prescription drug deductible (\$500 for individuals, \$1000 for families) that must be met before medications will be covered with co-pays or co-insurance. As discussed in the HCV section, consumers considering these plans should be sure that they are able to finance the full cost of the prescription drug deductible in the first several months of the plan. In addition, many plans have shifted from requiring co-pays to co-insurance. Some plans require a combination, with co-pays for lower tier medications and co-insurance for higher tier medications. Co-pays are usually preferable to co-insurance because they are more predictable, transparent, and tend to be lower. If possible, consumers should price out the particular drugs they're interested in and compare cost-sharing requirements before enrolling in a plan.

As discussed in the HCV section, Blue Cross Blue Shield will not offer plans in the Knoxville, Memphis, and Nashville metropolitan areas. Cigna and Humana will continue to offer plans in these metropolitan areas. This means that, overall, Tennesseans will likely find that they have fewer choices on the Marketplace in 2017.

# STATE FINDINGS | HIV:

## PLAN COVERAGE



## COST SHARING

<b>Lowest Tier Formulary<sup>1</sup></b>		
	<b>Number</b>	<b>Percent</b>
Plans using lowest tier formulary	0	0%
Plans using lowest tier formulary and co-pay	0	0%
Plans using lowest tier formulary and coinsurance	0	0%
<b>Middle Tier Formulary<sup>2</sup></b>		
Plans using middle tier formulary	9	75%
Plans using middle tier formulary and co-pay	8	89%
Plans using middle tier formulary and coinsurance	1	11%
<b>Highest Tier Formulary<sup>3</sup></b>		
Plans using highest tier formulary	3	25%
Plans using highest tier formulary and co-pay	1	33%
Plans using highest tier formulary and coinsurance	2	66%

<sup>1</sup> Plans were categorized in the lowest tier if they placed the majority of medications in that tier.  
<sup>2</sup> Plans were categorized in the middle tier if they placed the majority of medications in that tier.  
<sup>3</sup> Plans were categorized in the highest tier if they placed the majority of medications in that tier.

# Blue Cross Blue Shield of Tennessee

## Gold G06S, Network S

2017 Marketplace

Overall Plan Information			
Issuer Name	Blue Cross Blue Shield		
Plan Name	Gold G06S, Network S	Simple Choice Plan: No	
Plan ID	14002TN0330336		
Plan Type	PPO		
Coverage Area (counties)	Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington, Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie, Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardeman, Hardin, Henderson, Henry, Lake, Madison, McNairy, Obion, Weakley, Cannon, Clay, Cumberland, Dekalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White, Bedford, Coffee, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Stewart, Wayne		
Link to Summary of Benefits	<a href="http://www.bcbst.com/sbc/2017/127600/G06S_SBC.pdf">www.bcbst.com/sbc/2017/127600/G06S_SBC.pdf</a>		
Individual Deductibles	Medical: \$1500	Prescription: \$0	Out of Pocket Cap: \$4500
Family Deductibles	Medical: \$3000	Prescription: \$0	Out of Pocket Cap: \$9000
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Not discussed		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$726	Family: \$2263	

Cost Sharing Information			
Tier One	Name of Tier: Generic	Co-Payments: \$8	Co-Insurance: %
Tier Two	Name of Tier: Preferred Brand	Co-Payments: \$35	Co-Insurance: %
Tier Three	Name of Tier: Non-preferred brand	Co-Payments: \$60	Co-Insurance: %
Tier Four	Name of Tier: Self-administered specialty drugs	Co-Payments: \$120	Co-Insurance: %
Tier Five/Specialty	Name of Tier: None	Co-Payments: \$	Co-Insurance: %

Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$35	Co-Insurance: %	
Specialists	Co-Payments: \$50	Co-Insurance: %	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 20%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 20%	
Emergency Room	Co-Payments: \$	Co-Insurance: 20%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$35	Co-Insurance: %	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$35	Co-Insurance: %	Prior Approval? Yes
Laboratory Services	Co-Payments: \$0	Co-Insurance: %	

Formulary Information	
Name of formulary used	2017 Essential Formulary Guide for Individual and Small Group* Plans
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://www.bcbst.com/docs/providers/RX-17-2017_Essential_Formulary_Ind-Sm-Group_Web.pdf">http://www.bcbst.com/docs/providers/RX-17-2017_Essential_Formulary_Ind-Sm-Group_Web.pdf</a>
Contact number	1-800-565-9140
Notes re: deductible or coverage	Tier 4 medications are only available through a specialty pharmacy.

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	None	None	None
Harvoni (ledipasvir, sofosbuvir)	Yes	4	Yes	None	Yes
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	Yes	4	Yes	None	Yes
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	None	None	None
Zepatier (elbasvir and grazoprevir)	No	None	None	None	None
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	4	No	None	Yes

HIV	On Formulary	Tier	PA	QL	ST
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	4	No	None	None
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	4	None	None	Yes
Edurant (rilpivirine)	Yes	3	No	No	No
Epizicom (abacavir/lamivudine)	Yes	3	No	No	No
abacavir	Yes	1	No	No	No
Evotaz (atazanavir/cobicistat)	Yes	4	No	No	Yes
Isentress (raltegravir)	Yes	3	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	4	No	No	Yes
Epivir (lamivudine)	Yes	3	No	No	No
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	3	No	No	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	4	No	No	Yes
Prezcobix (darunavir/cobicistat)	Yes	4	No	No	Yes
Prezista (darunavir)	Yes	3	No	No	No
Reyataz (atazanavir)	Yes	3	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	4	No	No	Yes
Tivicay (dolutegravir)	Yes	4	No	No	Yes
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	4	No	No	Yes
Truvada (emtricitabine/tenofovir)	Yes	3	No	No	No
Viramune (nevirapine)	No	None	None	None	None
nevirapine	Yes	1	No	No	No
Retrovir (zidovudine)	No	None	None	None	None
zidovudine	Yes	1	No	No	No

# Blue Cross Blue Shield of Tennessee

## Silver S01S, Network S

2017 Marketplace

Overall Plan Information			
Issuer Name	BlueCross Blue Shield of Tennessee		
Plan Name	Silver S01S, Network S	Simple Choice Plan: No	
Plan ID	14002TN0330208		
Plan Type	PPO		
Coverage Area (counties)	Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington, Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie, Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardeman, Hardin, Henderson, Henry, Lake, Madison, McNairy, Obion, Weakley, Cannon, Clay, Cumberland, Dekalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White, Bedford, Coffee, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Stewart, Wayne		
Link to Summary of Benefits	<a href="http://www.bcbst.com/sbc/2017/127600/S01S_SBC.pdf">http://www.bcbst.com/sbc/2017/127600/S01S_SBC.pdf</a>		
Individual Deductibles	Medical: \$0	Prescription: \$0	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$0	Prescription: \$0	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Not discussed		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$482	Family: \$1502	

Cost Sharing Information			
Tier One	Name of Tier: Generic drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Two	Name of Tier: Preferred brand drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Three	Name of Tier: Non-preferred brand drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Four	Name of Tier: Self-administered specialty drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Five/Specialty	Name of Tier: Drugs with \$0 Cost Share	Co-Payments: \$	Co-Insurance: 0%

Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$	Co-Insurance: 50%	
Specialists	Co-Payments: \$	Co-Insurance: 50%	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 50%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 50%	
Emergency Room	Co-Payments: \$	Co-Insurance: 50%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$	Co-Insurance: 50%	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$	Co-Insurance: 50%	Prior Approval? Yes
Laboratory Services	Co-Payments: \$	Co-Insurance: 50%	

Formulary Information	
Name of formulary used	2017 Essential Formulary for Individual and Small Groups
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://www.bcbst.com/docs/providers/RX-17-2017_Essential_Formulary_Ind-Sm-Group_Web.pdf">http://www.bcbst.com/docs/providers/RX-17-2017_Essential_Formulary_Ind-Sm-Group_Web.pdf</a>
Contact number	1-800-565-9140
Notes re: deductible or coverage	

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	None	None	None
Harvoni (ledipasvir, sofosbuvir)	Yes	4	Yes	No	None
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	Yes	4	Yes	No	None
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	None	None	None
Zepatier (elbasvir and grazoprevir)	No	None	None	None	None
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	4	No	No	Yes

HIV	On Formulary	Tier	PA	QL	ST
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	4	No	No	No
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	4	No	No	No
Edurant (rilpivirine)	Yes	3	No	No	No
Epizicom (abacavir/lamivudine)	Yes	3	No	No	No
abacavir	Yes	1	No	No	No
Evotaz (atazanavir/cobicistat)	Yes	4	No	No	No
Isentress (raltegravir)	Yes	3	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	4	No	No	No
Epivir (lamivudine)	Yes	3	No	No	No
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	3	No	No	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	4	No	No	No
Prezcobix (darunavir/cobicistat)	Yes	4	No	No	No
Prezista (darunavir)	Yes	3	No	No	No
Reyataz (atazanavir)	Yes	3	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	4	No	No	No
Tivicay (dolutegravir)	Yes	4	No	No	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	4	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	3	No	No	No
Viramune (nevirapine)	No	None	None	None	None
nevirapine	Yes	1	No	No	No
Retrovir (zidovudine)	No	None	None	None	None
zidovudine	Yes	1	No	No	No



# Blue Cross Blue Shield of Tennessee

## Silver S04S, Network S

2017 Marketplace

Overall Plan Information			
Issuer Name	Blue Cross Blue Shield of Tennessee		
Plan Name	Silver S04S, Network S	Simple Choice Plan: No	
Plan ID	14002TN0330240		
Plan Type	PPO		
Coverage Area (counties)	Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington, Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie, Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardeman, Hardin, Henderson, Henry, Lake, Madison, McNairy, Obion, Weakley, Cannon, Clay, Cumberland, Dekalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White, Bedford, Coffee, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Stewart, Wayne		
Link to Summary of Benefits	<a href="http://www.bcbst.com/sbc/2017/127600/S04S_SBC.pdf">http://www.bcbst.com/sbc/2017/127600/S04S_SBC.pdf</a>		
Individual Deductibles	Medical: \$2000	Prescription: \$0	Out of Pocket Cap: \$5100
Family Deductibles	Medical: \$4000	Prescription: \$0	Out of Pocket Cap: \$10200
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Not discussed		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$406	Family: \$1267	

Cost Sharing Information			
Tier One	Name of Tier: Generic Drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Two	Name of Tier: Preferred Brand drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Three	Name of Tier: Non-preferred Brand Drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Four	Name of Tier: Self-administered Specialty Drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Five/Specialty	Name of Tier: Drugs with \$0 Cost Share Per ACA	Co-Payments: \$0	Co-Insurance: %

Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$	Co-Insurance: 50%	
Specialists	Co-Payments: \$	Co-Insurance: 50%	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 50%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 50%	
Emergency Room	Co-Payments: \$	Co-Insurance: 50%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$	Co-Insurance: 50%	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$	Co-Insurance: 50%	Prior Approval? Yes
Laboratory Services	Co-Payments: \$	Co-Insurance: 50%	

Formulary Information	
Name of formulary used	2017 Essential Formulary
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://www.bcbst.com/docs/providers/RX-17-2017_Essential_Formulary_Ind-Sm-Group_Web.pdf">http://www.bcbst.com/docs/providers/RX-17-2017_Essential_Formulary_Ind-Sm-Group_Web.pdf</a>
Contact number	1-800-565-9140
Notes re: deductible or coverage	Tier 4 medications only available through specialty pharmacy.

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	None	None	None
Harvoni (ledipasvir, sofosbuvir)	Yes	4	Yes	No	No
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	Yes	4	Yes	No	No
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	None	None	None
Zepatier (elbasvir and grazoprevir)	No	None	None	None	None
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	4	No	No	No

HIV	On Formulary	Tier	PA	QL	ST
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	4	No	No	No
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	4	No	No	No
Edurant (rilpivirine)	Yes	3	No	No	No
Epizicom (abacavir/lamivudine)	Yes	3	No	No	No
abacavir	Yes	1	No	No	No
Evotaz (atazanavir/cobicistat)	Yes	4	No	No	No
Isentress (raltegravir)	Yes	3	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	4	No	No	No
Epivir (lamivudine)	Yes	3	No	No	No
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	3	No	No	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	4	No	No	No
Prezcobix (darunavir/cobicistat)	Yes	4	No	No	No
Prezista (darunavir)	Yes	3	No	No	No
Reyataz (atazanavir)	Yes	3	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	4	No	No	No
Tivicay (dolutegravir)	Yes	4	No	No	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	4	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	3	No	No	No
Viramune (nevirapine)	No	None	None	None	None
nevirapine	Yes	1	No	No	No
Retrovir (zidovudine)	No	None	None	None	None
zidovudine	Yes	1	No	No	No

# Cigna

## Cigna Connect 2500

### 2017 Marketplace

Overall Plan Information			
Issuer Name	Cigna		
Plan Name	Cigna Connect 2500	Simple Choice Plan: No	
Plan ID	99248TN0060003		
Plan Type	Other (please specify)		
Coverage Area (counties)	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson, Fayette, Haywood, Lauderdale, Shelby, Tipton, Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington		
Link to Summary of Benefits	<a href="http://www.cigna.com/assets/docs/individual-and-families/2017/medical/tn/895245-sbc-cigna-connect-2500-silver-nashville-tn.pdf">http://www.cigna.com/assets/docs/individual-and-families/2017/medical/tn/895245-sbc-cigna-connect-2500-silver-nashville-tn.pdf</a>		
Individual Deductibles	Medical: \$2500	Prescription: \$0	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$5000	Prescription: \$0	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Yes		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$355	Family: \$1107	

Cost Sharing Information			
Tier One	Name of Tier: Preferred generic drugs	Co-Payments: \$	Co-Insurance: 20%
Tier Two	Name of Tier: Non-preferred generic drugs	Co-Payments: \$	Co-Insurance: 20%
Tier Three	Name of Tier: Preferred Brand Drugs	Co-Payments: \$	Co-Insurance: 20%
Tier Four	Name of Tier: Non-preferred brand drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Five/Specialty	Name of Tier: Specialty Drugs	Co-Payments: \$	Co-Insurance: 40%
Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$	Co-Insurance: 20%	

Specialists	Co-Payments: \$	Co-Insurance: 20%	Referral required for specialists? Yes
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 20%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 20%	
Emergency Room	Co-Payments: \$	Co-Insurance: 20%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$	Co-Insurance: 20%	Prior Approval? No
Substance Use Disorder Outpatient Services	Co-Payments: \$	Co-Insurance: 20%	Prior Approval? No
Laboratory Services	Co-Payments: \$	Co-Insurance: 20%	

Formulary Information	
Name of formulary used	2017 drug list
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://www.cigna.com/individuals-families/prescription-drug-list?consumerID=cigna&amp;indicator=IFP&amp;pdYearType=NY">http://www.cigna.com/individuals-families/prescription-drug-list?consumerID=cigna&amp;indicator=IFP&amp;pdYearType=NY</a>
Contact number	866-494-2111
Notes re: deductible or coverage	

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	None	None	None
Harvoni (ledipasvir, sofosbuvir)	Yes	5	Yes	None	None
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	Yes	5	Yes	None	None
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	None	None	None
Zepatier (elbasvir and grazoprevir)	No	None	None	None	None
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	3	None	None	None
Combivir (lamivudine/zidovudine)	Yes	4	None	None	None

HIV	On Formulary	Tier	PA	QL	ST
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	3	None	None	None
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	3	None	None	None
Edurant (rilpivirine)	Yes	3	None	None	None
Epizicom (abacavir/lamivudine)	Yes	3	None	None	None
abacavir	Yes	2	None	None	None
Evotaz (atazanavir/cobicistat)	Yes	3	None	None	None
Isentress (raltegravir)	Yes	3	None	None	None
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	None	None	None
Epivir (lamivudine)	Yes	4	None	None	None
lamivudine	Yes	2	None	None	None
Zidovudine/lamivudine	No	None	None	None	None
Norvir (ritonavir)	Yes	3	None	None	None
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	3	None	None	None
Prezcobix (darunavir/cobicistat)	Yes	3	None	None	None
Prezista (darunavir)	Yes	3	None	None	None
Reyataz (atazanavir)	Yes	3	None	None	None
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	3	None	None	None
Tivicay (dolutegravir)	Yes	3	None	None	None
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	3	None	None	None
Truvada (emtricitabine/tenofovir)	Yes	3	None	None	None
Viramune (nevirapine)	Yes	4	None	None	None
nevirapine	Yes	2	None	None	None
Retrovir (zidovudine)	Yes	4	None	None	None
zidovudine	Yes	2	None	None	None

# Cigna

## Cigna Connect 3000

### 2017 Marketplace

Overall Plan Information			
Issuer Name	Cigna		
Plan Name	Cigna Connect 3000	Simple Choice Plan: No	
Plan ID	99248TN0060004		
Plan Type	Other (please specify)		
Coverage Area (counties)	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson, Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington		
Link to Summary of Benefits	<a href="http://www.cigna.com/assets/docs/individual-and-families/2017/medical/tn/895253-sbc-cigna-connect-3000-silver-nashville-tn.pdf">http://www.cigna.com/assets/docs/individual-and-families/2017/medical/tn/895253-sbc-cigna-connect-3000-silver-nashville-tn.pdf</a>		
Individual Deductibles	Medical: \$3000	Prescription: \$0	Out of Pocket Cap: \$6900
Family Deductibles	Medical: \$6000	Prescription: \$0	Out of Pocket Cap: \$13800
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Not discussed		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$387	Family: \$1207	

Cost Sharing Information			
Tier One	Name of Tier: Preferred generic drugs	Co-Payments: \$8	Co-Insurance: %
Tier Two	Name of Tier: Non-preferred generic	Co-Payments: \$25	Co-Insurance: %
Tier Three	Name of Tier: Preferred brand drugs	Co-Payments: \$60	Co-Insurance: %
Tier Four	Name of Tier: Non-preferred brand drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Five/Specialty	Name of Tier: Specialty drugs	Co-Payments: \$	Co-Insurance: 30%
Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$10	Co-Insurance: %	
Specialists	Co-Payments: \$70	Co-Insurance: %	Referral required for specialists?

			Yes
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 30%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 30%	
Emergency Room	Co-Payments: \$	Co-Insurance: 30%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$70	Co-Insurance: %	Prior Approval? No
Substance Use Disorder Outpatient Services	Co-Payments: \$70	Co-Insurance: %	Prior Approval? No
Laboratory Services	Co-Payments: \$	Co-Insurance: 30%	

Formulary Information	
Name of formulary used	2017 Drug list
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://www.cigna.com/individuals-families/prescription-drug-list?consumerID=cigna&amp;indicator=IFP&amp;pdYearType=NY">http://www.cigna.com/individuals-families/prescription-drug-list?consumerID=cigna&amp;indicator=IFP&amp;pdYearType=NY</a>
Contact number	1-866-494-2111
Notes re: deductible or coverage	

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	None	None	No
Harvoni (ledipasvir, sofosbuvir)	Yes	5	Yes	None	No
Olysio (simeprevir)	No	None	None	None	No
Sovaldi (sofosbuvir)	Yes	5	Yes	None	No
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	None	None	No
Zepatier (elbasvir and grazoprevir)	No	None	None	None	No
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	3	No	None	No
Combivir (lamivudine/zidovudine)	Yes	4	No	None	No
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	3	No	None	None



HIV	On Formulary	Tier	PA	QL	ST
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	3	No	None	No
Edurant (rilpivirine)	Yes	3	No	None	No
Epizicom (abacavir/lamivudine)	Yes	3	No	None	No
abacavir	Yes	2	No	None	No
Evotaz (atazanavir/cobicistat)	Yes	3	No	None	No
Isentress (raltegravir)	Yes	3	No	None	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	None	No
Epivir (lamivudine)	Yes	4	No	None	No
lamivudine	Yes	2	No	None	No
Zidovudine/lamivudine	No	None	No	None	No
Norvir (ritonavir)	Yes	3	No	None	No
ritonavir	No	None	No	None	No
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	3	No	None	No
Prezcobix (darunavir/cobicistat)	Yes	3	No	None	No
Prezista (darunavir)	Yes	3	No	None	No
Reyataz (atazanavir)	Yes	3	No	None	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	3	No	None	No
Tivicay (dolutegravir)	Yes	3	No	None	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	3	No	None	No
Truvada (emtricitabine/tenofovir)	Yes	3	No	None	No
Viramune (nevirapine)	Yes	4	No	None	No
nevirapine	Yes	2	No	None	No
Retrovir (zidovudine)	Yes	4	No	None	No
zidovudine	Yes	2	No	None	No

# Cigna

## Cigna Connect 4000

### 2017 Marketplace

Overall Plan Information			
Issuer Name	Cigna		
Plan Name	Cigna Connect 4000	Simple Choice Plan: No	
Plan ID	99248TN0060005		
Plan Type	Other (please specify)		
Coverage Area (counties)	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson, Fayette, Haywood, Lauderdale, Shelby, Tipton, Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington		
Link to Summary of Benefits	<a href="http://www.cigna.com/assets/docs/individual-and-families/2017/medical/tn/895249-sbc-cigna-connect-4000-silver-nashville-tn.pdf">http://www.cigna.com/assets/docs/individual-and-families/2017/medical/tn/895249-sbc-cigna-connect-4000-silver-nashville-tn.pdf</a>		
Individual Deductibles	Medical: \$4000	Prescription: \$0	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$8000	Prescription: \$0	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Not discussed		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$372	Family: \$1161	

Cost Sharing Information			
Tier One	Name of Tier: Preferred generic drugs	Co-Payments: \$10	Co-Insurance: %
Tier Two	Name of Tier: Non-preferred generic drugs	Co-Payments: \$25	Co-Insurance: %
Tier Three	Name of Tier: Preferred brand drugs	Co-Payments: \$60	Co-Insurance: %
Tier Four	Name of Tier: Non-preferred brand drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Five/Specialty	Name of Tier: Specialty drugs	Co-Payments: \$	Co-Insurance: 30%
Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$20	Co-Insurance: %	

Specialists	Co-Payments: \$60	Co-Insurance: %	Referral required for specialists? Yes
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 20%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 20%	
Emergency Room	Co-Payments: \$	Co-Insurance: 20%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$60	Co-Insurance: %	Prior Approval? No
Substance Use Disorder Outpatient Services	Co-Payments: \$60	Co-Insurance: %	Prior Approval? No
Laboratory Services	Co-Payments: \$	Co-Insurance: 20%	

Formulary Information	
Name of formulary used	Cigna 2017 PRESCRIPTION DRUG LIST
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://www.cigna.com/individuals-families/prescription-drug-list?consumerID=cigna&amp;indicator=IFP&amp;pdYearType=NY">http://www.cigna.com/individuals-families/prescription-drug-list?consumerID=cigna&amp;indicator=IFP&amp;pdYearType=NY</a>
Contact number	1-866-494-2111
Notes re: deductible or coverage	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use.

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	No	No	No
Harvoni (ledipasvir, sofosbuvir)	Yes	5	Yes	No	No
Olysio (simeprevir)	No	None	No	No	No
Sovaldi (sofosbuvir)	Yes	5	Yes	None	No
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	No	No	No
Zepatier (elbasvir and grazoprevir)	No	None	No	No	No
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	3	No	None	No

HIV	On Formulary	Tier	PA	QL	ST
Combivir (lamivudine/zidovudine)	Yes	4	No	None	No
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	3	No	None	None
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	3	No	None	No
Edurant (rilpivirine)	Yes	3	No	None	No
Epizicom (abacavir/lamivudine)	Yes	3	No	None	No
abacavir	Yes	2	No	None	No
Evotaz (atazanavir/cobicistat)	Yes	3	No	None	No
Isentress (raltegravir)	Yes	3	No	None	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	None	No
Epivir (lamivudine)	Yes	4	No	None	No
lamivudine	Yes	2	No	None	No
Zidovudine/lamivudine	No	None	No	None	No
Norvir (ritonavir)	Yes	3	No	None	No
ritonavir	No	None	No	None	No
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	3	No	None	No
Prezcobix (darunavir/cobicistat)	Yes	3	No	None	No
Prezista (darunavir)	Yes	3	No	None	No
Reyataz (atazanavir)	Yes	3	No	None	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	3	No	None	No
Tivicay (dolutegravir)	Yes	3	No	None	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	3	No	None	No
Truvada (emtricitabine/tenofovir)	Yes	3	No	None	No
Viramune (nevirapine)	Yes	4	No	None	No
nevirapine	Yes	2	No	None	No
Retrovir (zidovudine)	Yes	4	No	None	No
zidovudine	Yes	2	No	None	No

# Cigna

## Cigna US-TN Connect 3500

### 2017 Marketplace

Overall Plan Information			
Issuer Name	Cigna		
Plan Name	Cigna US-TN Connect 3500	Simple Choice Plan: Yes	
Plan ID	99248TN0060008		
Plan Type	Other (please specify)		
Coverage Area (counties)	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson, Fayette, Haywood, Lauderdale, Shelby, Tipton, Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington		
Link to Summary of Benefits	<a href="http://www.cigna.com/assets/docs/individual-and-families/2017/medical/tn/895257-sbc-cigna-us-tn-connect-3500-silver-nashville-tn.pdf">http://www.cigna.com/assets/docs/individual-and-families/2017/medical/tn/895257-sbc-cigna-us-tn-connect-3500-silver-nashville-tn.pdf</a>		
Individual Deductibles	Medical: \$3500	Prescription: \$0	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$7000	Prescription: \$0	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Not discussed		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$439	Family: \$1368	

Cost Sharing Information			
Tier One	Name of Tier: Preferred Generic	Co-Payments: \$10	Co-Insurance: %
Tier Two	Name of Tier: Non-Preferred Generic	Co-Payments: \$15	Co-Insurance: %
Tier Three	Name of Tier: Preferred Brand	Co-Payments: \$50	Co-Insurance: %
Tier Four	Name of Tier: Non-Preferred Brand	Co-Payments: \$100	Co-Insurance: %
Tier Five/Specialty	Name of Tier: Specialty	Co-Payments: \$	Co-Insurance: 40%
Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$30	Co-Insurance: %	

Specialists	Co-Payments: \$65	Co-Insurance: %	Referral required for specialists? Yes
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 20%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 20%	
Emergency Room	Co-Payments: \$400	Co-Insurance: %	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$30	Co-Insurance: %	Prior Approval? No
Substance Use Disorder Outpatient Services	Co-Payments: \$30	Co-Insurance: %	Prior Approval? No
Laboratory Services	Co-Payments: \$	Co-Insurance: 20%	

Formulary Information	
Name of formulary used	Cigna's 2017 Drug list offering
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://www.cigna.com/individuals-families/prescription-drug-list?consumerID=cigna&amp;indicator=IFP&amp;pdYearType=NY">http://www.cigna.com/individuals-families/prescription-drug-list?consumerID=cigna&amp;indicator=IFP&amp;pdYearType=NY</a>
Contact number	866-494-2111
Notes re: deductible or coverage	

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	None	None	None
Harvoni (ledipasvir, sofosbuvir)	Yes	5	Yes	No	No
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	Yes	5	Yes	No	No
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	None	None	None
Zepatier (elbasvir and grazoprevir)	No	None	None	None	None
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	3	No	No	No
Combivir (lamivudine/zidovudine)	Yes	4	No	No	No

Complera (emtricitabine/rilpivirine/tenofovir)	Yes	3	No	No	No
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	3	No	No	No
Edurant (rilpivirine)	Yes	3	No	No	No
Epizicom (abacavir/lamivudine)	Yes	3	No	No	No
abacavir	Yes	2	No	No	No
Evotaz (atazanavir/cobicistat)	Yes	3	No	No	No
Isentress (raltegravir)	Yes	3	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	No	No
Epivir (lamivudine)	Yes	4	No	No	No
lamivudine	Yes	2	No	No	No
Zidovudine/lamivudine	No	None	No	No	No
Norvir (ritonavir)	Yes	3	No	No	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	3	No	No	No
Prezcobix (darunavir/cobicistat)	Yes	3	No	No	No
Prezista (darunavir)	Yes	3	No	No	No
Reyataz (atazanavir)	Yes	3	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	3	No	No	No
Tivicay (dolutegravir)	Yes	3	No	No	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	3	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	3	No	No	No
Viramune (nevirapine)	Yes	4	No	No	No
nevirapine	Yes	2	No	No	No
Retrovir (zidovudine)	Yes	4	No	No	No
zidovudine	Yes	2	No	No	No

# Cigna

## TN Cigna Connect 1500

### 2017 Marketplace

Overall Plan Information			
Issuer Name	Cigna		
Plan Name	TN Cigna Connect 1500	Simple Choice Plan: No	
Plan ID	99248TN0060006		
Plan Type	Other (please specify)		
Coverage Area (counties)	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson, Fayette, Haywood, Lauderdale, Shelby, Tipton, Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington		
Link to Summary of Benefits	<a href="http://www.cigna.com/assets/docs/individual-and-families/2017/medical/tn/895285-sbc-cigna-connect-1500-gold-nashville-tn.pdf">http://www.cigna.com/assets/docs/individual-and-families/2017/medical/tn/895285-sbc-cigna-connect-1500-gold-nashville-tn.pdf</a>		
Individual Deductibles	Medical: \$1500	Prescription: \$	Out of Pocket Cap: \$6000
Family Deductibles	Medical: \$3000	Prescription: \$	Out of Pocket Cap: \$12000
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Not discussed		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$518	Family: \$1502	

Cost Sharing Information			
Tier One	Name of Tier: Preferred Generic	Co-Payments: \$8	Co-Insurance: %
Tier Two	Name of Tier: Non-preferred Generic	Co-Payments: \$15	Co-Insurance: %
Tier Three	Name of Tier: Preferred Brand	Co-Payments: \$35	Co-Insurance: %
Tier Four	Name of Tier: Non-Preferred Brand	Co-Payments: \$	Co-Insurance: 50%
Tier Five/Specialty	Name of Tier: Specialty	Co-Payments: \$	Co-Insurance: 30%
Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$20	Co-Insurance: %	



Specialists	Co-Payments: \$50	Co-Insurance: %	Referral required for specialists? Yes
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 15%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 15%	
Emergency Room	Co-Payments: \$	Co-Insurance: 15%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$50	Co-Insurance: %	Prior Approval? No
Substance Use Disorder Outpatient Services	Co-Payments: \$50	Co-Insurance: %	Prior Approval? No
Laboratory Services	Co-Payments: \$	Co-Insurance: 15%	

Formulary Information	
Name of formulary used	Cigna 2017 Drug List
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://www.cigna.com/individuals-families/prescription-drug-list?consumerID=cigna&amp;indicator=IFP&amp;pdYearType=NY">http://www.cigna.com/individuals-families/prescription-drug-list?consumerID=cigna&amp;indicator=IFP&amp;pdYearType=NY</a>
Contact number	866-494-2111
Notes re: deductible or coverage	

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	No	No	No
Harvoni (ledipasvir, sofosbuvir)	Yes	5	Yes	No	No
Olysio (simeprevir)	No	None	No	No	No
Sovaldi (sofosbuvir)	Yes	5	Yes	No	No
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	No	No	No
Zepatier (elbasvir and grazoprevir)	No	None	No	No	No
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	3	No	No	No
Combivir (lamivudine/zidovudine)	Yes	4	No	No	No

HIV	On Formulary	Tier	PA	QL	ST
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	3	No	No	No
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	3	No	No	No
Edurant (rilpivirine)	Yes	3	No	No	No
Epizicom (abacavir/lamivudine)	Yes	3	No	No	No
abacavir	Yes	2	No	No	No
Evotaz (atazanavir/cobicistat)	Yes	3	No	No	No
Isentress (raltegravir)	Yes	3	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	No	No
Epivir (lamivudine)	Yes	4	No	No	No
lamivudine	Yes	2	No	No	No
Zidovudine/lamivudine	No	None	No	No	No
Norvir (ritonavir)	Yes	3	No	No	No
ritonavir	No	None	No	No	No
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	3	No	No	No
Prezcobix (darunavir/cobicistat)	Yes	3	No	No	No
Prezista (darunavir)	Yes	3	No	No	No
Reyataz (atazanavir)	Yes	3	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	3	No	No	No
Tivicay (dolutegravir)	Yes	3	No	No	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	3	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	3	No	No	No
Viramune (nevirapine)	Yes	4	No	No	No
nevirapine	Yes	2	No	No	No
Retrovir (zidovudine)	Yes	4	No	No	No
zidovudine	Yes	2	No	No	No

# Humana

## Humana Gold 1250/Nashville PPOx

### 2017 Marketplace

Overall Plan Information			
Issuer Name	Humana		
Plan Name	Humana Gold 1250/ Nashville PPOx	Simple Choice Plan: No	
Plan ID	82120TN0600034		
Plan Type	PPO		
Coverage Area (counties)	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson		
Link to Summary of Benefits	<a href="http://apps.humana.com/marketing/documents.asp?file=2850692">http://apps.humana.com/marketing/documents.asp?file=2850692</a>		
Individual Deductibles	Medical: \$1250	Prescription: \$500	Out of Pocket Cap: \$6000
Family Deductibles	Medical: \$2500	Prescription: \$1000	Out of Pocket Cap: \$12000
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Yes		
Is there a Prescription Drug Deductible?	Yes		
Premiums (per month)	Individual: \$564	Family: \$1759	

Cost Sharing Information			
Tier One	Name of Tier: Preferred Lowest Cost Generics	Co-Payments: \$5	Co-Insurance: %
Tier Two	Name of Tier: Low Cost Generic Drugs	Co-Payments: \$10	Co-Insurance: %
Tier Three	Name of Tier: Preferred Brand Drugs and some higher cost generic drugs	Co-Payments: \$20	Co-Insurance: %
Tier Four	Name of Tier: Brand drugs and some non-preferred highest cost generics	Co-Payments: \$	Co-Insurance: 35%
Tier Five/Specialty	Name of Tier: specialty drugs	Co-Payments: \$	Co-Insurance: 35%
Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$20	Co-Insurance: %	

Specialists	Co-Payments: \$40	Co-Insurance: %	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 20%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 20%	
Emergency Room	Co-Payments: \$600	Co-Insurance: %	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$20	Co-Insurance: %	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$20	Co-Insurance: %	Prior Approval? Yes
Laboratory Services	Co-Payments: \$0	Co-Insurance: 20%	

Formulary Information	
Name of formulary used	2017 Humana Drug List
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://apps.humana.com/marketing/documents.asp?file=2839551">http://apps.humana.com/marketing/documents.asp?file=2839551</a>
Contact number	1-800-833-6917
Notes re: deductible or coverage	Level 1 and 2 medications are not subject to deductible.

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	None	None	None
Harvoni (ledipasvir, sofosbuvir)	Yes	5	Yes	Yes	No
Olysio (simeprevir)	No	None	Yes	Yes	No
Sovaldi (sofosbuvir)	Yes	5	Yes	Yes	None
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	None	None	None
Zepatier (elbasvir and grazoprevir)	No	None	None	None	None
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	5	No	Yes	No
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	5	No	Yes	Yes

HIV	On Formulary	Tier	PA	QL	ST
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	3	No	Yes	No
Edurant (rilpivirine)	Yes	5	None	Yes	None
Epizicom (abacavir/lamivudine)	Yes	3	No	Yes	No
abacavir	Yes	2	No	Yes	No
Evotaz (atazanavir/cobicistat)	Yes	5	No	Yes	No
Isentress (raltegravir)	Yes	3	No	Yes	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	Yes	No
Epivir (lamivudine)	Yes	3	No	Yes	No
lamivudine	Yes	2	No	Yes	No
Zidovudine/lamivudine	Yes	2	No	Yes	No
Norvir (ritonavir)	Yes	3	No	Yes	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	5	No	Yes	No
Prezcobix (darunavir/cobicistat)	Yes	5	No	Yes	No
Prezista (darunavir)	Yes	3	No	Yes	No
Reyataz (atazanavir)	Yes	5	No	Yes	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	3	No	Yes	No
Tivicay (dolutegravir)	Yes	3	No	Yes	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	3	No	Yes	No
Truvada (emtricitabine/tenofovir)	Yes	3	No	Yes	No
Viramune (nevirapine)	No	None	None	None	None
nevirapine	Yes	2	No	Yes	No
Retrovir (zidovudine)	Yes	3	No	No	No
zidovudine	Yes	2	No	Yes	No

# Humana

## Humana Silver 3350/Memphis PPOx

### 2017 Marketplace

Overall Plan Information			
Issuer Name	Humana		
Plan Name	Humana Silver 3350/Memphis PPOx	Simple Choice Plan: No	
Plan ID	82120TN0600023		
Plan Type	PPO		
Coverage Area (counties)	Fayette, Haywood, Laurderdale, Shelby, Tipton		
Link to Summary of Benefits	<a href="http://apps.humana.com/marketing/documents.asp?file=2850861">http://apps.humana.com/marketing/documents.asp?file=2850861</a>		
Individual Deductibles	Medical: \$3550	Prescription: \$500	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$7100	Prescription: \$1000	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Yes		
Is there a Prescription Drug Deductible?	Yes		
Premiums (per month)	Individual: \$378	Family: \$1179	

Cost Sharing Information			
Tier One	Name of Tier: Preferred Lowest Cost Generics	Co-Payments: \$10	Co-Insurance: %
Tier Two	Name of Tier: Low Cost Generic	Co-Payments: \$20	Co-Insurance: %
Tier Three	Name of Tier: Preferred Brand and some Higher Cost Generic Drugs	Co-Payments: \$50	Co-Insurance: %
Tier Four	Name of Tier: Brand Drugs and some Non-preferred highest cost generics	Co-Payments: \$	Co-Insurance: 50%
Tier Five/Specialty	Name of Tier: Specialty Drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$20	Co-Insurance: %	

Specialists	Co-Payments: \$40	Co-Insurance: %	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 20%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 20%	
Emergency Room	Co-Payments: \$600	Co-Insurance: %	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$20	Co-Insurance: %	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$20	Co-Insurance: %	Prior Approval? Yes
Laboratory Services	Co-Payments: \$	Co-Insurance: 20%	

Formulary Information	
Name of formulary used	2017 Humana Drug List
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://www.humana.com/2017-Rx5-Plus">www.humana.com/2017-Rx5-Plus</a>
Contact number	800-833-6917
Notes re: deductible or coverage	Level 1 and 2 medications are not subject to prescription drug deductible. For mental health and substance abuse services, a \$20 copay is imposed until the plan deductible is met. Thereafter, a 20% coinsurance is charged per service.

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	No	No	No
Harvoni (ledipasvir, sofosbuvir)	Yes	5	Yes	Yes	No
Olysio (simeprevir)	No	None	No	No	No
Sovaldi (sofosbuvir)	Yes	5	Yes	Yes	No
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	No	No	No
Zepatier (elbasvir and grazoprevir)	No	None	No	No	No
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	5	No	Yes	No

HIV	On Formulary	Tier	PA	QL	ST
Combivir (lamivudine/zidovudine)	No	None	No	None	No
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	5	No	Yes	Yes
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	3	No	Yes	No
Edurant (rilpivirine)	Yes	5	No	Yes	No
Epizicom (abacavir/lamivudine)	Yes	3	No	Yes	No
abacavir	Yes	2	No	Yes	No
Evotaz (atazanavir/cobicistat)	Yes	5	No	Yes	No
Isentress (raltegravir)	Yes	3	No	Yes	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	Yes	No
Epivir (lamivudine)	Yes	3	No	Yes	No
lamivudine	Yes	2	No	Yes	No
Zidovudine/lamivudine	Yes	2	No	Yes	No
Norvir (ritonavir)	Yes	3	No	Yes	No
ritonavir	No	None	No	None	No
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	5	No	Yes	No
Prezcobix (darunavir/cobicistat)	Yes	5	No	Yes	No
Prezista (darunavir)	Yes	3	No	Yes	No
Reyataz (atazanavir)	Yes	5	No	Yes	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	3	No	Yes	No
Tivicay (dolutegravir)	Yes	3	No	Yes	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	3	No	Yes	No
Truvada (emtricitabine/tenofovir)	Yes	3	No	Yes	No
Viramune (nevirapine)	Yes	2	No	Yes	No
nevirapine	Yes	2	No	Yes	No
Retrovir (zidovudine)	Yes	3	No	No	No
zidovudine	Yes	2	No	Yes	No



# Humana

## Humana Silver 3550/Knoxville PPOx

### 2017 Marketplace

Overall Plan Information			
Issuer Name	Humana		
Plan Name	Humana Silver 3550/Knoxville PPOx	Simple Choice Plan: No	
Plan ID	82120TN0600013		
Plan Type	Other (please specify)		
Coverage Area (counties)	Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier, Union		
Link to Summary of Benefits	<a href="https://apps.humana.com/marketing/documents.asp?file=2850809">apps.humana.com/marketing/documents.asp?file=2850809</a>		
Individual Deductibles	Medical: \$3550	Prescription: \$500	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$7100	Prescription: \$1000	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Yes		
Is there a Prescription Drug Deductible?	Yes		
Premiums (per month)	Individual: \$371	Family: \$1156	

Cost Sharing Information			
Tier One	Name of Tier: Level 1 - Preferred, lowest cost generics	Co-Payments: \$10	Co-Insurance: %
Tier Two	Name of Tier: Level 2 - Low cost generic drugs	Co-Payments: \$20	Co-Insurance: %
Tier Three	Name of Tier: Level 3 - Preferred brand drugs and some higher cost generic drugs	Co-Payments: \$50	Co-Insurance: %
Tier Four	Name of Tier: Level 4 - Brand drugs and some non-preferred highest cost generic drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Five/Specialty	Name of Tier: Level 5 - Specialty drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Other	Name of Tier: None	Co-Payments: \$0	Co-Insurance: %
Primary Care Providers	Co-Payments: \$20	Co-Insurance: %	

Specialists	Co-Payments: \$40	Co-Insurance: %	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 20%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 20%	
Emergency Room	Co-Payments: \$600	Co-Insurance: %	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$20	Co-Insurance: %	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$20	Co-Insurance: %	Prior Approval? Yes
Laboratory Services	Co-Payments: \$	Co-Insurance: 20%	

Formulary Information	
Name of formulary used	2017 Humana Drug List
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://www.humana.com/2017-Rx5-Plus">www.humana.com/2017-Rx5-Plus</a>
Contact number	1-800-833-6917
Notes re: deductible or coverage	Level 1 and 2 medications are not subject to deductible.

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	None	None	None
Harvoni (ledipasvir, sofosbuvir)	Yes	5	Yes	Yes	None
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	Yes	5	Yes	Yes	None
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	None	None	None
Zepatier (elbasvir and grazoprevir)	No	None	None	None	None
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	5	No	Yes	None
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	5	No	Yes	Yes

HIV	On Formulary	Tier	PA	QL	ST
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	3	No	Yes	None
Edurant (rilpivirine)	Yes	5	No	Yes	None
Epizicom (abacavir/lamivudine)	Yes	3	No	Yes	None
abacavir	Yes	2	No	Yes	None
Evotaz (atazanavir/cobicistat)	Yes	5	No	Yes	None
Isentress (raltegravir)	Yes	3	No	Yes	None
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	Yes	No
Epivir (lamivudine)	Yes	3	No	Yes	None
lamivudine	Yes	2	No	Yes	None
Zidovudine/lamivudine	Yes	2	No	Yes	None
Norvir (ritonavir)	Yes	3	No	Yes	None
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	5	No	Yes	No
Prezcobix (darunavir/cobicistat)	Yes	5	No	Yes	No
Prezista (darunavir)	Yes	3	No	Yes	No
Reyataz (atazanavir)	Yes	5	No	Yes	None
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	3	No	Yes	None
Tivicay (dolutegravir)	Yes	3	No	Yes	None
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	3	No	Yes	None
Truvada (emtricitabine/tenofovir)	Yes	3	No	Yes	None
Viramune (nevirapine)	No	None	None	None	None
nevirapine	Yes	2	No	Yes	No
Retrovir (zidovudine)	Yes	3	No	No	No
zidovudine	Yes	2	No	Yes	None

# Humana

## Humana Silver 3550/Nashville PPOx

2017 Marketplace

Overall Plan Information			
Issuer Name	Humana		
Plan Name	Silver 3550/Nashville PPOx	Simple Choice Plan: No	
Plan ID	82120TN0600033		
Plan Type	PPO		
Coverage Area (counties)	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson		
Link to Summary of Benefits	<a href="http://apps.humana.com/marketing/documents.asp?file=2850913">http://apps.humana.com/marketing/documents.asp?file=2850913</a>		
Individual Deductibles	Medical: \$3550	Prescription: \$500	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$7100	Prescription: \$1000	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Yes		
Is there a Prescription Drug Deductible?	Yes		
Premiums (per month)	Individual: \$446	Family: \$1385	

Cost Sharing Information			
Tier One	Name of Tier: Preferred Generic	Co-Payments: \$10	Co-Insurance: %
Tier Two	Name of Tier: Low Cost Generic	Co-Payments: \$20	Co-Insurance: %
Tier Three	Name of Tier: Preferred Brand	Co-Payments: \$50	Co-Insurance: %
Tier Four	Name of Tier: Brand Drugs	Co-Payments: \$	Co-Insurance: 50%
Tier Five/Specialty	Name of Tier: Specialty	Co-Payments: \$	Co-Insurance: 50%
Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$20	Co-Insurance: %	
Specialists	Co-Payments: \$40	Co-Insurance: %	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 20%	

Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 20%	
Emergency Room	Co-Payments: \$600	Co-Insurance: %	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$20	Co-Insurance: %	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$20	Co-Insurance: %	Prior Approval? Yes
Laboratory Services	Co-Payments: \$	Co-Insurance: 20%	

Formulary Information	
Name of formulary used	2017 Humana Drug List
Selected or non-selected formulary?	Non-selected
Link to formulary	<a href="http://www.humana.com/2017-Rx5-Plus">www.humana.com/2017-Rx5-Plus</a>
Contact number	1-800-833-6917
Notes re: deductible or coverage	Level 1 and 2 medications are not subject to deductible. Mental health and substance abuse services are subject to a \$20 co-pay until the plan deductible is met. Once the plan deductible is met, the cost for mental health and behavioral health services is 20% coinsurance.

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	No	No	No
Harvoni (ledipasvir, sofosbuvir)	Yes	5	Yes	Yes	No
Olysio (simeprevir)	No	None	No	No	No
Sovaldi (sofosbuvir)	Yes	5	Yes	Yes	No
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	No	None	No	No	No
Zepatier (elbasvir and grazoprevir)	No	None	No	No	No
HIV	On Formulary	Tier	PA	QL	ST
Atripla (efavirenz/emtricitabine/tenofovir)	Yes	5	No	Yes	No
Combivir (lamivudine/zidovudine)	No	None	No	No	No
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	5	No	Yes	Yes
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	3	No	Yes	No

HIV	On Formulary	Tier	PA	QL	ST
Edurant (rilpivirine)	Yes	5	No	Yes	No
Epizicom (abacavir/lamivudine)	Yes	3	No	Yes	No
abacavir	Yes	2	No	Yes	No
Evotaz (atazanavir/cobicistat)	Yes	5	No	Yes	No
Isentress (raltegravir)	Yes	3	No	Yes	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	Yes	No
Epivir (lamivudine)	Yes	3	No	Yes	No
lamivudine	Yes	2	No	Yes	No
Zidovudine/lamivudine	Yes	2	No	Yes	No
Norvir (ritonavir)	Yes	3	No	Yes	No
ritonavir	No	None	No	No	No
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	5	No	Yes	No
Prezcobix (darunavir/cobicistat)	Yes	5	No	Yes	No
Prezista (darunavir)	Yes	3	No	Yes	No
Reyataz (atazanavir)	Yes	5	No	Yes	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	3	No	Yes	No
Tivicay (dolutegravir)	Yes	3	No	Yes	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	3	No	Yes	No
Truvada (emtricitabine/tenofovir)	Yes	3	No	Yes	No
Viramune (nevirapine)	No	None	No	No	No
nevirapine	Yes	2	No	Yes	No
Retrovir (zidovudine)	Yes	5	Yes	Yes	No
zidovudine	Yes	2	No	Yes	No