

2017 PLAN ANALYSIS FOR QUALIFIED HEALTH PLANS:



GEORGIA

Produced in collaboration with AIDS Resource Consortium of Atlanta



CENTER FOR HEALTH LAW
& POLICY INNOVATION
Harvard Law School



ARCA
AIDS Research Consortium of Atlanta
Working Together For A Cure

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2017 Plan Analysis for Qualified Health Plans: Georgia released February 2017

INTRODUCTION:

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:

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.

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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.”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 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:

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:

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:

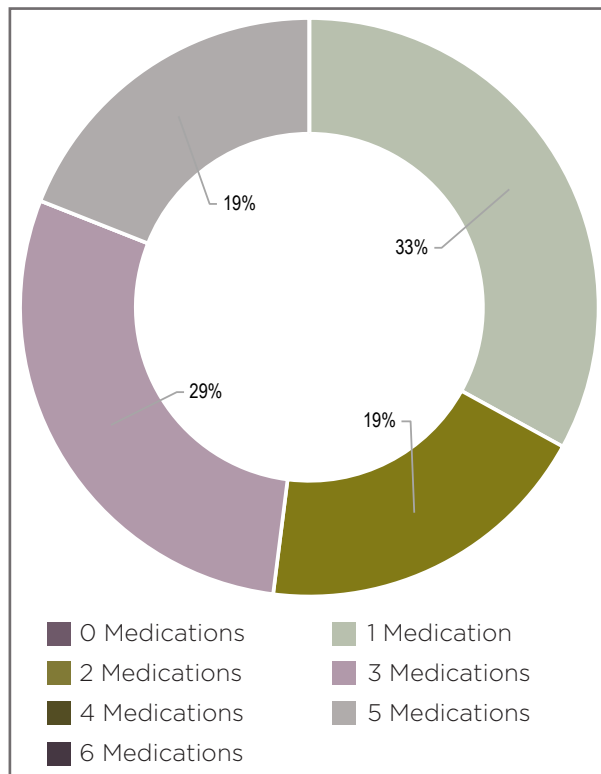
As of 2017, United Healthcare, Aetna, Harken and Cigna have pulled out of the exchange, leaving five remaining health insurers in Georgia—Blue Cross Blue Shield, Ambetter, Alliant, Kaiser and Humana. There are a total of 21 silver health plans; each coverage area will have fewer than this with the number of available plans for each coverage area varying. With respect to HCV, access to treatment is less than adequate. All plans placed HCV drugs on their highest tiers (Tier 4 or 5), which require high cost-sharing on the part of the patient. Blue Cross Blue Shield, for example, requires 40-50% cost sharing for Tier 4 drugs. None of the silver plans assessed use co-payments for the highest tier, making the true cost of accessing these curative therapies less predictable to enrollees.

While 29% of the plans had 3 of the 6 HCV drugs assessed available on their formularies, 19% included only 2 drugs, and 33% provided access to only 1. While Kaiser provided access to 5 HCV drugs on their formularies, they are all on Tier 5 and thus require 50% co-insurance. Nearly all available plans require prior authorization for their covered HCV drugs.

Insurers such as Harken and United Healthcare that implemented reasonable cost sharing requirements have, as mentioned above, pulled out of the exchange and thus some of the more equitable plans for HCV are unfortunately no longer available as of 2017.

STATE FINDINGS | HCV:

PLAN COVERAGE



COST SHARING

Lowest Tier Formulary ¹	Number	Percent
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%
Middle Tier Formulary ²		
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%
Highest Tier Formulary ³		
Plans using highest tier formulary	21	100%
Plans using highest tier formulary and co-pay	0	0%
Plans using highest tier formulary and coinsurance	9	90%

¹ Plans were categorized in the lowest tier if they placed the majority of medications in that tier.

² Plans were categorized in the middle tier if they placed the majority of medications in that tier.

³ Plans were categorized in the highest tier if they placed the majority of medications in that tier.

STATE FINDINGS | HIV:

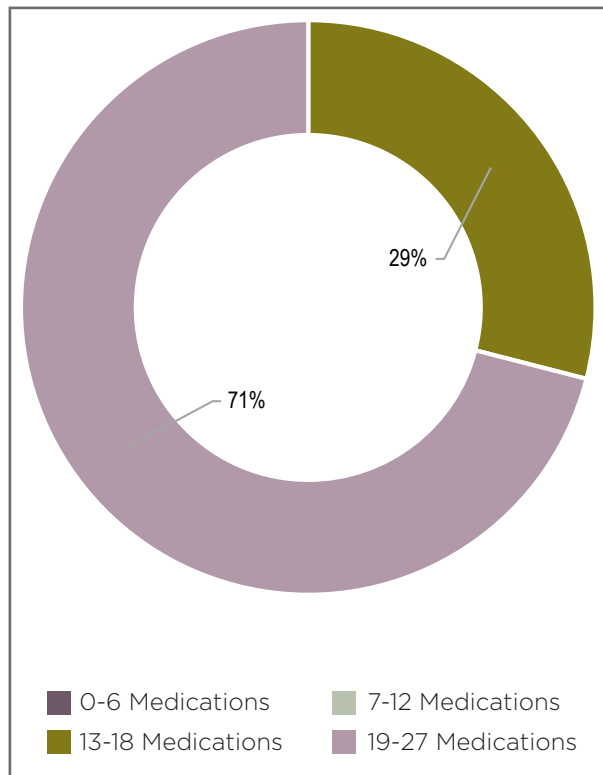
As of 2017, United Healthcare, Aetna, Harken and Cigna have pulled out of the exchange, leaving five remaining health insurers in Georgia—Blue Cross Blue Shield, Ambetter, Alliant, Kaiser and Humana. There are a total of 21 silver health plans; each coverage area will have fewer than this with the number of available plans for each coverage area varying. The Silver QHP's in Georgia provide relatively strong access to treatment for HIV patients. 71% of the plans covered between 19-27 of the HIV drugs assessed. The remaining 29% of plans covered between 13-18 of the HIV drugs in this assessment. Further, in terms of cost-sharing, 28% of plans place a majority of their HIV drugs on their lowest tiers, although 67% place a majority on their highest tiers.

As was the case with HCV, United Healthcare, which provided plans with the most reasonable cost-sharing requirements for HIV drugs, is no longer operating on the exchange. Ambetter Balanced Care plans specifically provided more reasonable cost-sharing requirements for HIV drugs, as a majority of their HIV drugs were placed on their lowest tiers that require reasonably low co-payments. Kaiser, Blue Cross Blue Shield, and Alliant tended to place the HIV drugs on the highest tiers requiring between 40-50% co-insurance. Where possible, consumers should consider plans that require co-payments rather than co-insurance. This is because co-payments are more predictable and tend to be much lower than co-insurance.

While cost-sharing is, like the situation for HCV, a significant barrier to access to treatment for those living with HIV, the diversity of HIV drugs available per plan is encouraging.

STATE FINDINGS | HIV:

PLAN COVERAGE



COST SHARING

Lowest Tier Formulary ¹		
Plans using lowest tier formulary	6	28%
Plans using lowest tier formulary and co-pay	6	100%
Plans using lowest tier formulary and coinsurance	0	0%
Middle Tier Formulary ²		
Plans using middle tier formulary	1	5%
Plans using middle tier formulary and co-pay	1	100%
Plans using middle tier formulary and coinsurance	0	0%
Highest Tier Formulary ³		
Plans using highest tier formulary	14	67%
Plans using highest tier formulary and co-pay	0	0%
Plans using highest tier formulary and coinsurance	14	100%

¹ Plans were categorized in the lowest tier if they placed the majority of medications in that tier.

² Plans were categorized in the middle tier if they placed the majority of medications in that tier.

³ Plans were categorized in the highest tier if they placed the majority of medications in that tier.

Alliant

SoloCare Silver PPO 40010

2017 Marketplace

Overall Plan Information			
Issuer Name	Alliant		
Plan Name	SoloCare Silver PPO 40010	Simple Choice Plan: No	
Plan ID	83761GA0040010		
Plan Type	PPO		
Coverage Area (counties)	Banks Barrow Bartow Carroll Catoosa Chattooga Cherokee Dade Dawson Fannin Floyd Forsyth Franklin Gilmer Gordon Habersham Hall Haralson Hart Heard Jackson Lumpkin Murray Pickens Polk Rabun Stephens Towns Union Walker White Whitfield		
Link to Summary of Benefits	http://www.alliantplans/2017/solocare/83761GA0040010_01.pdf		
Individual Deductibles	Medical: \$2500	Prescription: \$	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$5000	Prescription: \$	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	No		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$349	Family: \$1298	

Cost Sharing Information			
Tier One	Name of Tier: Generic Drugs	Co-Payments: \$15	Co-Insurance: %
Tier Two	Name of Tier: Preferred Drugs	Co-Payments: \$50	Co-Insurance: %
Tier Three	Name of Tier: Non-Preferred Drugs	Co-Payments: \$150	Co-Insurance: %
Tier Four	Name of Tier: Specialty Drugs	Co-Payments: \$	Co-Insurance: 50%
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: \$30	Co-Insurance: %	
Specialists	Co-Payments: \$60	Co-Insurance: %	Referral required for specialists?

			No
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 30%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 30%	
Emergency Room	Co-Payments: \$300	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: 30%	

Formulary Information	
Name of formulary used	Alliant Health Plans Essential Health Benefits Formulary
Selected or non-selected formulary?	Non-selected
Link to formulary	http://www.alliantplans.com/AlliantFilesWP/linked/Navitus-EHB-Formulary.pdf
Contact number	1-800-811-4793
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	Yes	No
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	Yes	4	Yes	Yes	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
Combivir (lamivudine/zidovudine)	Yes	4	No	No	No
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	4	No	No	No
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	4	No	No	No

HIV	On Formulary	Tier	PA	QL	ST
Edurant (rilpivirine)	Yes	4	No	No	No
Epizicom (abacavir/lamivudine)	Yes	4	No	No	No
abacavir	Yes	4	No	No	No
Evotaz (atazanavir/cobicistat)	Yes	4	No	No	No
Isentress (raltegravir)	Yes	4	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	4	No	No	No
Epivir (lamivudine)	Yes	4	No	No	No
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	4	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	4	No	No	No
Reyataz (atazanavir)	Yes	4	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	4	No	No	No
Tivicay (dolutegravir)	Yes	4	No	Yes	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	4	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	4	Yes	No	No
Viramune (nevirapine)	Yes	4	No	No	No
nevirapine	Yes	4	No	No	Yes
Retrovir (zidovudine)	Yes	4	No	No	No
zidovudine	Yes	1	No	No	No

Alliant

SoloCare Silver PPO 40017

2017 Marketplace

Overall Plan Information			
Issuer Name	Alliant		
Plan Name	SoloCare Silver PPO 40017	Simple Choice Plan: No	
Plan ID	83761GA0040017		
Plan Type	PPO		
Coverage Area (counties)	Banks Barrow Bartow Carroll Catoosa Chattooga Cherokee Dade Dawson Fannin Floyd Forsyth Franklin Gilmer Gordon Habersham Hall Haralson Hart Heard Jackson Lumpkin Murray Pickens Polk Rabun Stephens Towns Union Walker White Whitfield		
Link to Summary of Benefits	http://www.alliantplans.com/2017/solocare/83761GA0040017_01.pdf		
Individual Deductibles	Medical: \$4750	Prescription: \$	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$9500	Prescription: \$	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	No		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$358	Family: \$1115	

Cost Sharing Information			
Tier One	Name of Tier: Generic Drugs	Co-Payments: \$15	Co-Insurance: %
Tier Two	Name of Tier: Preferred Brand Name Drugs	Co-Payments: \$50	Co-Insurance: %
Tier Three	Name of Tier: Non Preferred Brand Name Drugs	Co-Payments: \$150	Co-Insurance: %
Tier Four	Name of Tier: Specialty	Co-Payments: \$	Co-Insurance: 50%
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: \$30	Co-Insurance: %	
Specialists	Co-Payments: \$60	Co-Insurance: %	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: None after Deductible	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: None After Deductible	
Emergency Room	Co-Payments: \$300	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: None after deductible	

Formulary Information

Name of formulary used	Alliant Health Plans Essential Health Benefits Formulary
Selected or non-selected formulary?	Non-selected
Link to formulary	http://www.alliantplans.com/AlliantFilesWP/linked/Navitus-EHB-Formulary.pdf
Contact number	1-800-811-4793
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	Yes	No
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	Yes	4	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	4	No	No	No
Combivir (lamivudine/zidovudine)	Yes	4	No	No	No
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	4	No	No	No
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	4	No	No	No
Edurant (rilpivirine)	Yes	4	No	No	No
Epizicom (abacavir/lamivudine)	Yes	4	No	No	No
abacavir	Yes	4	No	No	No
Evotaz (atazanavir/cobicistat)	Yes	4	No	No	No
Isentress (raltegravir)	Yes	4	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	4	No	No	No
Epivir (lamivudine)	Yes	4	No	No	No
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	4	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	4	No	No	No
Reyataz (atazanavir)	Yes	4	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	4	No	No	No
Tivicay (dolutegravir)	Yes	4	No	Yes	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	4	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	4	Yes	No	No
Viramune (nevirapine)	Yes	4	No	No	No
nevirapine	Yes	4	No	No	No
Retrovir (zidovudine)	Yes	4	No	No	No
zidovudine	Yes	1	No	No	No

Alliant

Solocare Silver PPO 4007

2017 Marketplace

Overall Plan Information			
Issuer Name	Alliant		
Plan Name	Solocare Silver PPO 4007	Simple Choice Plan: No	
Plan ID	83761GA0040007		
Plan Type	PPO		
Coverage Area (counties)	Banks Barrow Bartow Carroll Catoosa Chattooga Cherokee Dade Dawson Fannin Floyd Forsyth Franklin Gilmer Gordon Habersham Hall Haralson Hart Heard Jackson Lumpkin Murray Pickens Polk Rabun Stephens Towns Union Walker White Whitfield		
Link to Summary of Benefits	http://www.alliantplans.com/2017/solocare/83761GA0040007_01.pdf		
Individual Deductibles	Medical: \$1750	Prescription: \$	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$3500	Prescription: \$	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	No		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$345	Family: \$1074	

Cost Sharing Information			
Tier One	Name of Tier: Generic	Co-Payments: \$15	Co-Insurance: %
Tier Two	Name of Tier: Preferred Brand Name	Co-Payments: \$50	Co-Insurance: %
Tier Three	Name of Tier: Non Preferred Brand Name	Co-Payments: \$150	Co-Insurance: %
Tier Four	Name of Tier: Specialty	Co-Payments: \$	Co-Insurance: 50%
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: \$30	Co-Insurance: %	
Specialists	Co-Payments: \$60	Co-Insurance: %	Referral required for specialists?

			No
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 45%	
Hospital Stay – Facility Fee	Co-Payments: \$	Co-Insurance: 45%	
Emergency Room	Co-Payments: \$300	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: 45%	

Formulary Information	
Name of formulary used	Alliant Health Plans Essential Health Benefits Formulary
Selected or non-selected formulary?	Non-selected
Link to formulary	http://www.alliantplans.com/AlliantFilesWP/linked/Navitus-EHB-Formulary.pdf
Contact number	1-800-811-4793
Notes re: deductible or coverage	Some drugs are listed on formulary as "not covered" Others are listed as "Lumicera Mandatory Specialty Program. Must meet deductible before 50% coinsurance kicks in for specialty drugs.

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

HIV	On Formulary	Tier	PA	QL	ST
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	4	No	No	No
Edurant (rilpivirine)	Yes	4	No	No	No
Epizicom (abacavir/lamivudine)	Yes	4	No	No	No
abacavir	Yes	4	No	No	No
Evotaz (atazanavir/cobicistat)	Yes	4	No	No	No
Isentress (raltegravir)	Yes	4	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	4	No	No	No
Epivir (lamivudine)	Yes	4	No	No	No
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	4	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	4	No	No	No
Reyataz (atazanavir)	Yes	4	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	4	No	No	No
Tivicay (dolutegravir)	Yes	4	No	Yes	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	4	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	4	Yes	No	No
Viramune (nevirapine)	Yes	4	No	No	No
nevirapine	Yes	4	No	No	Yes
Retrovir (zidovudine)	Yes	4	No	No	No
zidovudine	Yes	1	No	No	No

Alliant

SoloCare Std Silver PPO 40025

2017 Marketplace

Overall Plan Information			
Issuer Name	Alliant		
Plan Name	SoloCare Std Silver PPO 40025	Simple Choice Plan: Yes	
Plan ID	83761GA0040025		
Plan Type	PPO		
Coverage Area (counties)	Banks Barrow Bartow Carroll Catoosa Chattooga Cherokee Dade Dawson Fannin Floyd Forsyth Franklin Gilmer Gordon Habersham Hall Haralson Hart Heard Jackson Lumpkin Murray Pickens Polk Rabun Stephens Towns Union Walker White Whitfield		
Link to Summary of Benefits	http://www.alliantplans.com/2017/solocare/83761GA0040025_01.pdf		
Individual Deductibles	Medical: \$3500	Prescription: \$	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$7000	Prescription: \$	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	No		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$360	Family: \$1122	

Cost Sharing Information			
Tier One	Name of Tier: Generic Drugs	Co-Payments: \$15	Co-Insurance: %
Tier Two	Name of Tier: Preferred Brand Drugs	Co-Payments: \$50	Co-Insurance: %
Tier Three	Name of Tier: Non Preferred Brand Drugs	Co-Payments: \$100	Co-Insurance: %
Tier Four	Name of Tier: Specialty Drugs	Co-Payments: \$	Co-Insurance: 50%
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: \$30	Co-Insurance: %	
Specialists	Co-Payments: \$65	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: 400%	
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	Alliant Health Plans Essential Health Benefits Formula
Selected or non-selected formulary?	Non-selected
Link to formulary	http://www.alliantplans.com/AlliantFilesWP/linked/Navitus-EHB-Formulary.pdf
Contact number	1-800-811-4793
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	Yes	No
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	Yes	4	Yes	Yes	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
Combivir (lamivudine/zidovudine)	Yes	4	No	No	No
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	4	No	No	No
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	4	No	No	No

HIV	On Formulary	Tier	PA	QL	ST
Edurant (rilpivirine)	Yes	4	No	No	No
Epizicom (abacavir/lamivudine)	Yes	4	No	No	No
abacavir	Yes	4	No	No	No
Evotaz (atazanavir/cobicistat)	Yes	4	No	No	No
Isentress (raltegravir)	Yes	4	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	4	No	No	No
Epivir (lamivudine)	Yes	4	No	No	No
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	4	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	4	No	No	No
Reyataz (atazanavir)	Yes	4	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	4	No	No	No
Tivicay (dolutegravir)	Yes	4	No	Yes	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	4	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	4	Yes	No	No
Viramune (nevirapine)	Yes	4	No	No	No
nevirapine	Yes	4	No	No	Yes
Retrovir (zidovudine)	Yes	4	No	No	No
zidovudine	Yes	1	No	No	No

Ambetter from Peach State Health Plan

Ambetter Balanced Care 1 (2017)

2017 Marketplace

Overall Plan Information			
Issuer Name	Ambetter from Peach State Health Plan		
Plan Name	Ambetter Balanced Care 1 (2017)	Simple Choice Plan: No	
Plan ID	70893GA0010002		
Plan Type	HMO		
Coverage Area (counties)	Barrow, Butts, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Dekalb, Elbert, Fayette, Forsyth, Fulton, Greene, Gwinnett, Harris, Henry, Jackson, Madison, Marion, Muscogee, Oconee, Spalding, Talbot, Walton		
Link to Summary of Benefits	https://api.centene.com/SBC/2017/70893GA0010002-01.pdf		
Individual Deductibles	Medical: \$5500	Prescription: \$0	Out of Pocket Cap: \$6500
Family Deductibles	Medical: \$11000	Prescription: \$0	Out of Pocket Cap: \$13000
Does Deductible Need to be Met Before Prescription Drugs are Covered?	No		
Is there a Prescription Drug Deductible?	Yes		
Premiums (per month)	Individual: \$256	Family: \$807	

Cost Sharing Information			
Tier One	Name of Tier: Generic	Co-Payments: \$10	Co-Insurance: %
Tier Two	Name of Tier: Preferred Brand	Co-Payments: \$50	Co-Insurance: %
Tier Three	Name of Tier: Non-Preferred Brand	Co-Payments: \$	Co-Insurance: 20%
Tier Four	Name of Tier: Specialty	Co-Payments: \$	Co-Insurance: 20%
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: \$30	Co-Insurance: %	
Specialists	Co-Payments: \$60	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: \$30	Co-Insurance: %	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$30	Co-Insurance: %	Prior Approval? Yes
Laboratory Services	Co-Payments: \$	Co-Insurance: 20%	

Formulary Information	
Name of formulary used	Comprehensive Preferred Drug List
Selected or non-selected formulary?	Non-selected
Link to formulary	https://ambetter.pshpgeorgia.com/content/dam/centene/peachstate/ambetter/PDFs/2017_ga_formulary.pdf
Contact number	877-687-1180
Notes re: deductible or coverage	

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	Yes	4	Yes	No	No
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	3	No	No	No
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	3	No	No	No

HIV	On Formulary	Tier	PA	QL	ST
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	2	No	No	No
Edurant (rilpivirine)	Yes	2	No	No	No
Epizicom (abacavir/lamivudine)	Yes	2	No	No	No
abacavir	Yes	1	No	No	No
Evotaz (atazanavir/cobicistat)	No	None	None	None	None
Isentress (raltegravir)	Yes	2	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	No	No
Epivir (lamivudine)	No	None	None	None	None
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	2	No	No	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	3	No	No	No
Prezcobix (darunavir/cobicistat)	No	None	None	None	None
Prezista (darunavir)	Yes	2	No	No	No
Reyataz (atazanavir)	Yes	2	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	2	Yes	No	No
Viramune (nevirapine)	Yes	2	No	No	No
nevirapine	Yes	1	No	No	No
Retrovir (zidovudine)	Yes	1	No	No	No
zidovudine	Yes	1	No	No	No

Ambetter From Peach State Health Plan

Ambetter Balanced Care 2 (2017)

2017 Marketplace

Overall Plan Information			
Issuer Name	Ambetter From Peach State Health Plan		
Plan Name	Ambetter Balanced Care 2 (2017)	Simple Choice Plan: No	
Plan ID	70893GA0010003		
Plan Type	HMO		
Coverage Area (counties)	Barrow, Butts, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Dekalb, Elbert, Fayette, Forsyth, Fulton, Greene, Gwinnett, Harris, Henry, Jackson, Madison, Marion, Muscogee, Oconee, Spalding, Talbot, Walton		
Link to Summary of Benefits	api.centene.com/SBC/2017/70893GA0010003-01.pdf		
Individual Deductibles	Medical: \$6500	Prescription: \$0	Out of Pocket Cap: \$6500
Family Deductibles	Medical: \$13000	Prescription: \$0	Out of Pocket Cap: \$13000
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Yes		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$254	Family: \$793	

Cost Sharing Information			
Tier One	Name of Tier: Generic	Co-Payments: \$15	Co-Insurance: 0%
Tier Two	Name of Tier: Preferred Brand	Co-Payments: \$50	Co-Insurance: 0%
Tier Three	Name of Tier: Non Preferred Generic	Co-Payments: \$0 after deductible	Co-Insurance: 0%
Tier Four	Name of Tier: Specialty	Co-Payments: \$0 after deductible	Co-Insurance: 0%
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: \$30	Co-Insurance: 0%	
Specialists	Co-Payments: \$60	Co-Insurance: 0%	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: \$0	Co-Insurance: 0%	
Hospital Stay – Facility Fee	Co-Payments: \$0	Co-Insurance: 0%	
Emergency Room	Co-Payments: \$0	Co-Insurance: 0%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$30	Co-Insurance: 0%	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$30	Co-Insurance: 0%	Prior Approval? Yes
Laboratory Services	Co-Payments: \$0	Co-Insurance: 0%	

Formulary Information	
Name of formulary used	Comprehensive Preferred Drug List
Selected or non-selected formulary?	Selected
Link to formulary	ambetter.pshpgeorgia.com/content/dam/centene/peachstate/ambetter/PDFs/2017_ga_formulary.pdf
Contact number	877-687-1180
Notes re: deductible or coverage	Rx deductible included in plan deductible. No charge after deductible for; hospital stay (PF/FF), ER, & Lab services.

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	Yes	4	Yes	No	No
Harvoni (ledipasvir, sofosbuvir)	Yes	4	Yes	Yes	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	3	No	No	No

HIV	On Formulary	Tier	PA	QL	ST
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	3	No	No	No
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	2	No	No	No
Edurant (rilpivirine)	Yes	2	No	No	No
Epizicom (abacavir/lamivudine)	Yes	2	No	No	No
abacavir	Yes	1	No	No	No
Evotaz (atazanavir/cobicistat)	No	None	None	None	None
Isentress (raltegravir)	Yes	2	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	No	No
Epivir (lamivudine)	No	None	None	None	None
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	2	No	No	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	3	No	No	No
Prezcobix (darunavir/cobicistat)	No	None	None	None	None
Prezista (darunavir)	Yes	2	No	No	No
Reyataz (atazanavir)	Yes	2	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	2	Yes	No	No
Viramune (nevirapine)	Yes	2	No	No	No
nevirapine	Yes	1	No	No	No
Retrovir (zidovudine)	Yes	1	No	No	No
zidovudine	Yes	1	No	No	No

Ambetter From Peach State Health Plan

Ambetter Balanced Care 3 (2017)

2017 Marketplace

Overall Plan Information			
Issuer Name	Ambetter From Peach State Health Plan		
Plan Name	Ambetter Balanced Care 3 (2017)	Simple Choice Plan: No	
Plan ID	70893GA0010008		
Plan Type	HMO		
Coverage Area (counties)	Barrow, Butts, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Dekalb, Elbert, Fayette, Forsyth, Fulton, Greene, Gwinnett, Harris, Henry, Jackson, Madison, Marion, Muscogee, Oconee, Spalding, Talbot, Walton		
Link to Summary of Benefits	api.centene.com/SBC/2017/70893GA0010008-01.pdf		
Individual Deductibles	Medical: \$3000	Prescription: \$0	Out of Pocket Cap: \$6500
Family Deductibles	Medical: \$6000	Prescription: \$0	Out of Pocket Cap: \$13000
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Not discussed		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$269	Family: \$839	

Cost Sharing Information			
Tier One	Name of Tier: Generic	Co-Payments: \$25	Co-Insurance: 0%
Tier Two	Name of Tier: Preferred Brand	Co-Payments: \$50	Co-Insurance: 0%
Tier Three	Name of Tier: Non Preferred Generic	Co-Payments: \$0	Co-Insurance: 30%
Tier Four	Name of Tier: Specialty	Co-Payments: \$0	Co-Insurance: 30%
Tier Five/Specialty	Name of Tier: None	Co-Payments: \$0	Co-Insurance: 0%
Tier Other	Name of Tier: None	Co-Payments: \$0	Co-Insurance: 0%
Primary Care Providers	Co-Payments: \$30	Co-Insurance: 0%	
Specialists	Co-Payments: \$60	Co-Insurance: 0%	Referral required for specialists?

			No
Hospital Stay – Physician Fee	Co-Payments: \$0	Co-Insurance: 30%	
Hospital Stay – Facility Fee	Co-Payments: \$750	Co-Insurance: 0%	
Emergency Room	Co-Payments: \$600	Co-Insurance: 0%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$30	Co-Insurance: 0%	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$30	Co-Insurance: 0%	Prior Approval? Yes
Laboratory Services	Co-Payments: \$0	Co-Insurance: 0%	

Formulary Information	
Name of formulary used	Comprehensive Preferred Drug List
Selected or non-selected formulary?	Non-selected
Link to formulary	ambetter.pshpgeorgia.com/content/dam/centene/peachstate/ambetter/PDFs/2017_ga_formulary.pdf
Contact number	877-687-1180
Notes re: deductible or coverage	Lab Services not mentioned.

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	Yes	4	Yes	No	No
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	3	No	No	No
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	3	No	No	No
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	2	No	No	No

HIV	On Formulary	Tier	PA	QL	ST
Edurant (rilpivirine)	Yes	2	No	No	No
Epizicom (abacavir/lamivudine)	Yes	2	No	No	No
abacavir	Yes	1	No	No	No
Evotaz (atazanavir/cobicistat)	No	None	None	None	None
Isentress (raltegravir)	Yes	2	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	No	No
Epivir (lamivudine)	No	None	None	None	None
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	2	No	No	No
ritonavir	No	None	No	No	No
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	3	No	No	No
Prezcobix (darunavir/cobicistat)	No	None	No	No	No
Prezista (darunavir)	Yes	2	No	No	No
Reyataz (atazanavir)	Yes	2	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	2	Yes	No	No
Viramune (nevirapine)	Yes	2	No	No	No
nevirapine	Yes	1	No	No	No
Retrovir (zidovudine)	Yes	1	No	No	No
zidovudine	Yes	1	No	No	No

Ambetter From Peach State Health Plan

Ambetter Balanced Care 4 (2017)

2017 Marketplace

Overall Plan Information			
Issuer Name	Ambetter From Peach State Health Plan		
Plan Name	Ambetter Balanced Care 4 (2017)	Simple Choice Plan: No	
Plan ID	70893ga0010009		
Plan Type	HMO		
Coverage Area (counties)	Barrow, Butts, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Dekalb, Elbert, Fayette, Forsyth, Fulton, Greene, Gwinnett, Harris, Henry, Jackson, Madison, Marion, Muscogee, Oconee, Spalding, Talbot, Walton		
Link to Summary of Benefits	https://api.centene.com/SBC/2017/70893GA0010009-01.pdf		
Individual Deductibles	Medical: \$7050	Prescription: \$0	Out of Pocket Cap: \$7050
Family Deductibles	Medical: \$14100	Prescription: \$0	Out of Pocket Cap: \$14100
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Yes		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$246	Family: \$769	

Cost Sharing Information			
Tier One	Name of Tier: Generic	Co-Payments: \$15	Co-Insurance: 0%
Tier Two	Name of Tier: Preferred brand drugs	Co-Payments: \$50	Co-Insurance: 0%
Tier Three	Name of Tier: Non-preferred brand drugs	Co-Payments: No charge after deductible	Co-Insurance: 0%
Tier Four	Name of Tier: Specialty drugs	Co-Payments: No charge after deductible	Co-Insurance: 0%
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: \$30	Co-Insurance: 0%	
Specialists	Co-Payments: \$60	Co-Insurance: 0%	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: No charge after deductible	Co-Insurance: %	
Hospital Stay – Facility Fee	Co-Payments: No charge after deductible	Co-Insurance: %	
Emergency Room	Co-Payments: No charge after deductible	Co-Insurance: %	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$30	Co-Insurance: %	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$30	Co-Insurance: %	Prior Approval? Yes
Laboratory Services	Co-Payments: No charge after deductible	Co-Insurance: %	

Formulary Information	
Name of formulary used	comprehensive preferred drug list
Selected or non-selected formulary?	Non-selected
Link to formulary	https://ambetter.pshpgeorgia.com/content/dam/centene/peachstate/ambetter/PDFs/2017_ga_formulary.pdf
Contact number	877-687-1180
Notes re: deductible or coverage	need prior auth for referral to specialist

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	Yes	4	Yes	No	No
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	3	No	No	No
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	3	No	No	No
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	2	No	No	No
Edurant (rilpivirine)	Yes	2	No	No	No
Epizicom (abacavir/lamivudine)	Yes	2	No	No	No
abacavir	Yes	1	No	No	No
Evotaz (atazanavir/cobicistat)	No	None	None	None	None
Isentress (raltegravir)	Yes	2	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	No	No
Epivir (lamivudine)	No	None	None	None	None
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	2	No	No	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	3	No	No	No
Prezcobix (darunavir/cobicistat)	No	None	None	None	None
Prezista (darunavir)	Yes	2	No	No	No
Reyataz (atazanavir)	Yes	2	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	2	Yes	No	No
Viramune (nevirapine)	Yes	2	No	No	No
nevirapine	Yes	1	No	No	No
Retrovir (zidovudine)	Yes	1	No	No	No
zidovudine	Yes	1	No	No	No

Ambetter from Peach State Health Plan

Ambetter Balanced Care 10 (2017)

2017 Marketplace

Overall Plan Information			
Issuer Name	Ambetter from Peach State Health Plan		
Plan Name	Ambetter Balanced Care 10 (2017)	Simple Choice Plan: No	
Plan ID	70893GA0010005		
Plan Type	HMO		
Coverage Area (counties)	Barrow Butts Chatham Chattahoochee Cherokee Clarke Clayton Dekalb Elbert Fayette Forsyth Fulton Greene Gwinnett Harris Henry Jackson Madison Marion Muscogee Oconee Spalding Talbot Walton		
Link to Summary of Benefits	https://api.centene.com/SBC/2017/70893GA0010005-01.pdf		
Individual Deductibles	Medical: \$4500	Prescription: \$	Out of Pocket Cap: \$6500
Family Deductibles	Medical: \$9000	Prescription: \$	Out of Pocket Cap: \$13000
Does Deductible Need to be Met Before Prescription Drugs are Covered?	No		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$267	Family: \$795	

Cost Sharing Information			
Tier One	Name of Tier: Generic	Co-Payments: \$10	Co-Insurance: %
Tier Two	Name of Tier: Preferred Brand	Co-Payments: \$50	Co-Insurance: %
Tier Three	Name of Tier: Non-Preferred Brand	Co-Payments: \$	Co-Insurance: 20%
Tier Four	Name of Tier: Specialty	Co-Payments: \$	Co-Insurance: 20%
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: \$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: \$	Co-Insurance: 20%	
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	Comprehensive Preferred Drug List
Selected or non-selected formulary?	Non-selected
Link to formulary	http://ambetter.pshpgeorgia.com/formulary
Contact number	877-687-1180
Notes re: deductible or coverage	

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	Yes	4	Yes	None	None
Harvoni (ledipasvir, sofosbuvir)	Yes	4	Yes	None	None
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	Yes	4	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)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	3	None	None	None
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	2	None	None	None

HIV	On Formulary	Tier	PA	QL	ST
Edurant (rilpivirine)	Yes	2	None	None	None
Epizicom (abacavir/lamivudine)	Yes	2	None	None	None
abacavir	Yes	1	None	None	None
Evotaz (atazanavir/cobicistat)	No	None	None	None	None
Isentress (raltegravir)	Yes	2	None	None	None
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	None	None	None
Epivir (lamivudine)	No	None	None	None	None
lamivudine	Yes	1	No	None	None
Zidovudine/lamivudine	Yes	1	No	None	None
Norvir (ritonavir)	Yes	2	No	None	None
ritonavir	No	None	No	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	3	No	None	None
Prezcobix (darunavir/cobicistat)	No	None	None	None	None
Prezista (darunavir)	Yes	2	No	None	None
Reyataz (atazanavir)	Yes	2	No	None	None
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	3	No	None	None
Tivicay (dolutegravir)	Yes	3	No	None	None
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	3	No	None	None
Truvada (emtricitabine/tenofovir)	Yes	2	Yes	None	None
Viramune (nevirapine)	Yes	2	None	None	None
nevirapine	Yes	1	None	None	None
Retrovir (zidovudine)	Yes	1	None	None	None
zidovudine	Yes	1	None	None	None

Ambetter From Peachstate Health Plan

Ambetter Balanced Care 12 (2017)

2017 Marketplace

Overall Plan Information			
Issuer Name	Ambetter From Peachstate Health Plan		
Plan Name	Ambetter Balanced Care 12 (2017)	Simple Choice Plan: Yes	
Plan ID	70893GA0010010		
Plan Type	HMO		
Coverage Area (counties)	Barrow, Butts, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Dekalb, Elbert, Fayette, Forsyth, Fulton, Greene, Gwinnett, Harris, Henry, Jackson, Madison, Marion, Muscogee, Oconee, Spalding, Talbot, Walton		
Link to Summary of Benefits	https://api.centene.com/SBC/2017/70893GA0010010-01.pdf		
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?	No		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$276	Family: \$862	

Cost Sharing Information			
Tier One	Name of Tier: Generic	Co-Payments: \$15	Co-Insurance: 0%
Tier Two	Name of Tier: Preferred Brand	Co-Payments: \$50	Co-Insurance: 0%
Tier Three	Name of Tier: Non Preferred Brand	Co-Payments: \$100	Co-Insurance: 0%
Tier Four	Name of Tier: Specialty	Co-Payments: \$0	Co-Insurance: 40%
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: \$30	Co-Insurance: 0%	
Specialists	Co-Payments: \$65	Co-Insurance: 0%	Referral required for specialists?

			No
Hospital Stay – Physician Fee	Co-Payments: \$0	Co-Insurance: 20%	
Hospital Stay – Facility Fee	Co-Payments: \$0	Co-Insurance: 20%	
Emergency Room	Co-Payments: \$400	Co-Insurance: 0%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$30	Co-Insurance: 0%	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$30	Co-Insurance: 0%	Prior Approval? Yes
Laboratory Services	Co-Payments: \$0	Co-Insurance: 20%	

Formulary Information	
Name of formulary used	Comprehensive Preferred Drug List
Selected or non-selected formulary?	Non-selected
Link to formulary	https://ambetter.pshpgeorgia.com/benefits-services/pharmacy-program.html
Contact number	8776871180
Notes re: deductible or coverage	

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	Yes	4	Yes	No	No
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	3	No	No	No
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	Yes	3	No	No	No
Descovy (Emtricitabine/Tenofovir/Alafenamide)	Yes	2	No	No	No

HIV	On Formulary	Tier	PA	QL	ST
Edurant (rilpivirine)	Yes	2	No	No	No
Epizicom (abacavir/lamivudine)	Yes	2	No	No	No
abacavir	Yes	1	No	No	No
Evotaz (atazanavir/cobicistat)	No	None	None	None	None
Isentress (raltegravir)	Yes	2	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	3	No	No	No
Epivir (lamivudine)	No	None	None	None	None
lamivudine	Yes	1	No	No	No
Zidovudine/lamivudine	Yes	1	No	No	No
Norvir (ritonavir)	Yes	2	No	No	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	3	No	No	No
Prezcobix (darunavir/cobicistat)	No	None	None	None	No
Prezista (darunavir)	Yes	2	No	No	No
Reyataz (atazanavir)	Yes	2	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	2	Yes	No	No
Viramune (nevirapine)	Yes	2	No	No	No
nevirapine	Yes	1	No	No	No
Retrovir (zidovudine)	Yes	1	No	No	No
zidovudine	Yes	1	No	No	No

BCBS Healthcare Plan of Georgia Inc.

BCBSHP Silver Core Pathway X Guided HMO 5300

2017 Marketplace

Overall Plan Information			
Issuer Name	BCBS Healthcare Plan of Georgia Inc.		
Plan Name	BCBSHP Silver Core Pathway X Guided HMO 5300	Simple Choice Plan: No	
Plan ID	49046ga0410034		
Plan Type	HMO		
Coverage Area (counties)	All		
Link to Summary of Benefits	https://www.sbc.anthem.com/dps/ccd2J42		
Individual Deductibles	Medical: \$5300	Prescription: \$0	Out of Pocket Cap: \$6700
Family Deductibles	Medical: \$10600	Prescription: \$0	Out of Pocket Cap: \$13400
Does Deductible Need to be Met Before Prescription Drugs are Covered?	No		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$288	Family: \$898	

Cost Sharing Information			
Tier One	Name of Tier: Typically generic	Co-Payments: preferred: \$10 retail, in-net: \$20	Co-Insurance: %
Tier Two	Name of Tier: Typically preferred brand + non-preferred generic	Co-Payments: preferred: \$40 retail, in-net: \$50, home delivery: \$120	Co-Insurance: %
Tier Three	Name of Tier: Typically non-preferred brand	Co-Payments: \$	Co-Insurance: preferred: 40%, in-net: 50%
Tier Four	Name of Tier: Typically specialty (brand + generic)	Co-Payments: \$	Co-Insurance: preferred: 40%, in-net: 50%
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: Preferred: \$0, in-net: \$35	Co-Insurance: %	
Specialists	Co-Payments: \$	Co-Insurance: preferred: 0%, in-net: 25%%	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: Preferred: \$0	Co-Insurance: in-net: 25%	
Hospital Stay – Facility Fee	Co-Payments: Preferred: \$0	Co-Insurance: in-net: 50%	
Emergency Room	Co-Payments: Preferred: \$0	Co-Insurance: in-net: 25%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: Preferred: \$0	Co-Insurance: in-net: 25%	Prior Approval? No
Substance Use Disorder Outpatient Services	Co-Payments: \$	Co-Insurance: preferred: 0%, in-net: 25%%	Prior Approval? No
Laboratory Services	Co-Payments: Preferred: \$0	Co-Insurance: in-net: 25%	

Formulary Information	
Name of formulary used	select drug list
Selected or non-selected formulary?	Non-selected
Link to formulary	https://fm.formularynavigator.com/FBO/143/Select_4_Tier_GA_IND_PDF_05267GAMENBGA.pdf
Contact number	855-738-6652
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	Yes	Yes
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	No	None	None	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)	No	None	None	None	None

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

BCBS Healthcare Plan of Georgia Inc.

BCBSHP Silver Pathway X Guided Access HMO 10 for HSA

2017 Marketplace

Overall Plan Information			
Issuer Name	BCBS Healthcare Plan of Georgia Inc.		
Plan Name	BCBSHP Silver Pathway X Guided Access HMO 10 for HSA	Simple Choice Plan: No	
Plan ID	49046ga0410027		
Plan Type	HMO		
Coverage Area (counties)	All		
Link to Summary of Benefits	https://www.sbc.anthem.com/dps/ccd2J33		
Individual Deductibles	Medical: \$3200	Prescription: \$0	Out of Pocket Cap: \$5000
Family Deductibles	Medical: \$6400	Prescription: \$0	Out of Pocket Cap: \$10000
Does Deductible Need to be Met Before Prescription Drugs are Covered?	No		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$316	Family: \$987	

Cost Sharing Information			
Tier One	Name of Tier: Typically generic	Co-Payments: \$0	Co-Insurance: 10% preferred (20% in network)
Tier Two	Name of Tier: Typically preferred brand + non-preferred generic	Co-Payments: \$0	Co-Insurance: 10% preferred (20% in network)
Tier Three	Name of Tier: Typically non-preferred brand	Co-Payments: \$0	Co-Insurance: 40% preferred (50% in-network)
Tier Four	Name of Tier: Typically specialty (brand + generic)	Co-Payments: \$0	Co-Insurance: 40% preferred (50% in-network)
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: \$	Co-Insurance: 0% preferred (10% in network)	
Specialists	Co-Payments: \$	Co-Insurance: 0% preferred (10% in-network)	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 0 if preferred (10% in-network)	
Hospital Stay – Facility Fee	Co-Payments: \$500 per admission	Co-Insurance: plus 0% if preferred (50% in network)	
Emergency Room	Co-Payments: \$500 per visit	Co-Insurance: plus 0% preferred (10% in-network)	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$	Co-Insurance: 0% preferred (10% in-network)	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$	Co-Insurance: 0% preferred (10% in-network)	Prior Approval? Yes
Laboratory Services	Co-Payments: \$	Co-Insurance: 0% preferred (10% in-network)	

Formulary Information

Name of formulary used	select drug list
Selected or non-selected formulary?	Non-selected
Link to formulary	https://fm.formularynavigator.com/FBO/143/Select_4_Tier_GA_IND_PDF_05267GAMENBGA.pdf
Contact number	855-738-6652
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	Yes	No
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	No	None	None	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)	No	None	None	None	None
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	No	None	None	None	None
Descovy (Emtricitabine/Tenofovir/Alafenamide)	No	None	None	None	None
Edurant (rilpivirine)	Yes	4	No	No	No
Epizicom (abacavir/lamivudine)	No	None	None	None	None
abacavir	Yes	4	No	No	No
Evotaz (atazanavir/cobicistat)	Yes	4	No	No	No
Isentress (raltegravir)	Yes	4	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	No	None	None	None	None
Epivir (lamivudine)	Yes	4	No	No	No
lamivudine	Yes	4	No	No	No
Zidovudine/lamivudine	Yes	4	No	No	No
Norvir (ritonavir)	Yes	4	No	No	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	No	None	None	None	None
Prezcobix (darunavir/cobicistat)	No	None	None	None	None
Prezista (darunavir)	Yes	4	No	No	No
Reyataz (atazanavir)	Yes	4	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	4	No	No	No
Tivicay (dolutegravir)	No	None	None	None	None
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	4	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	4	No	No	No
Viramune (nevirapine)	No	None	None	None	None
nevirapine	Yes	4	No	No	No
Retrovir (zidovudine)	Yes	None	None	None	None
zidovudine	Yes	4	No	No	No

BCBS Healthcare Plan of Georgia Inc.

BCBSHP Silver Pathway X Guided Access HMO 2000 25

2017 Marketplace

Overall Plan Information			
Issuer Name	BCBS Healthcare Plan of Georgia Inc.		
Plan Name	BCBSHP Silver Pathway X Guided Access HMO 2000 25	Simple Choice Plan: No	
Plan ID	49046ga0410031		
Plan Type	HMO		
Coverage Area (counties)	All		
Link to Summary of Benefits	https://www.sbc.anthem.com/dps/ccd2J3J		
Individual Deductibles	Medical: \$2000	Prescription: \$0	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$4000	Prescription: \$0	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	No		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$323	Family: \$1008	

Cost Sharing Information			
Tier One	Name of Tier: Typically generic	Co-Payments: \$	Co-Insurance: preferred: 25%, in-net: 35%
Tier Two	Name of Tier: Typically preferred brand	Co-Payments: \$	Co-Insurance: preferred: 25%, in-net: 35%
Tier Three	Name of Tier: Typically non-preferred brand	Co-Payments: \$	Co-Insurance: preferred: %40, in-net: 50%
Tier Four	Name of Tier: Typically specialty (brand + generic)	Co-Payments: \$	Co-Insurance: preferred: %40, in-net: 50%
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: \$70	Co-Insurance: %	Referral required for specialists? Yes
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 25%	
Hospital Stay – Facility Fee	Co-Payments: \$500 and	Co-Insurance: then 50%	
Emergency Room	Co-Payments: \$500 and	Co-Insurance: then 25%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$	Co-Insurance: 25%%	Prior Approval? No
Substance Use Disorder Outpatient Services	Co-Payments: \$	Co-Insurance: 25%%	Prior Approval? No
Laboratory Services	Co-Payments: \$	Co-Insurance: 25%%	

Formulary Information	
Name of formulary used	select drug list
Selected or non-selected formulary?	Non-selected
Link to formulary	https://fm.formularynavigator.com/FBO/143/Select_4_Tier_GA_IND_PDF_05267GAMENBGA.pdf
Contact number	855-738-6652
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	Yes	No
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	No	None	None	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)	No	None	None	None	None
Combivir (lamivudine/zidovudine)	No	None	None	None	None

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

BCBS Healthcare Plan of Georgia Inc.

BCBSHP Silver Pathway X Guided Access HMO 3000

2017 Marketplace

Overall Plan Information			
Issuer Name	BCBS Healthcare Plan of Georgia Inc.		
Plan Name	BCBSHP Silver Pathway X Guided Access HMO 3000	Simple Choice Plan: No	
Plan ID	49046ga040038		
Plan Type	HMO		
Coverage Area (counties)	All		
Link to Summary of Benefits	https://www.sbc.anthem.com/dps/ccd2J4G		
Individual Deductibles	Medical: \$3000	Prescription: \$0	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$6000	Prescription: \$0	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	No		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$312	Family: \$973	

Cost Sharing Information			
Tier One	Name of Tier: Typically generic	Co-Payments: \$preferred: \$10 retail; \$25 home delivery; in-net \$20 retail, \$50 home delivery	Co-Insurance: %
Tier Two	Name of Tier: Typically preferred brand + non-preferred generic	Co-Payments: \$preferred: \$40 retail, in-net: \$50, home delivery: \$120	Co-Insurance: %
Tier Three	Name of Tier: Typically non-preferred brand	Co-Payments: \$	Co-Insurance: preferred: 40%, in-net: 50%
Tier Four	Name of Tier: Typically specialty (brand + generic)	Co-Payments: \$	Co-Insurance: preferred: 40%, in-net: 50%
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: Preferred: 0, in-net: \$40 x 3, then 10% co-insur	Co-Insurance: %	
Specialists	Co-Payments: Preferred: 0, in-net: \$75 x 3, then 10% co-insur	Co-Insurance: %	Referral required for specialists? No
Hospital Stay – Physician Fee	Co-Payments: Preferred: 0	Co-Insurance: in-net: 10%	
Hospital Stay – Facility Fee	Co-Payments: in-net: \$500 and	Co-Insurance: then 50% co-insur	
Emergency Room	Co-Payments: Preferred: 0; in-net \$500 and	Co-Insurance: then 10%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$	Co-Insurance: in-net: 10%	Prior Approval? No
Substance Use Disorder Outpatient Services	Co-Payments: \$	Co-Insurance: in-net: 10%	Prior Approval? No
Laboratory Services	Co-Payments: \$	Co-Insurance: in-net: 10%	

Formulary Information	
Name of formulary used	select drug list
Selected or non-selected formulary?	Non-selected
Link to formulary	https://fm.formularynavigator.com/FBO/143/Select_4_Tier_GA_IND_PDF_05267GAMENBGA.pdf
Contact number	855-738-6652
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	Yes	No
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	No	None	None	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)	No	None	None	None	None
Combivir (lamivudine/zidovudine)	No	None	None	None	None
Complera (emtricitabine/rilpivirine/tenofovir)	No	None	None	None	None
Descovy (Emtricitabine/Tenofovir/Alafenamide)	No	None	None	None	None
Edurant (rilpivirine)	Yes	4	No	No	No
Epizicom (abacavir/lamivudine)	No	None	None	None	None
abacavir	Yes	4	No	No	No
Evotaz (atazanavir/cobicistat)	Yes	4	No	No	No
Isentress (raltegravir)	Yes	4	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	No	None	None	None	None
Epivir (lamivudine)	Yes	4	No	No	No
lamivudine	Yes	4	No	No	No
Zidovudine/lamivudine	Yes	4	No	No	No
Norvir (ritonavir)	Yes	4	No	No	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	No	None	None	None	None
Prezcobix (darunavir/cobicistat)	No	None	None	None	None
Prezista (darunavir)	Yes	4	No	No	No
Reyataz (atazanavir)	Yes	4	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	4	No	No	No
Tivicay (dolutegravir)	No	None	None	None	None
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	4	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	4	No	No	No
Viramune (nevirapine)	No	None	None	None	None
nevirapine	Yes	4	No	No	No
Retrovir (zidovudine)	No	None	None	None	None
zidovudine	Yes	4	No	No	No

BCBS Healthcare Plan of Georgia Inc.

BCBSHP Silver Pathway X Guided Access HMO 3500

2017 Marketplace

Overall Plan Information			
Issuer Name	BCBS Healthcare Plan of Georgia Inc.		
Plan Name	BCBSHP Silver Pathway X Guided Access HMO 3500	Simple Choice Plan: No	
Plan ID	49046GA0410033		
Plan Type	HMO		
Coverage Area (counties)	All		
Link to Summary of Benefits	https://www.sbc.anthem.com/dps/ccd2J3W		
Individual Deductibles	Medical: \$3500	Prescription: \$1000	Out of Pocket Cap: \$4850
Family Deductibles	Medical: \$7000	Prescription: \$2000	Out of Pocket Cap: \$9700
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Yes		
Is there a Prescription Drug Deductible?	Yes		
Premiums (per month)	Individual: \$306	Family: \$955	

Cost Sharing Information			
Tier One	Name of Tier: Typically generic	Co-Payments: \$5 preferred, \$15 in-net	Co-Insurance: %
Tier Two	Name of Tier: Typically preferred brand + non-preferred generic	Co-Payments: \$40 preferred, \$50 in-net	Co-Insurance: %
Tier Three	Name of Tier: Typically non-preferred brand	Co-Payments: \$	Co-Insurance: 40% preferred, 50% in-net
Tier Four	Name of Tier: Typically specialty (brand + generic)	Co-Payments: \$	Co-Insurance: 40% preferred, 50% in-net%
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: \$20	Co-Insurance: %	
Specialists	Co-Payments: \$	Co-Insurance: 25%	Referral required for specialists? Yes
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 25%	
Hospital Stay – Facility Fee	Co-Payments: \$500/admission and	Co-Insurance: 50%	
Emergency Room	Co-Payments: \$300/admission and	Co-Insurance: 25%	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$	Co-Insurance: 25%	Prior Approval? No
Substance Use Disorder Outpatient Services	Co-Payments: \$	Co-Insurance: 25%	Prior Approval? No
Laboratory Services	Co-Payments: \$	Co-Insurance: 25%	

Formulary Information	
Name of formulary used	select drug list
Selected or non-selected formulary?	Non-selected
Link to formulary	https://fm.formularynavigator.com/FBO/143/Select_4_Tier_GA_IND_PDF_05267GAMENBGA.pdf
Contact number	855-738-6652
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	Yes	No
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	No	None	None	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)	No	None	None	None	None
Combivir (lamivudine/zidovudine)	No	None	None	None	None

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

Blue Cross Blue Shield Healthcare Plan Of Georgia, Inc.

Silver Guided Access A Multi State Plan

2017 Marketplace

Overall Plan Information			
Issuer Name	Blue Cross Blue Shield Healthcare Plan Of Georgia, Inc.		
Plan Name	Silver Guided Access A Multi State Plan		Simple Choice Plan: No
Plan ID	49046GA0610006		
Plan Type	HMO		
Coverage Area (counties)	All		
Link to Summary of Benefits	https://www.sbc.anthem.com/dps/ccd2J4S		
Individual Deductibles	Medical: \$2000	Prescription: \$	Out of Pocket Cap: \$6500
Family Deductibles	Medical: \$4000	Prescription: \$	Out of Pocket Cap: \$13000
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Not discussed		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$340	Family: \$1060	

Cost Sharing Information			
Tier One	Name of Tier: Generic Drugs	Co-Payments: Tier 1 \$10 tier 2 \$20	Co-Insurance: %
Tier Two	Name of Tier: Preferred Brand Drugs	Co-Payments: Tier 1 \$40 tier 2 \$50	Co-Insurance: %
Tier Three	Name of Tier: Non Preferred Brand Drugs	Co-Payments: \$	Co-Insurance: Tier 1 40% tier 2 50%
Tier Four	Name of Tier: Specialty Drugs	Co-Payments: \$	Co-Insurance: Tier 1 40% tier 2 50%
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 after 20 percent after	Co-Insurance: %	
Specialists	Co-Payments: \$75 after 20 percent after	Co-Insurance: %	Referral required for specialists? Yes
Hospital Stay – Physician Fee	Co-Payments: \$	Co-Insurance: 20%	
Hospital Stay – Facility Fee	Co-Payments: \$500 after 50 percent after	Co-Insurance: %	
Emergency Room	Co-Payments: \$500 after 20 percent after	Co-Insurance: %	
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	Select Drug List
Selected or non-selected formulary?	Non-selected
Link to formulary	https://fm.formularynavigator.com/FBO/143/Select_4_Tier_GA_IND_PDF_05267GAMENBGA.pdf
Contact number	888-738-6652
Notes re: deductible or coverage	Some services have both copay and coinsurance; Multiple tiers within each Rx tier

Medications					
HCV	On Formulary	Tier	PA	QL	ST
Epclusa (sofosbuvir/velpatasvir)	No	None	None	None	None
Harvoni (ledipasvir, sofosbuvir)	Yes	4	Yes	Yes	No
Olysio (simeprevir)	No	None	None	None	None
Sovaldi (sofosbuvir)	No	None	None	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)	No	None	None	None	None
Combivir (lamivudine/zidovudine)	No	None	None	None	None

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

Humana

Humana-Silver 3550- Atlanta HMOX

2017 Marketplace

Overall Plan Information			
Issuer Name	Humana		
Plan Name	Humana-Silver 3550- Atlanta HMOX	Simple Choice Plan: No	
Plan ID	933326A0710004		
Plan Type	HMO		
Coverage Area (counties)	Bibb, Chatham, Cherokee, Forsyth, Fulton, Gwinnett, Houston, Muscogee, Peach		
Link to Summary of Benefits	http://apps.humana.com/marketing/documents.asp?file=2844374		
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: \$478	Family: \$1490	

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 names and some higher cost generic drugs	Co-Payments: \$50	Co-Insurance: %
Tier Four	Name of Tier: Level 4- Brand Names and come 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: None	Co-Insurance: %

Primary Care Providers	Co-Payments: \$20	Co-Insurance: %	
Specialists	Co-Payments: \$40	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: \$600	Co-Insurance: %	
Mental/Behavioral Health Outpatient Health Services	Co-Payments: \$20	Co-Insurance: 20%	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$20	Co-Insurance: 20%	Prior Approval? Yes
Laboratory Services	Co-Payments: Not listed	Co-Insurance: %	

Formulary Information	
Name of formulary used	2017 Humana Drug List
Selected or non-selected formulary?	Non-selected
Link to formulary	http://apps.humana.com/marketing/documents.asp?file=2839551
Contact number	1-800-833-6917
Notes re: deductible or coverage	Formulary describes how to seek prior authorization. There is monetary penalty for not getting prior authorization. Tried calling the contact number, and it was made for billing and enrollment services. Not shoppers. Finally got through to someone, they transferred me to the pharmacy, then I said I was shopping with someone whose HIV+, and she transferred me to the Specialty Pharmacy.

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

Kaiser

Kaiser Permanente · KP GA Silver 2000/30

2017 Marketplace

Overall Plan Information			
Issuer Name	Kaiser		
Plan Name	Kaiser Permanente · KP GA Silver 2000/30	Simple Choice Plan: No	
Plan ID	89942GA0050004		
Plan Type	HMO		
Coverage Area (counties)	Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Lamar, Newton, Paulding, Pike, Rockdale, Spalding, Walton		
Link to Summary of Benefits	http://info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/2017-ON-Exchange/KP_GA_Silver_2000_30.pdf		
Individual Deductibles	Medical: \$2000	Prescription: \$500	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$4000	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: \$348	Family: \$1085	

Cost Sharing Information			
Tier One	Name of Tier: Preventative Generics	Co-Payments: \$0	Co-Insurance: %
Tier Two	Name of Tier: Generic Drugs	Co-Payments: \$15	Co-Insurance: %
Tier Three	Name of Tier: Preferred Brand Drugs	Co-Payments: \$45	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: 50%
Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$30	Co-Insurance: %	
Specialists	Co-Payments: \$60	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: \$60	Co-Insurance: %	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$60	Co-Insurance: %	Prior Approval? Yes
Laboratory Services	Co-Payments: \$	Co-Insurance: 30%	

Formulary Information	
Name of formulary used	2017 5 Tier Formulary Benefit
Selected or non-selected formulary?	Non-selected
Link to formulary	https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/ga/ga_20175tierformulary_2016.04.pdf
Contact number	1-888-865-5813
Notes re: deductible or coverage	

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

HIV	On Formulary	Tier	PA	QL	ST
Edurant (rilpivirine)	Yes	5	No	No	No
Epizicom (abacavir/lamivudine)	Yes	5	No	Yes	No
abacavir	Yes	2	No	Yes	No
Evotaz (atazanavir/cobicistat)	Yes	5	No	No	No
Isentress (raltegravir)	Yes	5	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	5	No	No	No
Epivir (lamivudine)	Yes	5	No	Yes	No
lamivudine	Yes	2	No	Yes	No
Zidovudine/lamivudine	Yes	2	No	Yes	No
Norvir (ritonavir)	Yes	5	No	Yes	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	5	No	No	No
Prezcobix (darunavir/cobicistat)	Yes	5	No	No	No
Prezista (darunavir)	Yes	5	No	Yes	No
Reyataz (atazanavir)	Yes	5	No	Yes	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	5	No	Yes	No
Tivicay (dolutegravir)	Yes	5	No	No	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	5	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	5	No	Yes	No
Viramune (nevirapine)	Yes	4	No	Yes	No
nevirapine	Yes	2	No	Yes	No
Retrovir (zidovudine)	Yes	4	No	Yes	No
zidovudine	Yes	2	No	Yes	No

Kaiser

Kaiser Permanente · KP GA Silver 2750/20% HSA

2017 Marketplace

Overall Plan Information			
Issuer Name	Kaiser		
Plan Name	Kaiser Permanente · KP GA Silver 2750/20% HSA	Simple Choice Plan: No	
Plan ID	89942GA0050006		
Plan Type	HMO		
Coverage Area (counties)	Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Lamar, Newton, Paulding, Pike, Rockdale, Spalding, Walton		
Link to Summary of Benefits	http://info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/2017-ON-Exchange/KP_GA_Silver_2750_20_HSA.pdf		
Individual Deductibles	Medical: \$2750	Prescription: \$	Out of Pocket Cap: \$6000
Family Deductibles	Medical: \$5500	Prescription: \$	Out of Pocket Cap: \$1200
Does Deductible Need to be Met Before Prescription Drugs are Covered?	Yes		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$330	Family: \$1030	

Cost Sharing Information			
Tier One	Name of Tier: Preventative Generics	Co-Payments: \$0	Co-Insurance: %
Tier Two	Name of Tier: Generic Drugs	Co-Payments: \$15	Co-Insurance: %
Tier Three	Name of Tier: Preferred Brand Drugs	Co-Payments: \$45	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: 50%
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? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$	Co-Insurance: 20%	Prior Approval? Yes
Laboratory Services	Co-Payments: \$	Co-Insurance: 20%	

Formulary Information	
Name of formulary used	2017 5 Tier Formulary Benefit
Selected or non-selected formulary?	Non-selected
Link to formulary	https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/ga/ga_20175tierformulary_2016.04.pdf
Contact number	1-888-865-5813
Notes re: deductible or coverage	

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

HIV	On Formulary	Tier	PA	QL	ST
Edurant (rilpivirine)	Yes	5	No	No	No
Epizicom (abacavir/lamivudine)	Yes	5	No	Yes	No
abacavir	Yes	2	No	Yes	No
Evotaz (atazanavir/cobicistat)	Yes	5	No	No	No
Isentress (raltegravir)	Yes	5	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	5	No	No	No
Epivir (lamivudine)	Yes	5	No	Yes	No
lamivudine	Yes	2	No	Yes	No
Zidovudine/lamivudine	Yes	2	No	Yes	No
Norvir (ritonavir)	Yes	5	No	Yes	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	5	No	No	No
Prezcobix (darunavir/cobicistat)	Yes	5	No	No	No
Prezista (darunavir)	Yes	5	No	No	No
Reyataz (atazanavir)	Yes	5	No	No	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	5	No	No	No
Tivicay (dolutegravir)	Yes	5	No	Yes	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	5	No	Yes	No
Truvada (emtricitabine/tenofovir)	Yes	5	No	Yes	No
Viramune (nevirapine)	Yes	4	No	Yes	No
nevirapine	Yes	2	No	Yes	No
Retrovir (zidovudine)	Yes	4	No	Yes	No
zidovudine	Yes	2	No	Yes	No

Kaiser

Kaiser Permanente · KP GA Silver 3000/30

2017 Marketplace

Overall Plan Information			
Issuer Name	Kaiser		
Plan Name	Kaiser Permanente · KP GA Silver 3000/30	Simple Choice Plan: No	
Plan ID	89942GA0050005		
Plan Type	HMO		
Coverage Area (counties)	Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Lamar, Newton, Paulding, Pike, Rockdale, Spalding, Walton		
Link to Summary of Benefits	http://info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/2017-ON-Exchange/KP_GA_Silver_3000_30.pdf		
Individual Deductibles	Medical: \$2750	Prescription: \$500	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$6000	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: \$333	Family: \$1038	

Cost Sharing Information			
Tier One	Name of Tier: Preventative Generics	Co-Payments: \$0	Co-Insurance: %
Tier Two	Name of Tier: Generic Drugs	Co-Payments: \$15	Co-Insurance: %
Tier Three	Name of Tier: Preferred Brand Drugs	Co-Payments: \$45	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: 50%
Tier Other	Name of Tier: None	Co-Payments: \$	Co-Insurance: %
Primary Care Providers	Co-Payments: \$30	Co-Insurance: %	
Specialists	Co-Payments: \$60	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: \$60	Co-Insurance: %	Prior Approval? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$60	Co-Insurance: %	Prior Approval? Yes
Laboratory Services	Co-Payments: \$	Co-Insurance: 30%	

Formulary Information	
Name of formulary used	2017 5 Tier Formulary Benefit
Selected or non-selected formulary?	Non-selected
Link to formulary	https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/ga/ga_20175tierformulary_2016.04.pdf
Contact number	888-865-5813
Notes re: deductible or coverage	

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

HIV	On Formulary	Tier	PA	QL	ST
Edurant (rilpivirine)	Yes	5	No	No	No
Epizicom (abacavir/lamivudine)	Yes	5	No	Yes	No
abacavir	Yes	2	No	Yes	No
Evotaz (atazanavir/cobicistat)	Yes	5	No	No	No
Isentress (raltegravir)	Yes	5	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	5	No	No	No
Epivir (lamivudine)	Yes	5	No	Yes	No
lamivudine	Yes	2	No	Yes	No
Zidovudine/lamivudine	Yes	2	No	Yes	No
Norvir (ritonavir)	Yes	5	No	Yes	No
ritonavir	No	None	None	None	None
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	5	No	No	No
Prezcobix (darunavir/cobicistat)	Yes	5	No	No	No
Prezista (darunavir)	Yes	5	No	Yes	No
Reyataz (atazanavir)	Yes	5	No	Yes	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	5	No	Yes	No
Tivicay (dolutegravir)	Yes	5	No	No	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	5	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	5	No	Yes	No
Viramune (nevirapine)	Yes	4	No	Yes	No
nevirapine	Yes	2	No	Yes	No
Retrovir (zidovudine)	Yes	4	No	Yes	No
zidovudine	Yes	2	No	Yes	No

Kaiser

Kaiser Permanente KP GA Silver Std 3500/30

2017 Marketplace

Overall Plan Information			
Issuer Name	Kaiser		
Plan Name	Kaiser Permanente KP GA Silver Std 3500/30	Simple Choice Plan: Yes	
Plan ID	89942GA0050014		
Plan Type	HMO		
Coverage Area (counties)	Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Lamar, Newton, Paulding, Pike, Rockdale, Spalding, Walton		
Link to Summary of Benefits	http://info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/2017-ON-Exchange/KP_GA_Silver_STD_3500_30.pdf		
Individual Deductibles	Medical: \$3500	Prescription: \$	Out of Pocket Cap: \$7150
Family Deductibles	Medical: \$7000	Prescription: \$	Out of Pocket Cap: \$14300
Does Deductible Need to be Met Before Prescription Drugs are Covered?	No		
Is there a Prescription Drug Deductible?	No		
Premiums (per month)	Individual: \$344	Family: \$1072	

Cost Sharing Information			
Tier One	Name of Tier: Preventative Generics	Co-Payments: \$0	Co-Insurance: %
Tier Two	Name of Tier: Generic Drugs	Co-Payments: \$15	Co-Insurance: %
Tier Three	Name of Tier: Preferred Brand Drugs	Co-Payments: \$50	Co-Insurance: %
Tier Four	Name of Tier: Non-Preferred Brand Drugs	Co-Payments: \$100	Co-Insurance: %
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: \$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? Yes
Substance Use Disorder Outpatient Services	Co-Payments: \$30	Co-Insurance: %	Prior Approval? Yes
Laboratory Services	Co-Payments: \$	Co-Insurance: 30%	

Formulary Information	
Name of formulary used	2017 5 Tier Formulary Benefit
Selected or non-selected formulary?	Non-selected
Link to formulary	https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/ga/ga_20175tierformulary_2016.04.pdf
Contact number	1-888-865-5813
Notes re: deductible or coverage	

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

HIV	On Formulary	Tier	PA	QL	ST
Edurant (rilpivirine)	Yes	5	No	No	No
Epizicom (abacavir/lamivudine)	Yes	5	No	Yes	No
abacavir	Yes	2	No	Yes	No
Evotaz (atazanavir/cobicistat)	Yes	5	No	No	No
Isentress (raltegravir)	Yes	5	No	No	No
Genvoya (Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide)	Yes	5	No	No	No
Epivir (lamivudine)	Yes	5	No	Yes	No
lamivudine	Yes	2	No	Yes	No
Zidovudine/lamivudine	Yes	2	No	Yes	No
Norvir (ritonavir)	Yes	5	No	Yes	No
ritonavir	No	None	No	No	No
Odefsey (Emtricitabine/Rilpivirine/Tenofovir/Alafenamid)	Yes	5	No	No	No
Prezcobix (darunavir/cobicistat)	Yes	5	No	No	No
Prezista (darunavir)	Yes	5	No	Yes	No
Reyataz (atazanavir)	Yes	5	No	Yes	No
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	Yes	5	No	Yes	No
Tivicay (dolutegravir)	Yes	5	No	No	No
Triumeq (abacavir/dolutegravir/lamivudine)	Yes	5	No	No	No
Truvada (emtricitabine/tenofovir)	Yes	5	No	Yes	No
Viramune (nevirapine)	Yes	4	No	Yes	Yes
nevirapine	Yes	2	No	Yes	Yes
Retrovir (zidovudine)	Yes	4	No	Yes	Yes
zidovudine	Yes	2	No	Yes	Yes