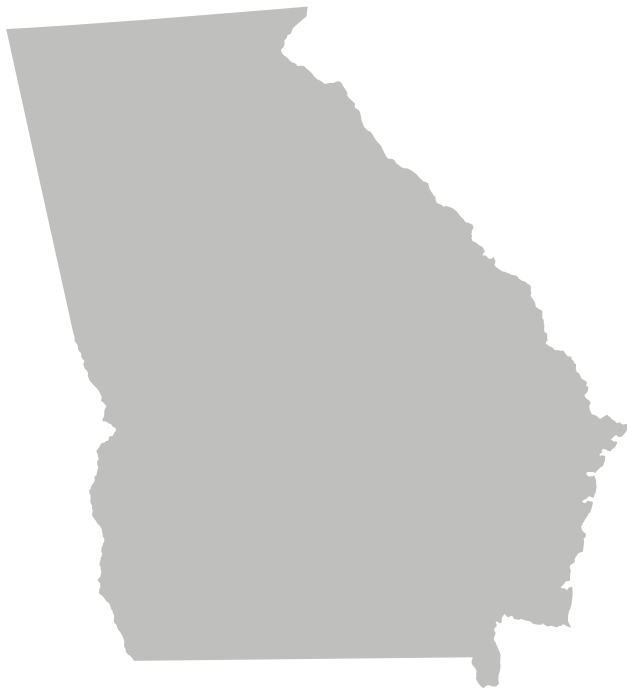


2016 PLAN ANALYSIS FOR QUALIFIED HEALTH PLANS:



GEORGIA

Thanks to:

AIDS Research Consortium of Atlanta

Saralyn Chestnut, Jonathan Colasanti, Linda Meredith,
Melanie Thompson, Leighton Weese, Callan Wells,
Carlisha Yarbough

DECEMBER 2015



CENTER FOR HEALTH LAW
& POLICY INNOVATION
Harvard Law School



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INTRODUCTION:

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

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

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

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

OVERVIEW:

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

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

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

OVERVIEW (CONTINUED):

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

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

Footnotes

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

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

How to Use This Tool:

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

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

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

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

LEGEND

NC/NL= NOT COVERED/NOT LISTED

QL= QUANTITY LIMIT

SP= SPECIALTY PHARMACY

ST= STEP THERAPY

STATE FINDINGS: HCV

For the 2016 plan year, Georgia has nine different insurers offering 45 different Silver plans. (Note that those numbers will be smaller for any given Georgia resident based on their specific geographic location). On the whole, residents of Georgia enrolled in Silver Qualified Health Plans (QHPs) have below average access to Hepatitis C (HCV) medications, compared to the national situation. While a bare majority of Georgia Silver QHPs have currently approved all three new generation HCV medications on their formularies, over one quarter of these plans have just one of the three medications on their formulary. For example, In Georgia, the Blue Cross/Blue Shield plans each include only Harvoni on their formularies.

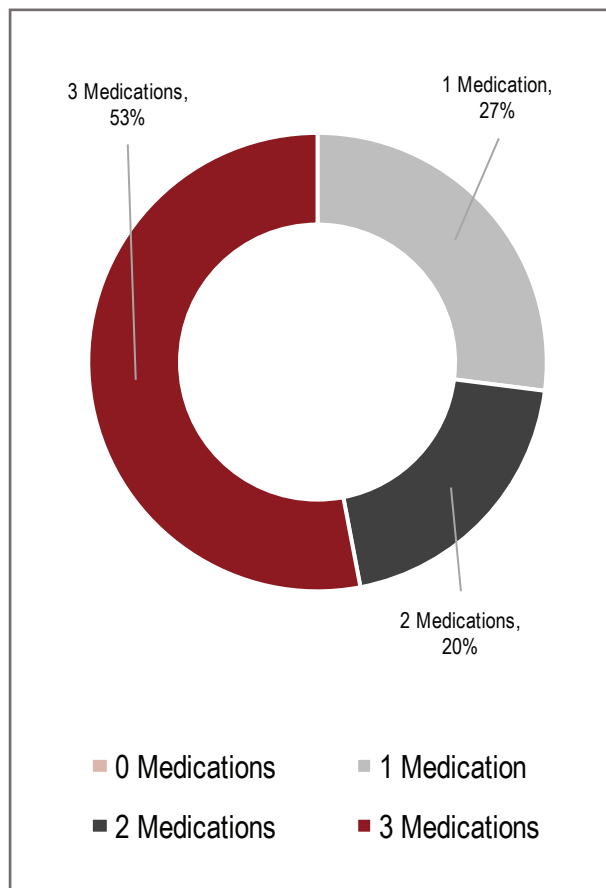
Those plans that cover all three HCV treatments typically impose high cost-sharing requirements. For example the Aetna Leap family of plans places all three of the HCV drugs into Tier 4 or Tier 5, with required 40% or 50% coinsurance, respectively. Nor are onerous cost-sharing requirements limited to those plans using a coinsurance model for their formularies. Two of the three Cigna plans made available in Georgia place the three HCV treatments into a tier that requires a \$550 retail/\$475 home delivery co-payment. The third requires 10% coinsurance.

There are some exceptions to these patterns, however. Some of the plans in the United Healthcare family cover both Sovaldi and Harvoni on a tier that requires a \$40 copayment, and Viekira Pak on a tier that requires a \$160 co-payment. Plans in the Harken family cover Sovaldi and Harvoni with a \$40 co-payment and Viekira Pak with a \$500 co-payment.

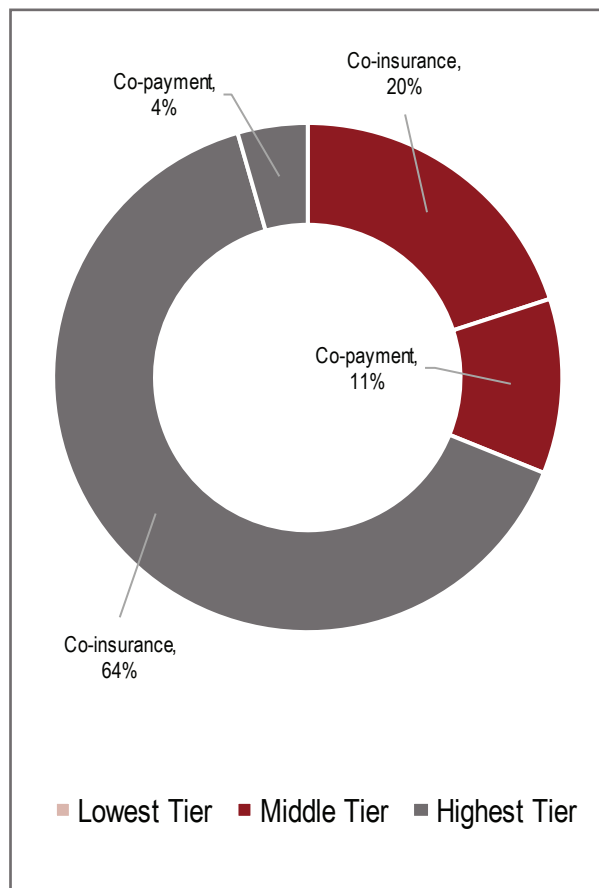
Overall, the landscape of Georgia Silver plans has some bright spots of affordability and access to HCV treatment, relative to other states, but the majority of such plans put HCV treatment beyond the financial reach of many affected individuals.

STATE FINDINGS: HCV (CONTINUED)

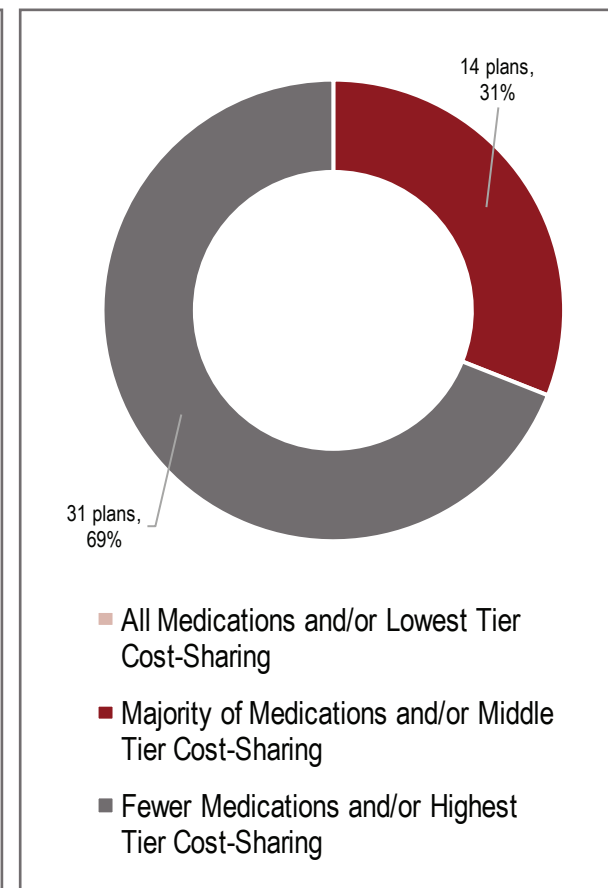
PLAN COVERAGE



COST-SHARING



ACCESS TO HCV REGIMENS



STATE FINDINGS: HIV

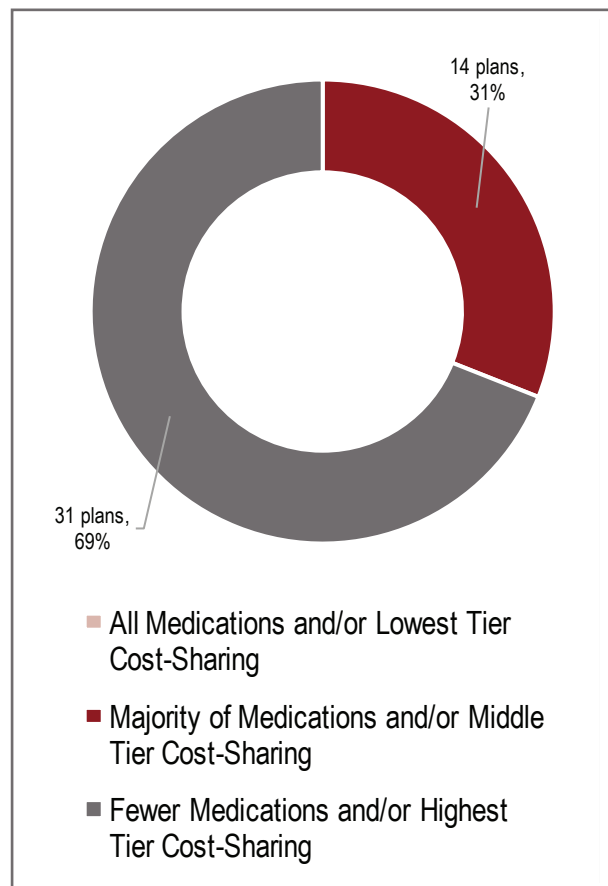
The Silver Qualified Health Plans (QHP) offered in 2016 for Georgia residents generally have strong formulary coverage for the HIV medications researched in the plan assessment initiative. About three-quarters of the Georgia Silver Plans cover more than nineteen of the twenty-five HIV drugs examined. This is important because HIV, unlike some other conditions, requires that physicians and patients be able to pick the most appropriate treatment for that individual's needs.

Just as with HCV, the plans with the lowest relative cost-sharing requirements for HIV treatments are United Healthcare's Silver Compass Plans family of plans. Two of the UHC plans place the vast majority of HIV drugs researched into tiers that have \$40 or \$80 copay requirements. The third UHC plan has a 0% coinsurance after deductible for all of the drugs researched.

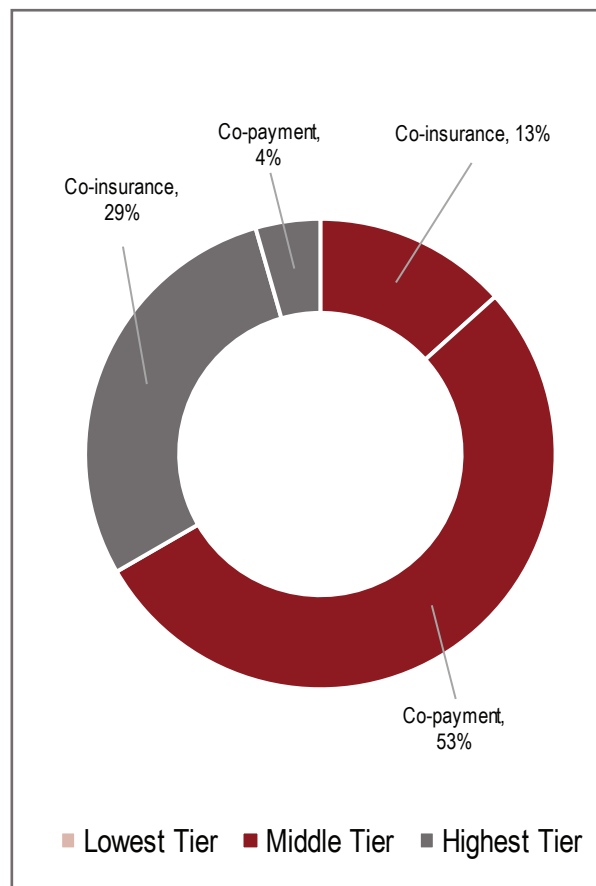
By contrast, in the Kaiser and Humana family of plans, the vast majority of HIV drugs researched are placed on the specialty drug tier, which requires 40% or 50% coinsurance, after the deductible is met. The Cigna family of plans also place most HIV drugs on a Specialty Tier, but impose a co-payment of \$550 or \$475, depending on the method of delivery. In general, drug coverage and cost-sharing issues are key to making good decisions for those living with HIV, especially in light of the wide-range of cost-sharing requirements that exist.

STATE FINDINGS: HIV (CONTINUED)

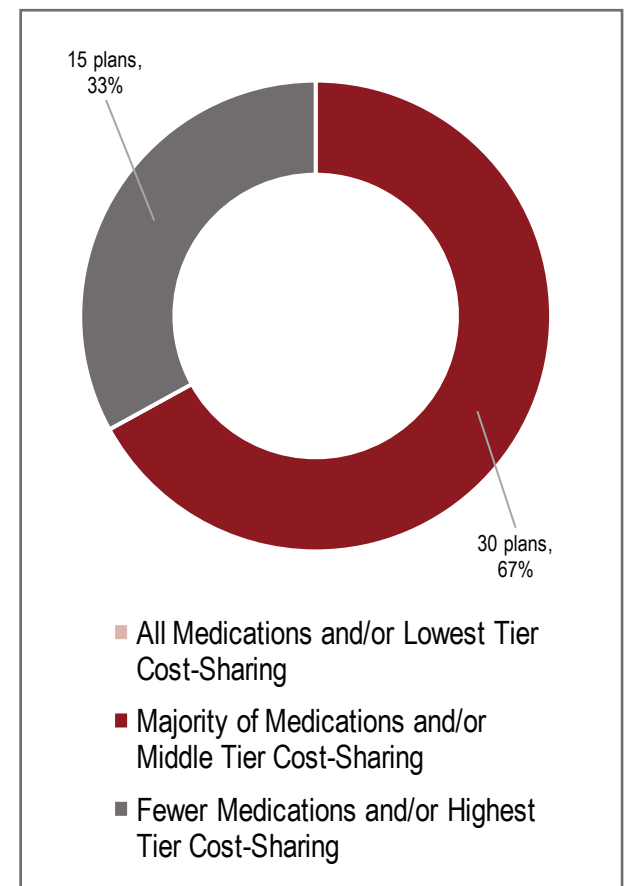
PLAN COVERAGE



COST-SHARING



ACCESS TO HIV REGIMENS



Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay 2750 HMO Columbus

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health Inc. (a GA corp.) DBA Coventry Healthcare of Georgia, Inc.		
Plan Name:	Coventry Silver \$10 Copay 2750 HMO Columbus		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Chattahoochee, Harris, Marion, Muscogee, Stewart		
Link to Summary of Benefits:	http://www.coventryone.com/web/groups/public/@cvty_individual_c1/documents/document/ga51506.pdf		
Individual Deductibles:	Medical: \$2,750	Prescription: none	Out of Pocket Cap: \$6,850
Family Deductibles:	Medical: 5,500	Prescription: none	Out of Pocket Cap: \$13,700
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$262	Family:\$818	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10			Deductible waived
Specialists	75			Deductible waived
Referral required for specialists?		No		
Inpatient Services		40		Prior authorization may be required to ensure coverage of Facility Fees.
Emergency Room	500			Copay waived if admitted
Mental/Behavioral				MHNet network must be used.
Outpatient Health Services	75			Deductible waived.
Substance Use Disorder				MHNet network must be used.
Outpatient Services	75			Deductible waived.
Laboratory Services		40		For x-rays, blood work.
Out of network provider rules:	Nothing covered except Emergency Room services, covered same as In-Network			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	Preventive care/ Screening/Immunization No Charge. Chiropractor 40% Coins. up to 20 Visits per year			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
			Generic Drugs. Tier One divided into One and One (a); both preferred generics, but those in One(a), marked with a check-mark in formulary, may be available at no cost at in-network pharmacy
One (a)	5 (Retail), 12.50 (Mail)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (mail)
One	15 (Retail), 37.50 (Mail)		Preferred Brand. Same supply limits as above
Two	50 (Retail), 125 (Mail)		Non-preferred Brand. Non-preferred Generics covered same as Non-preferred Brands. Same supply limits.
Three	80 (Retail), 200 (Mail)		Specialty.
Four		40	Specialty. Retail only; no mail order.
Five		50	
Name of Formulary Used:		2016 CoventryOne Prescription Drug List: GA	
Link to Formulary:		https://client.formularynavigator.com/Search.aspx?siteCode=8450062277	
Contact Number:		1-855-449-2889	
Notes re: Deductible or Coverage:		Restrictions: ST=Step Therapy. Patient must try another medication before this one will be approved.	

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz								X	
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Stribild									
(cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X			X		
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
									T3: tab 300mg;
Ziagen (abacavir)	X			X					T2: sol 20mg

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay HMO Columbus

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health Inc. (a GA corp.) DBA Coventry Healthcare of Georgia, Inc.		
Plan Name:	Coventry Silver \$10 Copay HMO Columbus		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Chattahoochee, Harris, Marion, Muscogee, Stewart		
Link to Summary of Benefits:	http://www.coventryone.com/web/groups/public/@cvty_individual_c1/documents/document/ga51498.pdf		
Individual Deductibles:	Medical: \$3,500	Prescription: none	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$7,000	Prescription: none	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$277	Family:\$864	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10			Deductible waived
Specialists	75			Deductible waived
Referral required for specialists?		No		
Inpatient Services Facility Fees	500/Admittance, then	30		Preauthorization may be required
Inpatient Physicians' & Surgeons' Fees		30		
Emergency Room	500			Copay waived if admitted
Mental/Behavioral				Deductible waived. MHNet network must be used.
Outpatient Health Services	75			
Substance Use Disorder				Deductible waived. MHNet network must be used.
Outpatient Services	75			
Laboratory Services		30		For x-rays, blood work.
Out of network provider rules:	Nothing covered except Emergency Room services, covered same as In-Network			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	Preventive care/ Screening/Immunization No Charge. Chiropractors 30% Coins., limit 20 Visits per year.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (a)	5 (Retail), 12.50 (Mail)		Generic Drugs. Tier One divided into One and One (a); both preferred generics, but those in One(a), marked with a check-mark in formulary, may be available at no cost at in-network pharmacy
One	15 (Retail), 37.50 (Mail)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (mail)
Two	40 (Retail), 100 (Mail)		Preferred Brand. Same supply limits as above
Three	75 (Retail), 187.50 (Mail)		Non-preferred Brand. Non-preferred Generics covered same as Non-preferred Brands. Same supply limits.
Four		40	Specialty.
Five		50	Specialty. Retail only; no mail order.
Name of Formulary Used:			
2016 CoventryOne Prescription Drug List: GA			
Link to Formulary: https://client.formularynavigator.com/Search.aspx?siteCode=8450062277			
Contact Number: 1-855-449-2889			
Notes re: Deductible or Coverage:			
Rx deductible included in plan deductible / Rx drug out-of-pocket maximum Included in plan's out-of-pocket maximum			

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

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Epzicom (abacavir/lamivudine)	X			X					
Evotaz								X	
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Stribild									
(cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X			X		
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
									T3: tab 300mg; T2: sol 20mg
Ziagen (abacavir)	X			X					

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay 2750 HMO Albany

2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Aetna Health Inc. (a GA corp.)			
Plan Name:	Coventry Silver \$10 Copay 2750 HMO Albany			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Albany / Dougherty Zip code 31701			
Link to Summary of Benefits:	http://www.coventryone.com/web/groups/public/@cvty_individual_c1/documents/document/ga51568.pdf			
Individual Deductibles:	Medical: \$2750	Prescription: none	Out of Pocket Cap: \$6850	
Family Deductibles:	Medical: \$5500	Prescription: none	Out of Pocket Cap: \$13,700	
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A	
Premiums (per month)	Individual:\$364	Family:\$		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10		None	Deductible Waived (DW)
Specialists	75		None	DW
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		40	Prior authorization may be required	
Emergency Room	500		Co-pay waived if admitted.	
Mental/Behavioral			MHNet network must be used	
Outpatient Health Services	75			DW
Substance Use Disorder			MHNet network must be used	
Outpatient Services	75			
Laboratory Services		40	None	
Out of network provider rules:	No out of network coverage			
Special provisions/exceptions for individuals living with HIV?	None mentioned			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (a)	5 (Retail), 12.50 (Mail)		Generic Drugs. Tier One divided into One and One (a); both preferred generics, but those in One(a), marked with a check-mark in formulary, may be available at no cost at in-network pharmacy
One	5 (Retail), 37.50 (Mail)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (mail)
Two	50 (Retail), 125 (Mail)		Preferred Brand. Same supply limits as above.
Three	80 (Retail), 200 (Mail)		Non-preferred Brand. Non-preferred Generics covered same as Non-preferred Brands. Same supply limits.
Four		40	Specialty.
Five/		50	Specialty. Retail only; no mail order.
Name of Formulary:	Used: 2016 CoventryOne Prescription Drug List: GA		
Link to Formulary:	https://client.formularynavigator.com/Search.aspx?siteCode=8450062277		
Contact Number:	1-855-449-2889		
Notes re: Deductible or Coverage:	Rx deductible included in plan deductible / Rx drug out-of-pocket maximum Included in plan's out-of-pocket maximum		

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz								X	
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Stribild									
(cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X			X		
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
									T3: tab 300mg; T2: sol 20mg
Ziagen (abacavir)	X			X					

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay 2750 HMO Atlanta

2016 Georgia QHP

Overall Plan Information

Issuer Name:	Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.		
Plan Name:	Coventry Silver \$10 Copay 2750 HMO Atlanta		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton (30308)		
Link to Summary of Benefits:	http://www.coventryone.com/GA51444		
Individual Deductibles:	Medical: \$2750	Prescription: none	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$5500	Prescription: none	Out of Pocket Cap: \$13700
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual: \$252	Family: \$785	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10			Visit deductible waived
Specialists	75			Visit deductible waived
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		40		Physician fee is 40% coinsurance only if in-network. Out of network not covered.
Emergency Room	500			Copay waived if admitted; out of network is same as in network.
Mental/Behavioral				
Outpatient Health Services	75			Visit deductible waived
Substance Use Disorder				
Outpatient Services	75			Visit deductible waived
Laboratory Services		40		
Out of network provider rules:	Not covered. Emergency room, medical transportation and urgent care same fees for out-of-network as they are for in-network			
Special provisions/exceptions for individuals living with HIV?	No			

Other information:

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (a)	5 (retail), 12.50 (mail)		Generic Drugs. Tier One divided into One and One (a); both preferred generics, but those in One(a), marked with a check-mark in formulary, may be available at no cost at in-network pharmacy
One	15 (retail), 37.50 (mail)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (mail)
Two	50 (retail), 125 (mail)		Preferred Brand. Same supply limits as above
Three	80 (retail), 200 (mail)		Non-preferred Brand. Non-preferred Generics covered same as Non-preferred Brands. Same supply limits.
Four		40	Specialty.
Five/Specialty		50	Specialty. Retail only; no mail order.
Name of Formulary Used:	2016 CoventryOne Prescription Drug List: Ga		
Link to Formulary:	https://client.formularynavigator.com/search.aspx?sitecode=845006277		
Contact Number:	1-877-336-3915		
Notes re: Deductible or Coverage:			

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X			X		
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X			X					T3: tab 300mg; T2: sol 20mg

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 2750 HMO Augusta

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.		
Plan Name:	Coventry Silver \$10 2750 HMO Augusta		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Richmond County (30903)		
Link to Summary of Benefits:	http://www.coventryone.com/ga51661		
Individual Deductibles:	Medical: \$2750	Prescription: none	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$5500	Prescription: none	Out of Pocket Cap: \$13700
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$263	Family: \$822	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10			Visit deductible waived
Specialists	75			Visit deductible waived
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		40		Physician fee is 30% coinsurance only if in-network. Out of network not covered. For a hospital stay, prior authorization may be required.
Emergency Room	500			Copay waived if admitted; out of network is same as in network.
Mental/Behavioral				
Outpatient Health Services	75			Visit deductible waived
Substance Use Disorder				
Outpatient Services	75			Visit deductible waived
Laboratory Services		40		
Out of network provider rules:	Not covered. Emergency room, medical transportation and urgent care same fees for out-of-network as they are for in-network			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	Deductible doesn't apply to certain office visits, preventive care, urgent care			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (a)	5 (Retail), 12.50 (Mail)		Generic Drugs. Tier One divided into One and One (a); both preferred generics, but those in One(a), marked with a check-mark in formulary, may be available at no cost at in-network pharmacy
One	15 (Retail), 37.50 (Mail)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (mail)
Two	50 (Retail), 125 (Mail)		Preferred Brand. Same supply limits as above
Three	80 (Retail), 200 (Mail)		Non-preferred Brand. Non-preferred Generics covered same as Non-preferred Brands. Same supply limits.
Four		40	Specialty.
Five		50	Specialty. Retail only; no mail order.
Name of Formulary Used:	2016 CoventryOne Prescription Drug List: GA		
Link to Formulary:	https://client.formularynavigator.com/search.aspx?sitecode=845006277		
Contact Number:	1-877-336-3915		
Notes re: Deductible or Coverage:	This plan starts with Tier 1a and goes through tier 5		

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

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Epzicom (abacavir/lamivudine)	X			X					
Evotaz								X	
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Stribild									
(cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X			X		
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
									T3: tab 300mg;
Ziagen (abacavir)	X			X					T2: sol 20mg

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay 2750 HMO Hall

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health Inc. (a GA corp.)		
Plan Name:	Coventry Silver \$10 Copay 2750 HMO Hall		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Hall		
Link to Summary of Benefits:	http://www.coventryone.com/web/groups/public/@cvty_individual_c1/documents/document/ga51413.pdf		
Individual Deductibles:	Medical: \$2750	Prescription: none	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$5500	Prescription: none	Out of Pocket Cap: \$13,700
Out of Network Deductibles: No out of network benefits	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$293	Family: \$915	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10		None	\$10 co-payment (co-pay)/visit deductible waived (DW)
Specialists	75		None	DW
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		40		Prior authorization may be required, please see your plan documents.
Emergency Room	500			Co-pay waived if admitted.
Mental/Behavioral Outpatient Health Services	75			MHNet network must be used for In-Network benefit. DW.
Substance Use Disorder Outpatient Services	75			MHNet network must be used for In-Network benefit. DW.
Laboratory Services		40		
Out of network provider rules:	Not covered			
Special provisions/exceptions for individuals living with HIV?	None listed			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (a)	5 (Retail), 12.50 (Mail)		Generic Drugs. Tier One divided into One and One (a); both preferred generics, but those in One(a), marked with a check-mark in formulary, may be available at no cost at in-network pharmacy
One	15 (Retail), 37.50 (Mail)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (mail)
Two	50 (Retail), 125 (Mail)		Preferred Brand. Same supply limits as above
Three	80 (Retail), 200 (Mail)		Non-preferred Brand. Non-preferred Generics covered same as Non-preferred Brands. Same supply limits.
Four		40	Specialty.
Five		50	Specialty. Retail only; no mail order.
Name of Formulary Used:		2016 CoventryOne Prescription Drug List: GA	
Link to Formulary:		https://client.formularynavigator.com/Search.aspx?siteCode=8450062277	
Contact Number:		1-855-449-2889	
Notes re: Deductible or Coverage:		Rx deductible included in plan deductible / Rx drug out-of-pocket maximum Included in plan's out-of-pocket maximum	

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz								X	
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Stribild									
(cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X			X		
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
									T3: tab 300mg; T2: sol 20mg
Ziagen (abacavir)	X			X					

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay 2750 HMO Savannah

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.		
Plan Name:	Coventry Silver \$10 Copay 2750 HMO Savannah		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Chatam (31405)		
Link to Summary of Benefits:	http://www.coventryone.com/ga51475		
Individual Deductibles:	Medical: \$2750	Prescription: \$0	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$5500	Prescription: \$0	Out of Pocket Cap: \$13700
Out of Network Deductibles:	Medical: \$NOT COVERED	Prescription: \$n/a	Out of Pocket Cap: \$NOT COVERED
Premiums (per month)	Individual: \$240	Family: \$748	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10	n/a	None	Visit deductible waived
Specialists	75	n/a	None	Visit deductible waived
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	n/a	40	None	Physician fee is 40% coinsurance only if in-network. Out of network not covered. For a hospital stay, prior authorization may be required.
Emergency Room	500	n/a	None	Copay waived if admitted; out of network is same as in network.
Mental/Behavioral Outpatient Health Services	75	n/a	None	Visit deductible waived
Substance Use Disorder Outpatient Services	75	n/a	None	Visit deductible waived
Laboratory Services	n/a	40	None	
Out of network provider rules	Not covered. ER, medical transportation and urgent care same fees for OON as they are for in-network			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	deductible doesn't apply to certain office visits, Preventive care, urgent care			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One "a"	5 (retail)/ 12.50 (home delivery)	n/a	Generic drugs
One	15 (retail) / 37.50 (home delivery)	n/a	Generic drugs
Two	40 (retail)/ 100 (home delivery)	n/a	Preferred brand drugs
Three	75 (retail)/ 187.50 (home delivery)	n/a	Non-preferred brand drugs
Four	n/a	40	Specialty drugs; limited to 31 day supply
Five/Specialty	n/a	50	Specialty drugs; limited to 31 day supply
Name of Formulary Used:	2016 CoventryOne Prescription Drug List: Ga		
Link to Formulary:	https://client.formularynavigator.com/search.aspx?sitecode=845006277		
Contact Number:	1-877-336-3915		
Notes re: Deductible or Coverage:	This plan starts with Tier 1a and goes through tier 5		

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

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

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay 2750 HMO Seg

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.		
Plan Name:	Coventry Silver \$10 2750 HMO SEGA		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Glynn County (31523)		
Link to Summary of Benefits:	http://www.coventryone.com/ga51630		
Individual Deductibles:	Medical: \$2750	Prescription: \$0	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$5500	Prescription: \$0	Out of Pocket Cap: \$13700
Out of Network Deductibles:	Medical: \$NOT COVERED	Prescription: \$n/a	Out of Pocket Cap: \$NOT COVERED
Premiums (per month)	Individual:\$320	Family: \$997	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10	n/a	None	Visit deductible waived
Specialists	75	n/a	None	Visit deductible waived
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	n/a	40	None	Physician fee is 30% coinsurance only if in-network. OON not covered. PA for hospital stay.
Emergency Room	500	n/a	None	Copay waived if admitted; out of network is same as in network.
Mental/Behavioral				
Outpatient Health Services	75	n/a	None	Visit deductible waived
Substance Use Disorder				
Outpatient Services	75	n/a	None	Visit deductible waived
Laboratory Services	n/a	40	None	
Out of network provider rules:	Not covered. ER, medical transportation and urgent care same fees for OON as they are for in-network			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	deductible doesn't apply to certain office visits, Preventive care, urgent care			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One "a"	5 (retail)/ 12.50 (home delivery)	n/a	Generic drugs
One	15 (retail) / 37.50 (home delivery)	n/a	Generic drugs
Two	50 (retail)/ 125 (home delivery)	n/a	Preferred brand drugs
Three	80 (retail)/ 200 (home delivery)	n/a	Non-preferred brand drugs
Four	n/a	40	Specialty drugs; limited to 31 day supply
Five/Specialty	n/a	50	Specialty drugs; limited to 31 day supply
Name of Formulary Used:	2016 CoventryOne Prescription Drug List: Ga		
Link to Formulary:	https://client.formularynavigator.com/search.aspx?sitecode=845006277		
Contact Number:	1-877-336-3915		
Notes re: Deductible or Coverage:	This plan starts with Tier 1a and goes through tier 5		

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

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

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay HMO Albany

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health Inc. (a GA corp.)		
Plan Name:	Coventry Silver \$10 Copay HMO Albany		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Albany / Dougherty Zip 31701		
Link to Summary of Benefits:	https://www.healthcare.gov/see-plans/#/plan/results/82824GA0100027/details		
Individual Deductibles:	Medical: \$3500	Prescription: \$500	Out of Pocket Cap: \$6250
Family Deductibles:	Medical: \$7000	Prescription: \$--	Out of Pocket Cap: \$12500
Out of Network Deductibles:	Medical: \$	Prescription: \$--	Out of Pocket Cap: \$
Premiums (per month)	Individual:\$384	Family:\$ --	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$10		None	Deductible Waived (DW)
Specialists	\$75		None	Deductible Waived (DW)
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	\$500	30%		
Emergency Room	\$500			Co-pay waived if admitted.
Mental/Behavioral				
Outpatient Health Services	\$75			Deductible Waived (DW)
Substance Use Disorder				
Outpatient Services	\$75			Deductible Waived (DW)
Laboratory Services		30%		
Out of network provider rules:	No out of network benefit			
Special provisions/exceptions for individuals living with HIV?	None mentioned			
Other information:				

Plan Information				
Tiers		Co-Payments (\$)	Co-Insurance (%)	Notes
One		\$5 co-pay/Retail, \$12.50 co-pay/Mail, Tier 1a; \$15 copay/ Retail, \$37.50 co-pay/Mail, Tier 1		Limited to 31 day supply retail, 32-90 day supply mail.Non-Preferred Generic same benefit as Non-Preferred Brand.
Two		\$40 co-pay/Retail, \$100 co-pay/Mail, Tier 2		Limited to 31 day supply retail, 32-90 day supply mail.
Three		\$75 co-pay/Retail, \$187.50 copay/ Mail, Tier 3		Limited to 31 day supply retail, 32-90 day supply mail.
Four		40% co-ins/Retail, Tier 4;		Limited to 31 day supply retail. In- Network: Tier 4 and 5 mail - Not Covered.
Five/Specialty		50% coins/ Retail, Tier 5		Limited to 31 day supply retail. In- Network: Tier 4 and 5 mail - Not Covered.
Name of Formulary Used:		2016 CoventryOne Prescription Drug List: GA		
Link to Formulary:		https://client.formularynavigator.com/Search.aspx?siteCode=8450062277		
Contact Number:		1-855-449-2889.		
Notes re: Deductible or Coverage:				

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

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

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay HMO Atlanta

2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.			
Plan Name:	Coventry Silver \$10 Copay HMO Atlanta			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Fulton (30308)			
Link to Summary of Benefits:	http://www.coventryone.com/ga51436			
Individual Deductibles:	Medical: \$3500	Prescription: \$0	Out of Pocket Cap: \$6250	
Family Deductibles:	Medical: \$7000	Prescription: \$0	Out of Pocket Cap: \$12500	
Out of Network Deductibles:	Medical: \$NOT COVERED	Prescription: \$n/a	Out of Pocket Cap: \$NOT COVERED	
Premiums (per month)	Individual: \$266	Family: \$829		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10	n/a	None	Visit deductible waived
Specialists	75	n/a	None	Visit deductible waived
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	30	None	Physician fee is 30% coinsurance only if in-network. OON not covered.
Emergency Room	500	n/a	None	Copay waived if admitted; out of network is same as in network.
Mental/Behavioral				
Outpatient Health Services	75	n/a	None	Visit deductible waived
Substance Use Disorder				
Outpatient Services	75	n/a	None	Visit deductible waived
Laboratory Services	n/a	30	None	
Out of network provider rules: Not covered.	Emergency room, medical transportation and urgent care same fees for OON as they are for in-network			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	Deductible doesn't apply to certain office visits, Preventive care, urgent care			

Plan Information				
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes	
One “a”	5 (retail)/ 12.50 (home delivery)	n/a	Generic drugs	
One	15 (retail) / 37.50 (home delivery)	n/a	Generic drugs	
Two	40 (retail)/ 100 (home delivery)	n/a	Preferred brand drugs	
Three	75 (retail)/ 187.50 (home delivery)	n/a	Non-preferred brand drugs	
Four	n/a	40	Specialty drugs; limited to 31 day supply	
Five/Specialty	n/a	50	Specialty drugs; limited to 31 day supply	
Name of Formulary Used:		2016 CoventryOne Prescription Drug List: Ga		
Link to Formulary:		https://client.formularynavigator.com/search.aspx?sitecode=845006277		
Contact Number:		1-877-336-3915		
Notes re: Deductible or Coverage:		This plan starts with Tier 1a and goes through tier 5		

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

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

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay HMO Augusta

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.		
Plan Name:	Coventry Silver \$10 Copay HMO Augusta		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Richmond County (30903)		
Link to Summary of Benefits:	http://www.coventryone.com/ga51622		
Individual Deductibles:	Medical: \$3500	Prescription: \$0	Out of Pocket Cap: \$6250
Family Deductibles:	Medical: \$7000	Prescription: \$0	Out of Pocket Cap: \$12500
Out of Network Deductibles:	Medical: \$NOT COVERED	Prescription: \$n/a	Out of Pocket Cap: \$NOT COVERED
Premiums (per month)	Individual:\$337	Family: \$868	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10	n/a	None	Visit deductible waived
Specialists	75	n/a	None	Visit deductible waived
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	30	None	Physician fee is 30% coinsurance only if in-network. OON not covered. PA for hospital stay. Copay waived if admitted; out of network is same as in network.
Emergency Room	500	n/a	None	
Mental/Behavioral				
Outpatient Health Services	75	n/a	None	Visit deductible waived
Substance Use Disorder				
Outpatient Services	75	n/a	None	Visit deductible waived
Laboratory Services	n/a	30	None	
Out of network provider rules:	Not covered. ER, medical transportation and urgent care same fees for OON as they are for in-network			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	Deductible doesn't apply to certain services. \$500 deductible for specific services.			

Plan Information				
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes	
One “a”	5 (retail)/ 12.50 (home delivery)	n/a	Generic drugs	
One	15 (retail) / 37.50 (home delivery)	n/a	Generic drugs	
Two	40 (retail)/ 100 (home delivery)	n/a	Preferred brand drugs	
Three	75 (retail)/ 187.50 (home delivery)	n/a	Non-preferred brand drugs	
Four	n/a	40	Specialty drugs; limited to 31 day supply	
Five/Specialty	n/a	50	Specialty drugs; limited to 31 day supply	
Name of Formulary Used:	2016 CoventryOne Prescription Drug List: Ga			
Link to Formulary:	https://client.formularynavigator.com/search.aspx?sitecode=845006277			
Contact Number:	1-877-336-3915			
Notes re: Deductible or Coverage:	This plan starts with Tier 1a and goes through tier 5			

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

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

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay HMO Hall

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health Inc (a GA Corp)		
Plan Name:	Coventry Silver \$10 Copay HMO Hall		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Hall		
Link to Summary of Benefits:	http://www.coventryone.com/web/groups/public/@cvty_individual_c1/documents/document/ga51405.pdf		
Individual Deductibles:	Medical: \$3,500	Prescription: \$500	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$7,000	Prescription: \$	Out of Pocket Cap: \$ 12,500
Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$
Premiums (per month)	Individual:\$310	Family:\$	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$10			Deductible Waived (DW)
Specialists	\$75			DW
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	\$500	30%		PA
Emergency Room	\$500			Co-pay waived if admitted.
Mental/Behavioral				
Outpatient Health Services	\$75 - DW			MHNet network required for In-Network benefit.
Substance Use Disorder				
Outpatient Services	\$75 - DW			MHNet network required for In-Network benefit.
Laboratory Services		30%		
Out of network provider rules:	Not Covered			
Special provisions/exceptions for individuals living with HIV?	Not listed			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$5 co-pay/Retail, \$12.50 co-pay/Mail, Tier 1a; \$15 copay/Retail, \$37.50 co-pay/Mail		Limited to 31 day supply retail, 32-90 day supply mail.Non-Preferred Generic same benefit as Non-Preferred Brand.
Two	\$40 co-pay/Retail, \$100 co-pay/Mail		Limited to 31 day supply retail, 32-90 day supply mail.
Three	\$75 co-pay/Retail, \$187.50 copay/Mail		Limited to 31 day supply retail, 32-90 day supply mail.
Four		40% co-ins/Retail	Limited to 31 day supply retail. In-Network: Tier 4 and 5 mail - Not Covered.
Five/Specialty		50% coins/Retail	Limited to 31 day supply retail. In-Network: Tier 4 and 5 mail - Not Covered.
Name of Formulary Used:			
2016 CoventryOne Prescription Drug List: GA			
Link to Formulary:		https://client.formularynavigator.com/Search.aspx?siteCode=8450062277	
Contact Number:		1-855-449-2889	
Notes re: Deductible or Coverage:		Prescription drug out-of-pocket maximum Included in plan's out-of-pocket maximum	

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X			X					
Isentress (raltegravir)			X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X			X		
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X				X		
Tyboost (cobicistat)	X		X				X		
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X	X	X	X					Different forms on T1, T2 and T3
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X				X		
Ziagen (abacavir)	X	X		X					

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay HMO Savannah

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.		
Plan Name:	Coventry Silver \$10 Copay HMO Savannah		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Chatham (31405)		
Link to Summary of Benefits:	http://www.coventryone.com/ga51436		
Individual Deductibles:	Medical: \$3500	Prescription: none	Out of Pocket Cap: \$6250
Family Deductibles:	Medical: \$7000	Prescription: none	Out of Pocket Cap: \$12500
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$253	Family: \$790	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10		None	Visit deductible waived
Specialists	75		None	Visit deductible waived
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	30	None	Physician fee is 30% coinsurance only if in-network. Out of network not covered. For a hospital stay, prior authorization may be required.
Emergency Room	500		None	Copay waived if admitted; out of network is same as in network.
Mental/Behavioral				
Outpatient Health Services	75		None	Visit deductible waived
Substance Use Disorder				
Outpatient Services	75		None	Visit deductible waived
Laboratory Services		30	None	
Out of network provider rules:	Not covered. Emergency room, medical transportation and urgent care same fees for out-of-network as they are for in-network			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	Deductible doesn't apply to certain office visits, preventive care, urgent care.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One "a"	5 (retail), 12.50 (mail)		Generic Drugs. Tier One divided into One and One (a); both preferred generics, but those in One(a), marked with a check-mark in formulary, may be available at no cost at in-network pharmacy
One	15 (retail), 37.50 (mail)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (mail)
Two	40 (retail), 100 (mail)		Preferred Brand. Same supply limits as above
Three	75 (retail), 187.50 (mail)		Non-preferred Brand. Non-preferred Generics covered same as Non-preferred Brands. Same supply limits.
Four		40	Specialty.
Five/Specialty		50	Specialty. Retail only; no mail order.
Name of Formulary Used:	2016 CoventryOne Prescription Drug List: Ga		
Link to Formulary:	https://client.formularynavigator.com/search.aspx?sitecode=845006277		
Contact Number:	1-877-336-3915		
Notes re: Deductible or Coverage:	This plan starts with Tier 1a and goes through tier 5		

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

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
									T3: tab 300mg;
									T2: sol 20mg
Ziagen (abacavir)	X			X					

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay HMO SEGA

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.		
Plan Name: Coventry Silver \$10 Copay HMO SEGA	Coventry Silver \$10 Copay HMO SEGA		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Glynn County (31523)		
Link to Summary of Benefits:	http://www.coventryone.com/ga51622		
Individual Deductibles:	Medical: \$3500	Prescription: none	Out of Pocket Cap: \$6250
Family Deductibles:	Medical: \$7000	Prescription: none	Out of Pocket Cap: \$12500
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$337	Family: \$1053	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10			Visit deductible waived
Specialists	75			Visit deductible waived
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	30		Physician fee is 30% coinsurance only if in-network. Out of network not covered. For a hospital stay, prior authorization may be required. Copay waived if admitted; out of network is same as in network.
Emergency Room	500		None	
Mental/Behavioral				
Outpatient Health Services	75		None	Visit deductible waived
Substance Use Disorder				
Outpatient Services	75		None	Visit deductible waived
Laboratory Services		30	None	
Out of network provider rules:	Not covered. Emergency room, medical transportation and urgent care same fees for out-of-network as they are for in-network			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	Deductible doesn't apply to certain office visits, preventive care, urgent care.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (a)	5 (Retail), 12.50 (Mail)		Generic Drugs. Tier One divided into One and One (a); both preferred generics, but those in One(a), marked with a check-mark in formulary, may be available at no cost at in-network pharmacy
One	15 (Retail), 37.50 (Mail)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (mail)
Two	40 (Retail), 100 (Mail)		Preferred Brand. Same supply limits as above
Three	75 (Retail), 187.50 (Mail)		Non-preferred Brand. Non-preferred Generics covered same as Non-preferred Brands. Same supply limits.
Four		40	Specialty.
Five		50	Specialty. Retail only; no mail order.
Name of Formulary Used:	2016 CoventryOne Prescription Drug List: Ga		
Link to Formulary:	https://client.formularynavigator.com/search.aspx?sitecode=845006277		
Contact Number:	1-877-336-3915		
Notes re: Deductible or Coverage:	This plan starts with Tier 1a and goes through tier 5		

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz								X	
Intelence (etravirine)	X			X					

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X			X		
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X				X		
Tyboost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
									T3: tab 300mg; T2: sol 20mg
Ziagen (abacavir)	X			X					

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay 2750 HMO Valdosta

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health, Inc. (a GA corp.) DBA Coventry Healthcare of Georgia, Inc.		
Plan Name:	Coventry Silver \$10 Copay 2750 HMO Valdosta		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> XHMO <input type="checkbox"/> Other
Coverage Area (counties):	Network providers within 50 miles of Valdosta located in Lowndes, Thomas, Tift, Colquitt. Clinch, Cook, Atkinson, Berrien, Echols, Brooks, and Lanier Counties		
Link to Summary of Benefits:	http://www.coventryone.com/web/groups/public/@cvty_individual_c1/documents/document/ga51537.pdf		
Individual Deductibles:	Medical: \$2,700	Prescription: none	Out of Pocket Cap: \$6,850
Family Deductibles:	Medical: \$5,500	Prescription: none	Out of Pocket Cap: \$13,700
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$351	Family:\$1,094	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10			Deductible waived
Specialists	75			Deductible waived
Referral required for specialists?		No		
Inpatient Services		40		Preauthorization may be required to ensure coverage of Facility Fees
Emergency Room	500			Copay waived if admitted
Mental/Behavioral Outpatient Health Services	75			MHNet network must be used. Deductible waived.
Substance Use Disorder Outpatient Services	75			MHNet network must be used. Deductible waived.
Laboratory Services		40		For x-rays, blood work.
Out of network provider rules: as In-Network	Nothing covered except Emergency Room services - covered same as In-Network			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	Preventive care/ Screening/Immunization No Charge. Chiropractor 40% Coins. 20 Visits per year.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (a)	5 (Retail), 12.50 (Mail)		Generic Drugs. Tier One divided into One and One (a); both preferred generics, but those in One(a), marked with a check-mark in formulary, may be available at no cost at in-network pharmacy
One	15 (Retail), 37.50 (Mail)		
Two	50 (Retail), 125 (Mail)		
Three	80 (Retail), 200 (Mail)		Preferred Brand. Same supply limits as above
Four		40	Non-preferred Brand. Non-preferred Generics covered same as Non-preferred Brands. Same supply limits.
Five		50	Specialty.
Name of Formulary Used:	2016 CoventryOne Prescription Drug List: GA		
Link to Formulary:	https://client.formularynavigator.com/Search.aspx?siteCode=8450062277		
Contact Number:	1-855-449-2889		
Notes re: Deductible or Coverage:	Rx deductible included in plan deductible / Rx drug out-of-pocket maximum Included in plan's out-of-pocket maximum		

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

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X			X					T3: tab 300mg; T2: sol 20mg

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc.

Coventry Silver \$10 Copay HMO Valdosta

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Aetna Health, Inc. (a GA corp.) DBA Coventry Healthcare of Georgia, Inc.		
Plan Name:	Coventry Silver \$10 Copay HMO Valdosta		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Network providers within 50 miles of Valdosta located in Lowndes, Thomas, Tift, Colquitt. Clinch, Cook, Atkinson, Berrien, Echols, Brooks, Lanier Counties		
Link to Summary of Benefits:	http://www.coventryone.com/web/groups/public/@cvty_individual_c1/documents/document/ga51529.pdf		
Individual Deductibles:	Medical: \$3,500	Prescription: none	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$7,000	Prescription: none	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$371	Family:\$1,156	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10			Deductible waived
Specialists	75			Deductible waived
Referral required for specialists?		No		
Inpatient Services Facility Fees	500/Admittance, then	30		Preauthorization may be required
Inpatient Physicians' & Surgeons' Fees		30		
Emergency Room	500			Copay waived if admitted
Mental/Behavioral				MHNet network must be used. Visit deductible waived.
Outpatient Health Services	75			MHNet network must be used. Visit deductible waived.
Substance Use Disorder				MHNet network must be used. Visit deductible waived.
Outpatient Services	75			
Laboratory Services		30		For x-rays, blood work.
Out of network provider rules:	Nothing covered except Emergency Room services - covered same as In-Network			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	Preventive care/ Screening/Immunization No Charge. Chiropractors 40% Coins., Limit 20 Visits per year.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (a)	5 (Retail), 12.50 (Mail)		Generic Drugs. Tier One divided into One and One (a); both preferred generics, but those in One(a), marked with a check-mark in formulary, may be available at no cost at in-network pharmacy
One	15 (Retail), 37.50 (Mail)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (mail)
Two	40 (Retail), 100 (Mail)		Preferred Brand. Same supply limits as above
Three	75 (Retail), 187.50 (Mail)		Non-preferred Brand. Non-preferred Generics covered same as Non-preferred Brands. Same supply limits.
Four		40	Specialty.
Five		50	Specialty. Retail only; no mail order.
Name of Formulary Used:	2016 CoventryOne Prescription Drug List: GA		
Link to Formulary:	https://client.formularynavigator.com/Search.aspx?siteCode=8450062277		
Contact Number:	1-855-449-2889		
Notes re: Deductible or Coverage:	Rx deductible included in plan deductible / Rx drug out-of-pocket maximum Included in plan's out-of-pocket maximum		

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X			X					
Evotaz								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Intelence (etravirine)	X			X					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X			X		
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X				X		
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			X					
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X			X					T3: tab 300mg; T2: sol 20mg

Alliant Health Plans

SoloCare 0040007

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Alliant Health Plans		
Plan Name:	SoloCare 0040007		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Banks, GA		
Link to Summary of Benefits:	https://www.alliantplans.com/AlliantFilesWP/solocare2016/83761GA0040007002016.pdf		
Individual Deductibles:	Medical: \$ 1,750	Prescription: Specialty drugs subject to medical deductible	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 3,500	Prescription: Specialty drugs subject to medical deductible	Out of Pocket Cap: \$ 13,700
Out of Network Deductibles:	Medical: \$ 5,250 (I) / 10,500 (F)	Prescription: Specialty drugs subject to medical deductible	Out of Pocket Cap: \$ 18,000 (I) / 36,000 (F)
Premiums (per month)	Individual:\$ 365	Family:\$ 1,140	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20		*Footnote	
Specialists	20		*Footnote	
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		45	*Footnote	Deductible
Emergency Room	300		*Footnote	
Mental/Behavioral Outpatient Health Services		45	*Footnote	Deductible
Substance Use Disorder Outpatient Services		45	*Footnote	Deductible
Laboratory Services		45	*Footnote	Deductible
Out of network provider rules:	40% coinsurance after deductible (except ER - \$300 copay/visit)			

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	None listed. *Footnote - Limits: Summary refers to 2016 Certificate of Coverage, which is not posted. 2015 CoC posted at http://www.alliantplans.com/wp-content/uploads/2015-SoloCare-Certificate-of-Coverage.pdf . The 2015 CoC does not list specific limits either. It only states that there may be limits when using out-of-network providers or services that do not meet current guidelines (medically necessary, preventive, etc).			
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	15		Generic.
Two	50		Preferred Brand.
Three	150		Non-preferred Brand.
Four		50	Preferred Specialty. Subject to medical deductible. Available through specialty pharmacy program.
Five/Specialty			
Name of Formulary Used:	Essential Health Benefits		
Link to Formulary:	http://www.alliantplans.com/wp-content/uploads/Navitus-EHB-Formulary-updated-12-1-2015.pdf		
Contact Number:	866-333-2757		
Notes re: Deductible or Coverage:	Specialty deductible = Medical deductible (no separate deductible). Codes: LMSP: Lumicera Mandatory Specialty Program; QL: Quantity Limit		

HCV Medications

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

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

Alliant Health Plans

SoloCare 0040010

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Alliant Health Plans		
Plan Name:	SoloCare 0040010		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Banks GA		
Link to Summary of Benefits:	https://www.alliantplans.com/AlliantFilesWP/solocare2016/83761GA0040010002016.pdf		
Individual Deductibles:	Medical: \$ 2,500	Prescription: Specialty Rx subject to Medical deductible	Out of Pocket Cap: \$ 6,850
		Prescription: Specialty Rx subject to Medical deductible	Out of Pocket Cap: \$ 13,700
Family Deductibles:	Medical: \$ 5,000	Prescription: Specialty Rx subject to Medical deductible	Out of Pocket Cap: \$ 18,000 (I) / 36,000 (F)
Out of Network Deductibles:	Medical: \$ 6,000 (I) / 12,000 (F)	Prescription: Specialty Rx subject to Medical deductible	Out of Pocket Cap: \$ 18,000 (I) / 36,000 (F)
Premiums (per month)	Individual:\$ 365	Family:\$ 1,139	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30		*Footnote	
Specialists	50		*Footnote	
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20	*Footnote	Deductible
Emergency Room	250		*Footnote	
Mental/Behavioral				
Outpatient Health Services		20	*Footnote	Deductible
Substance Use Disorder				
Outpatient Services		20	*Footnote	Deductible
Laboratory Services		20	*Footnote	Deductible
40% coinsurance after deductible (except ER - \$250 copay/visit)				
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	None listed.			
	*Footnote - Limits: Summary refers to 2016 Certificate of Coverage, which is not posted. 2015 CoC posted at http://www.alliantplans.com/wp-content/uploads/2015-SoloCare-Certificate-of-Coverage.pdf . The 2015 CoC does not list specific limits either. It only states that there may be limits when using out-of-			
Other information:	network providers or services that do not meet current guidelines (medically necessary, preventive, etc).			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	15		Generic.
Two	50		Preferred Brand.
Three	150		Non-preferred Brand.
Four		50	Preferred Specialty.
Five/Specialty			
Name of Formulary Used:	Essential Health Benefits		
Link to Formulary:	http://www.alliantplans.com/wp-content/uploads/Navitus-EHB-Formulary-updated-12-1-2015.pdf		
Contact Number:	866-333-2757		
Notes re: Deductible or Coverage:	Specialty deductible = Medical deductible (no separate deductible). Codes: LMSP: Lumicera Mandatory Specialty Program; QL: Quantity Limit		

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

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

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

Alliant Health Plans

SoloCare 0040015

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Alliant Health Plans		
Plan Name:	SoloCare 0040015		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Banks GA		
Link to Summary of Benefits:	https://www.alliantplans.com/AlliantFilesWP/solocare2016/83761GA0040015002016.pdf		
Individual Deductibles:	Medical: \$ 3,000	Prescription: Specialty Rx subject to Medical deductible	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 6,000	Prescription: Specialty Rx subject to Medical deductible	Out of Pocket Cap: \$ 13,700
Out of Network Deductibles:	Medical: \$ 12,000 (I) / 24,000 (F)	Prescription: Specialty Rx subject to Medical deductible	Out of Pocket Cap: \$ 18,000 (I) / 36,000 (F)
Premiums (per month)	Individual:\$ 366	Family:\$ 1,140	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	25		*Footnote	
Specialists	60		*Footnote	
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20	*Footnote	Deductible
Emergency Room	250		*Footnote	
Mental/Behavioral				
Outpatient Health Services		20	*Footnote	Deductible
Substance Use Disorder				
Outpatient Services		20	*Footnote	Deductible
Laboratory Services		20	*Footnote	Deductible
Out of network provider rules:	40% coinsurance after deductible (except ER - \$250 copay/visit)			
Special provisions/exceptions for individuals living with HIV?	None listed			
	*Footnote - Limits: Summary refers to 2016 Certificate of Coverage, which is not posted. 2015 CoC posted at http://www.alliantplans.com/wp-content/uploads/2015-SoloCare-Certificate-of-Coverage.pdf . The 2015 CoC does not list specific limits either. It only states that there may be limits when using out-of-network providers or services that do not meet current guidelines (medically necessary, preventive, etc).			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	15		Generic. Preferred Brand. Non-preferred Brand. Preferred Specialty. Subject to medical deductible. Available through specialty pharmacy program.
Two	50		
Three	150		
Four		50	
Five/Specialty			
Name of Formulary Used:	Essential Health Benefits		
Link to Formulary:	http://www.alliantplans.com/wp-content/uploads/Navitus-EHB-Formulary-updated-12-1-2015.pdf		
Contact Number:	866-333-2757		
Notes re: Deductible or Coverage:	Specialty deductible = Medical deductible (no separate deductible). Codes: LMSP: Lumicera Mandatory Specialty Program; QL: Quantity Limit		

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

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

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

Alliant Health Plans

SoloCare 0040017

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Alliant Health Plans		
Plan Name:	SoloCare 0040017		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Banks GA		
Link to Summary of Benefits:	https://www.alliantplans.com/AlliantFilesWP/solocare2016/83761GA0040017002016.pdf		
Individual Deductibles:	Medical: \$ 4,500	Prescription: Specialty drugs subject to medical deductible	Out of Pocket Cap: \$ 6,850
	Family Deductibles:	Medical: \$ 9,000	Prescription: Specialty drugs subject to medical deductible Out of Pocket Cap: \$ 13,700
Out of Network Deductibles:	Medical: \$ 15,000 (I) / 30,000 (F)	Prescription: Specialty drugs subject to medical deductible	Out of Pocket Cap: \$ 18,000 (I) / 36,000 (F)
Premiums (per month)	Individual:\$ 364	Family:\$ 1,134	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20		*Footnote	
Specialists	50		*Footnote	
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		0	*Footnote	Deductible
Emergency Room	250		*Footnote	
Mental/Behavioral				
Outpatient Health Services		0	*Footnote	Deductible
Substance Use Disorder				
Outpatient Services		0	*Footnote	Deductible
Laboratory Services		0	*Footnote	Deductible
Out of network provider rules:	40% coinsurance after deductible (except ER - \$250 copay/visit)			
Special provisions/exceptions for individuals living with HIV?	None listed.			
	*Footnote – Limits: Summary refers to 2016 Certificate of Coverage, which is not posted. 2015 CoC posted at http://www.alliantplans.com/wp-content/uploads/2015-SoloCare-Certificate-of-Coverage.pdf . The 2015 CoC does not list specific limits either. It only states that there may be limits when using out-of-network providers or services that do not meet current guidelines			
Other information:	(medically necessary, preventive, etc).			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	15		Generic.
Two	50		Preferred Brand.
Three	150		Non-preferred Brand.
			Preferred Specialty. Subject to medical deductible. Available through specialty pharmacy program.
Four		50	
Five/Specialty			
Name of Formulary Used:	Essential Health Benefits		
Link to Formulary:	http://www.alliantplans.com/wp-content/uploads/Navitus-EHB-Formulary-updated-12-1-2015.pdf		
Contact Number:	866-333-2757		
	Specialty deductible = Medical deductible (no separate deductible). Codes: LMSP: Lumicera Mandatory		
Notes re: Deductible or Coverage:	Specialty Program; QL: Quantity Limit		

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

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

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

Ambetter of Peach State, Inc.

Balanced Care 1

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Ambetter of Peach State Inc.		
Plan Name:	Ambetter Balanced Care 1		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton		
Link to Summary of Benefits:	https://api.centene.com/SBC/2016/70893GA0010002-01.pdf		
Individual Deductibles:	Medical: \$ 5500	Prescription: \$ Included	Out of Pocket Cap: \$ 6500
Family Deductibles:	Medical: \$11000	Prescription: \$ Included	Out of Pocket Cap: \$13000
Out of Network Deductibles:	Medical: None	Prescription: None	Out of Pocket Cap: --
Premiums (per month)	Individual:\$226	Family:\$704	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60		PA	
Referral required for specialists?	Yes	No		
Inpatient Services		20% after deductible	PA	
Emergency Room		20% after deductible / visit		Out of network covered at 20% coinsurance after deductible
Mental/Behavioral				
Outpatient Health Services	\$30		PA	
Substance Use Disorder				
Outpatient Services	\$30		PA	
Laboratory Services		20% after deductible	PA	Listed as “tests” (Diagnostic, imaging)
Out of network provider rules:	No out of network coverage except emergency room visits.			
Special provisions/exceptions for individuals living with HIV?	None listed.			
Other information:				

Plan Information				
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes	
One	\$10		Listed as “Generic”	
Two	\$50		Listed as “Preferred brand”; Prior approval required	
Three		20% Coinsurance after deductible	Listed as “Non-preferred brand”; Prior approval required	
Four		20% Coinsurance after deductible	Listed as “Specialty”; Prior approval required	
Five/Specialty				
Name of Formulary Used:	2016 Preferred Drug List			
Link to Formulary:	https://ambetter.pshpgeorgia.com/content/dam/centene/peachstate/ambetter/PDFs/FORMLARY-AMBETTER_FROM_PEACH_STATE_HEALTH_PLAN.pdf			
Contact Number:	1-877-687-1180			
Notes re: Deductible or Coverage:	Out of pocket providers not covered.			

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

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

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

Ambetter of Peach State, Inc.

Balanced Care 2

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Ambetter of Peach State Inc.		
Plan Name:	Ambetter Balanced Care 2		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton		
Link to Summary of Benefits:	https://api.centene.com/SBC/2016/70893GA0010002-01.pdf		
Individual Deductibles:	Medical: \$ 6500	Prescription: \$ Included	Out of Pocket Cap: \$ 6500
Family Deductibles:	Medical: \$13000	Prescription: \$ Included	Out of Pocket Cap: \$13000
Out of Network Deductibles:	Medical: None	Prescription: None	Out of Pocket Cap: --
Premiums (per month)	Individual:\$222	Family:\$692	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	X Yes	<input type="checkbox"/> No		
Inpatient Services		No charge after deductible	PA	
Emergency Room	\$100 for Urgent Care	No charge after deductible		No charge after deductible
Mental/Behavioral Outpatient Health Services	\$30 copay/ visit	No charge after deductible	PA	
Substance Use Disorder Outpatient Services	\$30 for outpatient	No charge after deductible	PA	
Laboratory Services		No charge after deductible		Listed as “tests” (Diagnostic, imaging)
Out of network provider rules:		No out of network coverage except emergency room visits.		
Special provisions/exceptions for individuals living with HIV?	None listed.			
Other information:				

Plan Information				
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes	
One	\$15		Listed as “Generic”	
Two	\$50		Listed as “Preferred brand”; Prior approval required	
Three		No charge after deductible	Listed as “Non-preferred brand”; Prior approval required; Subject to deductible	
Four		No charge after deductible	Listed as “Specialty”; Prior approval required; Subject to deductible	
Five/Specialty				
Name of Formulary Used:		2016 Preferred Drug List		
Link to Formulary:		https://ambetter.pshpgeorgia.com/content/dam/centene/peachstate/ambetter/PDFs/FORMULARY-AMBETTER_FROM_Peach_STATE_HEALTH_PLAN.pdf		
Contact Number:		1-877-687-1180		
Notes re: Deductible or Coverage:		Out of pocket providers not covered.		

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

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

Ambetter of Peach State, Inc.

Balanced Care 10

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Ambetter of Peach State Inc.		
Plan Name:	Ambetter Balanced Care 10		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton		
Link to Summary of Benefits:	https://api.centene.com/SBC/2016/70893GA0010002-01.pdf		
Individual Deductibles:	Medical: \$ 4500	Prescription: \$ Included	Out of Pocket Cap: \$ 6500
Family Deductibles:	Medical: \$9000	Prescription: \$ Included	Out of Pocket Cap: \$13000
Out of Network Deductibles:	Medical: None	Prescription: None	Out of Pocket Cap: --
Premiums (per month)	Individual:\$233	Family:\$726	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20			
Specialists	\$40			
Referral required for specialists?	X Yes	<input type="checkbox"/> No		
Inpatient Services		20% after deductible	Prior Approval Needed	
Emergency Room	\$100 for Urgent Care	20% after deductible/ visit		Out of network covered at 20% coinsurance after deductible
Mental/Behavioral Outpatient Health Services	\$20 copay/visit	20% after deductible	Prior Approval Needed	
Substance Use Disorder Outpatient Services	\$20 for outpatient	20% after deductible for inpatient	Prior Approval Needed	
Laboratory Services		20% after deductible		Listed as “tests” (Diagnostic, imaging)
Out of network provider rules:	No out of network coverage except emergency room visits.			
Special provisions/exceptions for individuals living with HIV?	None listed.			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$10		Listed as “Generic”
Two	\$50		Listed as “Preferred brand”; Prior approval required
Three		20% Coinsurance after deductible	Listed as “Non-preferred brand”; Prior approval required
Four		20% Coinsurance after deductible	Listed as “Specialty”; Prior approval required
Five/Specialty			
Name of Formulary Used:	2016 Preferred Drug List		
Link to Formulary:	https://ambetter.pshpgeorgia.com/content/dam/centene/peachstate/ambetter/PDFs/FORMULARY-AMBETTER_FROM_PEACH_STATE_HEALTH_PLAN.pdf		
Contact Number:	1-877-687-1180		
Notes re: Deductible or Coverage:	Out of pocket providers not covered.		

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

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

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

Blue Cross Blue Shield Health Plan of Georgia

Silver DirectAccess, A Multi-State Plan

2016 Georgia QHP

Overall Plan Information

Issuer Name:	BCBSHP of Georgia		
Plan Name:	Blue Cross and Blue Shield Healthcare Plan of Georgia Silver DirectAccess a Multi State Plan		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton (30308)		
Link to Summary of Benefits:	http://www.sbc.anthem.com/dps/ccd1G64		
Individual Deductibles:	Medical: \$2000	Prescription: none	Out of Pocket Cap: \$6300
Family Deductibles:	Medical: \$4000	Prescription: none	Out of Pocket Cap: \$12600
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$290	Family: \$906	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	35	20	3 visits	Copay is for 1 st 3 visits, then co-insurance after that
Specialists	75	20	3 visits	Copay is for 1 st 3 visits, then co-insurance after that
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	20		Physician fee is 20% coinsurance only if in-network. Out of network not covered.
Emergency Room	500	20		Copay/visit, then coinsurance. Copay waived if admitted; out of network is same as in network.
Mental/Behavioral		20		
Outpatient Health Services				Not covered if out of network.
Substance Use Disorder		20		
Outpatient Services				
Laboratory Services		20		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	In general not covered at all unless ER, emergency medical transport or urgent care and then it is same coverage as if In-network.			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	The overall deductible does not apply to preventive care, primary care visit, and prescription drugs.			

Plan Information				
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes	
One	15 (retail)/ 30 (home delivery)		Typically generic	
Two	40 (retail)/ 100 (home delivery)		Typically preferred/brand	
Three		20 (retail and delivery)	Typically non-preferred/specialty drugs	
Four		20 (retail and delivery)	Typically specialty drugs	
Five/Specialty				
Name of Formulary Used:	Blue Cross Blue Shield of Georgia, Select Drug List: 4 Tier Formulary			
Link to Formulary:	https://www.bcbsga.com/GASelectdrugtier4			
Contact Number:	1-855-738-6652			
Notes re: Deductible or Coverage:	Regarding drug coverage, Non-formulary (NF) drugs are not included on the plan's drug list that is linked to healthcare.gov. They were all on the bcbsga.com website. An exception process is available to request coverage for a NF drug.			

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

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

Blue Cross Blue Shield Health Plan of Georgia

Silver Pathway X HMO 10 for HSA

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	BCBSHP of Georgia		
Plan Name:	BCBSHP Silver Pathway X HMO 10 for HSA		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton (30308)		
Link to Summary of Benefits:	https://www.sbc.anthem.com/dps/ccd1G5S		
Individual Deductibles:	Medical: \$3200	Prescription: none	Out of Pocket Cap: \$4000
Family Deductibles:	Medical: \$6400	Prescription: none	Out of Pocket Cap: \$8000
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$282	Family: \$880	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		10		
Specialists		10		
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	10		Copay/admission, then coinsurance. Physician fee is 10% coinsurance only if in-network. Out of network not covered.
Emergency Room	500	10		Copay/admission, then coinsurance. Copay waived if admitted; out of network is same as in network.
Mental/Behavioral				
Outpatient Health Services		10		
Substance Use Disorder				
Outpatient Services		10		
Laboratory Services		10		
Out of network provider rules:	In general not covered at all unless ER, emergency medical transport or urgent care and then it is same coverage as if In-network.			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		10 (retail and delivery)	Typically generic
Two		10 (retail and delivery)	Typically preferred/brand
Three		10 (retail and delivery)	Typically non-preferred/specialty drugs
Four		10 (retail and delivery)	Typically specialty drugs
Five/Specialty			
Name of Formulary Used:	Blue Cross Blue Shield of Georgia, Select Drug List: 4 Tier Formulary		
Link to Formulary:	https://www.bcbsga.com/GASelectdrugtier4		
Contact Number:	1-855-738-6652		
Notes re: Deductible or Coverage:	Regarding drug coverage, Non-formulary (NF) drugs are not included on the plan's drug list that is linked to healthcare.gov. They were all on the bcbsga.com website. An exception process is available to request coverage for a NF drug.		

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

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

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

Blue Cross Blue Shield Health Plan of Georgia

Silver Pathway X HMO 2000 25

2016 Georgia QHP

Overall Plan Information

Issuer Name:	BCBSHP of Georgia		
Plan Name:	BCBSHP Silver Pathway X HMO 2000 25		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton (30308)		
Link to Summary of Benefits:	https://www.sbc.anthem.com/dps/ccd1G6K		
Individual Deductibles:	Medical: \$2000	Prescription: none	Out of Pocket Cap: \$6500
Family Deductibles:	Medical: \$4000	Prescription: none	Out of Pocket Cap: \$13000
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$281	Family: \$876	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	35			
Specialists	70			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	25		Copay/visit, then coinsurance. Physician fee is 25% coinsurance only if in-network. Out of network not covered.
Emergency Room	500	25		Copay/visit, then coinsurance. Copay waived if admitted; out of network is same as in network.
Mental/Behavioral				
Outpatient Health Services		25		Not covered if out of network
Substance Use Disorder				
Outpatient Services		25		
Laboratory Services		25		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	In general not covered at all unless ER, emergency medical transport or urgent care and then it is same coverage as if In-network.			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	Deductible does not apply to preventive care, primary care visit, and specialist visit			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		25 (retail and delivery)	Typically generic
Two		25 (retail and delivery)	Typically preferred/brand
Three		25 (retail and delivery)	Typically non-preferred/specialty drugs
Four		25 (retail and delivery)	Typically specialty drugs
Five/Specialty			
Name of Formulary Used:	Blue Cross Blue Shield of Georgia, Select Drug List: 4 Tier Formulary		
Link to Formulary:	https://www.bcbsga.com/GASelectdrugtier4		
Contact Number:	1-855-738-6652		
Notes re: Deductible or Coverage:	Regarding drug coverage, Non-formulary (NF) drugs are not included on the plan's drug list that is linked to healthcare.gov. They were all on the bcbsga.com website. An exception process is available to request coverage for a NF drug.		

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

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

Blue Cross Blue Shield Health Plan of Georgia

Silver Pathway X HMO 3000 10

2016 Georgia QHP

Overall Plan Information

Issuer Name:	BCBSHP of Georgia		
Plan Name:	BCBSHP Silver Pathway X HMO 3000 10		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton (30308)		
Link to Summary of Benefits:	https://www.sbc.anthem.com/dps/ccd1G5Y		
Individual Deductibles:	Medical: \$3000	Prescription: \$0	Out of Pocket Cap: \$6850
Family Deductibles:	Medical: \$6000	Prescription: \$0	Out of Pocket Cap: \$13700
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$282	Family: \$879	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	40	10	3 visits	Copay is for 1 st 3 visits, then co-insurance after that
Specialists	75	10	3 visits	Copay is for 1 st 3 visits, then co-insurance after that
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	10		Copay/visit, then coinsurance. Physician fee is 10% coinsurance only if in-network. Out of network not covered.
Emergency Room	500	10		Copay/visit, then coinsurance. Copay waived if admitted; out of network is same as in network.
Mental/Behavioral				
Outpatient Health Services		10		Not covered if out of network
Substance Use Disorder				
Outpatient Services		10		
Laboratory Services		10		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	In general not covered at all unless ER, emergency medical transport or urgent care and then it is same coverage as if In-network.			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:				

Plan Information				
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes	
One	15 (retail)/ 30 (home delivery)		Typically generic	
Two	40 (retail)/ 100 (home delivery)		Typically preferred/brand	
Three		10 (retail and delivery)	Typically non-preferred/specialty drugs	
Four		10 (retail and delivery)	Typically specialty drugs	
Five/Specialty				
Name of Formulary Used:	Blue Cross Blue Shield of Georgia, Select Drug List: 4 Tier Formulary			
Link to Formulary:	https://www.bcbsga.com/GASelectdrugtier4			
Contact Number:	1-855-738-6652			
Notes re: Deductible or Coverage:	Regarding drug coverage, Non-formulary (NF) drugs are not included on the plan's drug list that is linked to healthcare.gov. They were all on the bcbsga.com website. An exception process is available to request coverage for a NF drug.			

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

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

Blue Cross Blue Shield Health Plan of Georgia

Silver Pathway X HMO 3500 0

2016 Georgia QHP

Overall Plan Information

Issuer Name:	BCBSHP of Georgia		
Plan Name:	Silver Pathway X HMO 3500 0		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton (30308)		
Link to Summary of Benefits:	http://sbc.anthem.com/dps/displayPDF		
Individual Deductibles:	Medical: \$3500	Prescription: \$0	Out of Pocket Cap: \$6250
Family Deductibles:	Medical: \$7000	Prescription: \$0	Out of Pocket Cap: \$15500
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$305	Family: \$950	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	45			
Specialists	75			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	0		Copayment/visit, then coinsurance. Physician fee is 0% coinsurance only if in-network. Out of network not covered.
Emergency Room	500	0		Copayment/visit, then coinsurance. Copay waived if admitted; out of network is same as in network.
Mental/Behavioral				
Outpatient Health Services		0		Not covered if out of network
Substance Use Disorder				
Outpatient Services		0		
Laboratory Services		0		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	In general not covered at all unless ER, emergency medical transport or urgent care and then it is same coverage as if In-network.			
Special provisions/exceptions for individuals living with HIV?	No.			
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	15 (retail)/ 30 (mail)		Typically generic
Two	50 (retail)/ 125 (mail)		Typically preferred/brand
Three		0	Typically non-preferred/specialty drugs
Four		0	Typically specialty drugs
Five/Specialty			
Name of Formulary Used:	Blue Cross Blue Shield of Georgia, Select Drug List: 4 Tier Formulary		
Link to Formulary:	https://www.bcbsga.com/GASelectdrugtier4		
Contact Number:	1-855-738-6652		
Notes re: Deductible or Coverage:	Regarding drug coverage, Non-formulary (NF) drugs are not included on the plan's drug list that is linked to healthcare.gov. They were all on the bcbsga.com website. An exception process is available to request coverage for a NF drug.		

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

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

Blue Cross Blue Shield Health Plan of Georgia

Silver Pathway X HMO 3500 25

2016 Georgia QHP

Overall Plan Information

Issuer Name:	BCBSHP of Georgia		
Plan Name:	BCBSHP Silver Pathway X HMO 3500 25		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton (30308)		
Link to Summary of Benefits:	https://www.sbc.anthem.com/dps/ccd1G6R		
Individual Deductibles:	Medical: \$3500	Prescription: \$1000	Out of Pocket Cap: \$5200
Family Deductibles:	Medical: \$7000	Prescription: \$2000	Out of Pocket Cap: \$10400
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$271	Family: \$844	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		10		
Specialists		10		
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	500	10		Copay/visit, then coinsurance. Physician fee is 10% coinsurance only if in-network. Out of network not covered.
Emergency Room	500			Copay/visit, then coinsurance. Copay waived if admitted; out of network is same as in network.
Mental/Behavioral		10		
Outpatient Health Services				Not covered if out of network
Substance Use Disorder		10		
Outpatient Services				
Laboratory Services		10		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	In general not covered at all unless ER, emergency medical transport or urgent care and then it is same coverage as if In-network.			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	The overall deductible does not apply to preventive care, primary care visit, and prescription drugs.			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		10 (retail and delivery)	Typically generic
Two		10 (retail and delivery)	Typically preferred/brand
Three		10 (retail and delivery)	Typically non-preferred/specialty drugs
Four		10 (retail and delivery)	Typically specialty drugs
Five/Specialty			
Name of Formulary Used:	Blue Cross Blue Shield of Georgia, Select Drug List: 4 Tier Formulary		
Link to Formulary:	https://www.bcbsga.com/GASelectdrugtier4		
Contact Number:	1-855-738-6652		
Notes re: Deductible or Coverage:	Regarding drug coverage, Non-formulary (NF) drugs are not included on the plan's drug list that is linked to healthcare.gov. They were all on the bcbsga.com website. An exception process is available to request coverage for a NF drug.		

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

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

Cigna

Health Flex 2000

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Cigna		
Plan Name:	Cigna Health Flex 2000		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton		
Link to Summary of Benefits:	http://www.cigna.com/assets/docs/individual-and-families/2016/medical/ga/888249-sbc-cigna-health-flex-silver-2000-ga.pdf		
Individual Deductibles:	Medical: \$2,000	Prescription: \$	Out of Pocket Cap: \$ 6,700
Family Deductibles:	Medical: \$4,000	Prescription: \$	Out of Pocket Cap: \$ 13,400
Out of Network Deductibles:	Medical: \$12,500/individual, \$25,000/family	Prescription: \$	Out of Pocket Cap: \$25,000/individual, \$50,000/family
Premiums (per month)	Individual:\$328.00	Family:\$1,022.00	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30.00			30% out-of-network
Specialists	\$60.00			30% out-of-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		30%		40% out-of-network; out-of-network increase without PA
Emergency Room		30%		Same for out-of-network
Mental/Behavioral				
Outpatient Health Services	\$60.00	10% other services		30% out-of-network
Substance Use Disorder				
Outpatient Services	\$60.00	10% other services		30% out-of-network
Laboratory Services		30%		40% out-of-network
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information				
Tiers		Co-Payments (\$)	Co-Insurance (%)	Notes
One		\$8 retail/ \$20 home delivery		Preferred generic—QL 90 days
Two		\$20 retail/ \$50 home delivery		Non-preferred generic—QL 90 days
Three		\$60 retail/\$150 home delivery		Preferred brand—QL 90 days
Four			40%	Non-preferred brand—QL 90 days
Five/Specialty		\$550 retail/ \$475 home delivery		Specialty—QL 30 days
Name of Formulary Used:		Cigna Individual and Family Plans Drug List		
Link to Formulary:		http://www.cigna.com/cgi-bin/5-tier-pdl/5-tier-drug-list-2016.cgi		
Contact Number:		1-866-494-2111		
Notes re: Deductible or Coverage:				

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

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

Cigna

Health Flex 4000

2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Cigna			
Plan Name:	Cigna Health Flex 4000			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Fulton			
Link to Summary of Benefits:	http://www.cigna.com/assets/docs/individual-and-families/2016/medical/ga/888249-sbc-cigna-health-flex-silver-4000-ga.pdf			
Individual Deductibles:	Medical: \$4,000	Prescription: \$	Out of Pocket Cap: \$ 6,700	
Family Deductibles:	Medical: \$8,000	Prescription: \$	Out of Pocket Cap: \$ 13,400	
	Medical: \$12,500 individual,			
Out of Network Deductibles:	\$25,000 family	Prescription: \$	Out of Pocket Cap: \$25,000 individual; \$50,000 family	
Premiums (per month)	Individual:\$310.00	Family:\$968.00		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30.00			30% out-of-network
Specialists	\$60.00			30% out-of-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20%		40% out-of-network; increases w/o PA
Emergency Room		20%		Same for out-of-network
Mental/Behavioral				
Outpatient Health Services	\$60.00			30% out-of-network
Substance Use Disorder				
Outpatient Services	\$60.00			30% out-of-network
Laboratory Services		20%		40% out-of-network
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	\$8 retail/ \$20 home delivery		Preferred generic—QL 90 days
Two	\$20 retail/ \$50 home delivery		Non-preferred generic—QL 90 days
Three	\$60 retail/ \$150 home delivery		Preferred brand—QL 90 days
Four		40%	Non-preferred brand—QL 90 days
Five/Specialty	\$550 retail/ \$475 home delivery		Specialty—QL 30 days
Name of Formulary Used:	Cigna Individual and Family Plans Drug List		
Link to Formulary:	http://www.cigna.com/cgi-bin/5-tier-pdl/5-tier-drug-list-2016.cgi		
Contact Number:	1-866-494-2111		
Notes re: Deductible or Coverage:			

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

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

Cigna

Health Savings 3000

2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Cigna			
Plan Name:	Cigna Health Savings 3000			
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Fulton			
Link to Summary of Benefits:	http://www.cigna.com/assets/docs/individual-and-families/2016/medical/ga/888249-sbc-cigna-health-savings-silver-3000-ga.pdf			
Individual Deductibles:	Medical: \$3,000	Prescription: \$	Out of Pocket Cap: \$ 6,500	
Family Deductibles:	Medical: \$6,000	Prescription: \$	Out of Pocket Cap: \$ 13,000	
	Medical: \$12,500 individual,			
Out of Network Deductibles:	\$25,000 family	Prescription: \$	Out of Pocket Cap: \$25,000 individual; \$50,000 family	
Premiums (per month)	Individual:\$298.00	Family:\$929.00		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		10%		40% out-of-network
Specialists		10%		40% out-of-network
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		10%		40% out-of-network; out-of-network increase without PA
Emergency Room		10%		Same for out-of-network
Mental/Behavioral				
Outpatient Health Services		10%		40% out-of-network
Substance Use Disorder				
Outpatient Services		10%		40% out-of-network
Laboratory Services		10%		40% out-of-network
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		10%	Preferred generic—QL 90 days
Two		10%	Non-preferred generic—QL 90 days
Three		10%	Preferred brand—QL 90 days
Four		10%	Non-preferred brand—QL 90 days
Five/Specialty		10%	Specialty—QL 30 days
Name of Formulary Used:	Cigna Individual and Family Plans Drug List		
Link to Formulary:	http://www.cigna.com/cgi-bin/5-tier-pdl/5-tier-drug-list-2016.cgi		
Contact Number:	1-866-494-2111		
Notes re: Deductible or Coverage:			

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

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

Harken Health

Care Silver I

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Harken Health		
Plan Name:	Care Silver I		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton GA		
Link to Summary of Benefits:	https://www.harkenhealth.com/benefits/GACareSilverIInd.pdf		
Individual Deductibles:	Medical: \$ 3,750	Prescription: \$ None	Out of Pocket Cap: \$ 6,200
Family Deductibles:	Medical: \$ 7,500	Prescription: \$ None	Out of Pocket Cap: \$ 12,400
	Medical: \$ 12,400 (I) /		
Out of Network Deductibles:	48,000 (F)	Prescription: \$ None	Out of Pocket Cap: \$ None
Premiums (per month)	Individual:\$ 273	Family:\$ 851	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	0	0	None	(* see footnote below)
Specialists	0	0	None	Deductible
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	0	0		Deductible
Emergency Room	0	0		Deductible
Mental/Behavioral				
Outpatient Health Services	0	0		
Substance Use Disorder				
Outpatient Services	0	0		
Laboratory Services	0	0		
Out of network provider rules: 20% coinsurance after deductible (except ER); Prior authorization for labs, imaging, mental health, substance abuse, and inpatient				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	10		Mail order (90 day) \$20
Two	40		Mail order (90 day) \$80
Three	225		Mail order (90 day) \$450
Four	500		Mail order (90 day) \$1000
Five/Specialty			
Name of Formulary Used:	Your 2016 Rx Drug List: GA Individual		
Link to Formulary:	https://www.harkenhealth.com/content/dam/venus/benefits/HH_Essential%20PDL_072015.pdf		
Contact Number:	800-797-9921		
Notes re: Deductible or Coverage:	Non-Network 20% coinsurance after deductible		

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

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X		X						

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X				X				5 mg Tier 2
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						40 mg Tier 3
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X		X				20 mg Tier 2; 300 mg Tier 4

(*Harken Phone Representative indicated that Evotaz will be added to formulary beginning January 1, 2016).

Harken Health

Care Silver II

2016 Georgia QHP

Overall Plan Information				
Issuer Name: Harken Health				
Plan Name: Care Silver I				
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties): Fulton GA				
Link to Summary of Benefits: https://www.harkenhealth.com/benefits/GACareSilverIIInd.pdf				
Individual Deductibles:	Medical: \$ 3,750	Prescription: \$ None	Out of Pocket Cap: \$ 6,200	
Family Deductibles:	Medical: \$ 7,500	Prescription: \$ None	Out of Pocket Cap: \$ 12,400	
	Medical: \$ 12,400 (I) /			
Out of Network Deductibles:	48,000 (F)	Prescription: \$ None	Out of Pocket Cap: \$ None	
Premiums (per month)	Individual:\$ 273	Family:\$ 851		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	0	0	None	(* see footnote below)
Specialists	0	0	None	Deductible
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services	0	0		Deductible
Emergency Room	0	0		Deductible
Mental/Behavioral				
Outpatient Health Services	0	0		
Substance Use Disorder				
Outpatient Services	0	0		
Laboratory Services	0	0		
Out of network provider rules: 20% coinsurance after deductible (except ER); Prior authorization for labs, imaging, mental health, substance abuse, and inpatient				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	10		Mail order (90 day) \$20
Two	40		Mail order (90 day) \$80
Three	225		Mail order (90 day) \$450
Four	500		Mail order (90 day) \$1000
Five/Specialty			
Name of Formulary Used:	Your 2016 Rx Drug List: GA Individual		
Link to Formulary:	https://www.harkenhealth.com/content/dam/venus/benefits/HH_Essential%20PDL_072015.pdf		
Contact Number:	800-797-9921		
Notes re: Deductible or Coverage:	Non-Network 20% coinsurance after deductible		

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	(* footnote)								
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tyboost (cobicistat)	X		X						
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X				X				5 mg Tier 2
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						40 mg Tier 3
Viread (tenofovir)	X		X						20 mg Tier 2; 300 mg Tier 3
Ziagen (abacavir)	X		X		X				4m

(*Harken Phone Representative indicated that Evotaz will be added to formulary beginning January 1, 2016).

Humana Employers Health Plan of Georgia, Inc.

Silver 3800 / Atlanta HMOx

2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Humana Employers Health Plan of Georgia, Inc.			
Plan Name:	Humana Silver 3800/Atlanta HMOx			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Bartow, Cherokee, Cobb, Dawson, DeKalb, Forsyth, Fulton, Gwinnett, and Pickens Counties			
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2604173			
Individual Deductibles:	Medical: \$3,800	Prescription: N/A	Out of Pocket Cap: \$6,300	
Family Deductibles:	Medical: \$7,600	Prescription: N/A	Out of Pocket Cap: \$12,600	
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A	
Premiums (per month)	Individual:\$ 276	Family: \$862		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20	None	No	
Specialists	\$40	None	No	
Referral required for specialists?	Yes			
Inpatient Services	None	20% Facility, Physicians' and Surgeons' fees	PA may be required for Facility fees. Penalty lesser of \$500 or 50% co-insurance	
Emergency Room	\$250/Visit	20% after deductible met		
Mental/Behavioral				
Outpatient Health Services	\$20/Visit	20% for other services		
Substance Use Disorder				
Outpatient Services	\$20/Visit	20% for other services		
Laboratory Services	\$500/calendar year pd. 100%, then	20% after deductible		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	Nothing covered except Emergency Room visits, covered same as in-network visits			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	No fee or deductible for preventive care/screening/immunization. Copayments and coinsurance do not count toward deductible. Co-Pay for network Retail Clinic \$30/visit. Chiropractors 20% coinsurance after deductible.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred generic drugs	\$10 Retail \$25 Mail Order		Retail 30-day supply Mail Order 90-day supply Tiers 1-3
Two Non-preferred generic drugs	\$20 Retail \$50 Mail Order		
Three Preferred brand name drugs	\$50 Retail \$125 Mail Order		
Four Non-preferred brand name drugs		50%	
		50%	40% coinsurance when filled at preferred network pharmacy Tier 5 only
Five Specialty drugs			
Name of Formulary Used:	2016 Humana Drug List		
Link to Formulary:	http://apps.humana.com/marketing/documents.asp?file=2614807		
Contact Number:	1-800-555-2546		
Notes re: Deductible or Coverage	Restrictions QL= Quantity Limits (Limits on amount of medication dispensed at one time) Prescriptions must be filled at a Humana network pharmacy		

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X	No		QL
Complera (emtricitabine/rilpivirine/tenofovir)	X					X	No		QL
Epzicom (abacavir/lamivudine)	X					X	No		QL
Evotaz (atazanavir/cobicistat)	X					X	No		QL
Intelence (etravirine)	X					X	No		QL
Isentress (raltegravir)	X					X	No		QL
Norvir (ritonavir)	X			X			No		QL
Prezcobix (darunavir/cobicistat)						X	No		QL
Prezista (darunavir)	X					X	No		QL
Reyataz (atazanavir)	X					X	No		QL
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X	No		QL
Tivicay (dolutegravir)	X					X	No		QL
Triumeq (abacavir/dolutegravir/lamivudine)	X					X	No		QL
Truvada (emtricitabine/tenofovir)	X					X	No		QL
Tybost (cobicistat)	X			X			No		QL

Abacavir (generic)	X	X		No	QL
Edurant (rilpivirine)	X		X	No	QL
Emtriva (emtricitabine)	X		X	No	QL
Epivir (lamivudine)	X	X		No	QL
Lamivudine (generic)	X	X		No	QL
Sustiva (efavirenz)	X		X	No	QL
Viread (tenofovir)	X		X	No	QL
Ziagen (abacavir)	X	X		No	QL

Humana Employers Health Plan of Georgia, Inc.

Silver 3800 / Columbus HMOx

2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Humana Employers Health Plan of Georgia, Inc.			
Plan Name:	Humana Silver 3800/Columbus GA HMOx			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> XHMO	<input type="checkbox"/> Other
Coverage Area (counties):	No specific counties listed,, but network providers are all in Muscogee County			
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2604459			
Individual Deductibles:	Medical: \$3,800	Prescription: None	Out of Pocket Cap: \$6,300	
Family Deductibles:	Medical: \$7,200	Prescription: None	Out of Pocket Cap: \$12,600	
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A	
Premiums (per month)	Individual:\$316	Family:\$985		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20	None	No	
Specialists	\$40	None	No	
Referral required for specialists?	Yes			
Inpatient Services	None	20% for certain fees		Auth. may be required for Facility fees. Penalty lesser of \$500 or 50% co-insurance.
Emergency Room	\$250/Visit	20% after deductible met		
Mental/Behavioral Outpatient Health Services	\$20/Visit	20% for other services		
Substance Use Disorder Outpatient Services	\$20/Visit	20% for other services		
Laboratory Services	\$500/calendar year pd. 100%, then	20% after deductible		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	No fee or deductible for preventive care/screening/immunization. Copayments and coinsurance do not count toward deductible. Co-Pay for network Retail Clinic \$30/visit. Chiropractors 20% coinsurance after deductible.			

Plan Information					
Tiers		Co-Payments (\$)		Co-Insurance (%)	Notes
One	Preferred Generic Drugs	\$10 Retail \$25 Mail Order			Retail 30-day supply Mail Order 90-day supply Tiers 1-3
Two	Non-preferred Generics	\$20 Retail \$50 Mail Order			
Three	Preferred Brand Name Drugs	\$50 Retail \$125 Mail Order			
Four	Non-preferred Brand Name Drugs	50%			
Five	Specialty	50%		40% when filled at preferred network pharmacy Tier 5 only	
Name of Formulary Used:		2016 Humana Drug List			
Link to Formulary:		http://apps.humana.com/marketing/documents.asp?file=2614807			
Contact Number:		1-800-555-2546			
Notes re: Deductible or Coverage:		Prescriptions must be filled at a Humana network pharmacy Restrictions QL= Quantity Limits (Limits on amount of medication dispensed at one time)			

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

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

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

Humana Employers Health Plan of Georgia, Inc.

Silver 3800 / Macon HMOx

2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Humana Employers Health Plan of Georgia, Inc.			
Plan Name:	Humana Silver 3800/Macon HMOx			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> XHMO	<input type="checkbox"/> Other
Coverage Area (counties):	No specific counties listed, but network providers are in Bibb County			
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2604719			
Individual Deductibles:	Medical: \$3,800	Prescription: N/A	Out of Pocket Cap: \$6,300	
Family Deductibles:	Medical: \$7,600	Prescription: N/A	Out of Pocket Cap: \$12,600	
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A	
Premiums (per month)	Individual:\$365	Family:\$1,138		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20	None	No	
Specialists	\$40	None	No	
Referral required for specialists?	Yes			
Inpatient Services	None	20% for certain fees 20% after deductible met		Auth. may be required for Facility fees. Penalty lesser of \$500 or 50% co-insurance.
Emergency Room	\$250/Visit			
Mental/Behavioral				
Outpatient Health Services	\$20/Visit	20% for other services		
Substance Use Disorder				
Outpatient Services	\$20/Visit	20% for other services		
Laboratory Services	\$500/calendar year pd.	20% after deductible		

100%, then

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	Nothing covered except Emergency Room visits, covered same as in-network visits			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	No fee or deductible for preventive care/screening/immunization. Copayments and coinsurance do not count toward deductible. Co-Pay for network Retail Clinic \$30/visit. Chiropractors 20% coinsurance after deductible.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred Generic Drugs	\$10 Retail \$25 Mail Order		
Two Non-preferred Generics	\$20 Retail \$50 Mail Order		
Three Preferred Brand Name Drugs	\$50 Retail \$125 Mail Order		
Four Non-preferred Brand Name Drugs		50%	
Five Specialty Name of Formulary Used:		50%	40% when filled at preferred network pharmacy Tier 5 only
Link to Formulary:	2016 Humana Drug List		
Contact Number:	http://apps.humana.com/marketing/documents.asp?file=2614807		
Notes re: Deductible or Coverage:	1-800-555-2546		
	Prescriptions must be filled at a Humana network pharmacy		
	Restrictions QL= Quantity Limits (Limits on amount of medication dispensed at one time)		

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

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

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

Humana Employers Health Plan of Georgia, Inc.

Silver 3800 / National POS – Open Access

2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Humana Employers Health Plan of Georgia, Inc.			
Plan Name:	Humana Silver 3800/National POS - Open Access			
Plan Type:	<input type="checkbox"/> PPO	<input checked="" type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	All (Nationwide Plan)			
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2604953			
Individual Deductibles:	Medical: \$3800	Prescription: \$N/A	Out of Pocket Cap: \$6,300	
Family Deductibles:	Medical: \$7600	Prescription: \$N/A	Out of Pocket Cap: \$12,600	
Out of Network Deductibles:	Medical: \$	Prescription: \$	Out of Pocket Cap: \$	
Premiums (per month)	Individual:\$296	Family:\$925		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20	OON - 40%		
Specialists	\$40	OON - 40%		
Referral required for specialists?	No			
Inpatient Services	None	20% for certain fees	PA may be required for Facility fees. Penalty lesser of \$500 or 50% co-insurance.	
Emergency Room				
Mental/Behavioral Outpatient Health Services	\$20/Visit	20% for other services	OON services are 40% coinsurance after deductible	
Substance Use Disorder Outpatient Services	\$20/Visit	20% for other services	OON services are 40% coinsurance after deductible	
Laboratory Services	\$500/ year pd. 100%, then	20% after deductible		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	Emergency Room exception			
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	No fee or deductible for preventive care/screening/immunization. Copayments and coinsurance do not count toward deductible. Co-Pay for network Retail Clinic \$30/visit. Chiropractors 20% coinsurance after deductible.			

Plan Information					
Tiers		Co-Payments (\$)		Co-Insurance (%)	Notes
One	Preferred generic drugs	\$10 Retail	\$25 Mail Order		Retail 30-day supply
Two	Non-preferred generic drugs	\$20 Retail	\$50 Mail Order		Mail Order 90-day supply Tiers 1-3
Three	Preferred brand name drugs	\$50 Retail	\$125 Mail Order		
Four	Non-preferred brand name drugs			50%	
Five	Specialty			50%	40% coinsurance when filled at preferred network pharmacy Tier 5 only
Name of Formulary Used:		2016 Humana Drug List			
Link to Formulary:		http://apps.humana.com/marketing/documents.asp?file=2614807			
Contact Number:		1-800-555-2546			
Notes re: Deductible or Coverage:		Restrictions QL= Quantity Limits			(Limits on amount of medication dispensed at one time)

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

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

Humana Employers Health Plan of Georgia, Inc

Silver 3800 / Savannah HMOx

2016 Georgia QHF

Overall Plan Information				
Issuer Name:	Humana Employers Health Plan of Georgia, Inc.			
Plan Name:	Humana Silver 3800/Savannah HMOx			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	All			
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2605200			
Individual Deductibles:	Medical: \$3,800	Prescription: None	Out of Pocket Cap: \$6,300	
Family Deductibles:	Medical: \$7,600	Prescription: None	Out of Pocket Cap: \$12,600	
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A	
Premiums (per month)	Individual:\$267	Family:\$834		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$20	None	No	
Specialists	\$40	None	No	
Referral required for specialists?	Yes			
Inpatient Services	None	20% for certain fees 20% after deductible met		Auth. may be required for Facility fees. Penalty lesser of \$500 or 50% co-insurance.
Emergency Room	\$250/Visit			
Mental/Behavioral				
Outpatient Health Services	\$20/Visit	20% for other services		
Substance Use Disorder				
Outpatient Services	\$20/Visit	20% for other services		
Laboratory Services	\$500/calendar year pd. 100%, then	20% after deductible		
Out of network provider rules:	Nothing covered except Emergency Room visits, covered same as in-network visits			

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	No fee or deductible for preventive care/screening/immunization. Copayments and coinsurance do not count toward deductible. Co-Pay for network Retail Clinic \$30/visit. Chiropractors 20% coinsurance after deductible.			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One Preferred Generic Drugs	\$10 Retail \$25 Mail Order		
Two Non-preferred Generics	\$20 Retail \$50 Mail Order		
Three Preferred Brand Name Drugs	\$50 Retail \$125 Mail Order		
Four Non-preferred Brand Name Drugs		50%	
Five Specialty Name of Formulary Used:		50%	40% when filled at preferred network pharmacy Tier 5 only
Link to Formulary:	2016 Humana Drug List		
Contact Number:	http://apps.humana.com/marketing/documents.asp?file=2614807		
Notes re: Deductible or Coverage:	1-800-555-2546		
	Prescriptions must be filled at a Humana network pharmacy		
	Restrictions QL= Quantity Limits (Limits on amount of medication dispensed at one time)		

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

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

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

Kaiser Permanente

KP GA Silver 1500/30

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Kaiser Permanente		
Plan Name:	KP GA Silver 1500/30		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton		
Link to Summary of Benefits:	info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/On-Exchange2016/PLNSBC_GEO_20200_001_20160101_20120501_en.pdf		
Individual Deductibles:	Medical: \$1,500	Prescription: \$500 (Brand Name and Specialty only)	Out of Pocket Cap: 6,850
		Prescription: \$1000 (Brand Name and Specialty only)	
Family Deductibles:	Medical: \$3,000	Prescription: N/A	Out of Pocket Cap: \$13,700
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$300	Family:\$934	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			
Specialists	60			
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		30		Deductible; prior authorization
Emergency Room		30		
Mental/Behavioral				
Outpatient Health Services	60			Group visits \$30 copay
Substance Use Disorder				
Outpatient Services	60			Group visits \$30 copay
Laboratory Services		30 (50 hospital outpatient)		Deductible; first \$300 no charge in "free standing center"

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	Not covered (except ER – 30% after deductible)			
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Generic Preventative)	5		\$10 Mail-order (90 day)
Two (Generic Preferred)	15		\$30 Mail-order (90 day)
Three (Preferred Brand)	45		Deductible; \$90 Mail-order (90 day)
Four (Non-preferred Brand)		50	Deductible
Five/Specialty (Specialty)		50	Deductible
Name of Formulary Used:	KP of GA QHP Formulary for Small Group & Individual www.providers.kaiserpermanente.org/info_assets/cpp_ga/pdfs/ga_qualified_healthplan_formulary_october_2015.pdf		
Link to Formulary:			
Contact Number:	770-431-4136		
Notes re: Deductible or Coverage:	Non-preferred generics 50% after deductible		

HCV Medications

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

HIV Medications

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

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

Kaiser Permanente

KP GA Silver 2500/30

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Kaiser Permanente		
Plan Name:	KP GA Silver 2500/30		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton		
Link to Summary of Benefits:	info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/On-Exchange2016/PLNSBC_GEO_20201_001_20160101_20120501_en.pdf		
Individual Deductibles:	Medical: \$ 2,500	Prescription: \$500 (Brand Name and Specialty only)	Out of Pocket Cap: \$ 6,850
Family Deductibles:	Medical: \$ 5,000	Prescription: \$1000 (Brand Name and Specialty only)	Out of Pocket Cap: \$ 13,700
Out of Network Deductibles:	Medical: N/A	Prescription: N/A	Out of Pocket Cap: N/A
Premiums (per month)	Individual:\$ 285	Family:\$ 890	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			
Specialists	60			
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		30		Deductible
Emergency Room		30		Deductible
Mental/Behavioral				
Outpatient Health Services	60			
Substance Use Disorder				
Outpatient Services	60			
Laboratory Services		30		Deductible

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	Not covered (except ER and emergency medical transport - 30% after deductible)			
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Generic Preventative)	5		\$10 Mail-order (90 day)
Two (Generic Preferred)	15		\$30 Mail-order (90 day)
Three (Preferred Brand)	45		Deductible; \$90 Mail-order (90 day)
Four (Non-preferred Brand)		50	Deductible
Five/Specialty (Specialty)		50	Deductible
Name of Formulary Used:	KP of GA QHP Formulary for Small Group & Individual www.providers.kaiserpermanente.org/info_assets/cpp_ga/pdfs/ga_qualified_healthplan_formulary_october_2015.pdf		
Link to Formulary:	df		
Contact Number:	770-431-4136		
Notes re: Deductible or Coverage:	Non-preferred generics 50% after deductible		

HCV Medications

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

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

Kaiser Permanente

KP GA Silver 2750/20/HSA

2016 Georgia QHP

Overall Plan Information			
Issuer Name:	Kaiser Permanente		
Plan Name:	KP GA Silver 2750/20/HSA		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Fulton		
Link to Summary of Benefits:	info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/On-Exchange2016/PLNSBC_GEO_20202_S01_20160101_20120501_en.pdf		
Individual Deductibles:	Medical: \$ 2,750	Prescription: Medical deductible applies	Out of Pocket Cap: \$ 5,000
Family Deductibles:	Medical: \$ 5,500	Prescription: Medical deductible applies	Out of Pocket Cap: \$ 10,000
Out of Network Deductibles:	Medical: N/a	Prescription: N/A	Out of Pocket Cap: N/a
Premiums (per month)	Individual:\$ 285	Family:\$ 888	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		20		Deductible
Specialists		20		Deductible
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		20		Deductible; prior authorization
Emergency Room		20		Deductible
Mental/Behavioral				
Outpatient Health Services		20		Deductible
Substance Use Disorder				
Outpatient Services		20		Deductible
Laboratory Services		20		Deductible
Out of network provider rules: Not covered (except ER & emergency medical transportation – 20% after deductible)				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Generic Preventative)	5		\$10 Mail-order (90 day)
Two (Generic Preferred)	15		\$30 Mail-order (90 day)
Three (Preferred Brand)	45		Deductible; \$90 Mail-order (90 day)
Four (Non-preferred Brand)		50	Deductible
Five/Specialty (Specialty)		50	Deductible
Name of Formulary Used:	KP of GA QHP Formulary for Small Group & Individual www.providers.kaiserpermanente.org/info_assets/cpp_ga/pdfs/ga_qualified_healthplan_formulary_october_2015.pdf		
Link to Formulary:	015.pdf		
Contact Number:	770-431-4136		
Notes re: Deductible or Coverage:	Non-preferred generics 50% after deductible		

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

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

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

UnitedHealthcare of Georgia

Silver Compass 2000

2016 Georgia QHP

Overall Plan Information

Issuer Name:	UnitedHealthcare of Georgia			
Plan Name:	Silver Compass 2000			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Fulton			
Link to Summary of Benefits:	www.uhc.com/content/dam/uhcdotcom/en/iex/ga/Silver-Compass-2000.pdf			
Individual Deductibles:	Medical: \$2000	Prescription: none	Out of Pocket Cap: \$6600	
Family Deductibles:	Medical: \$4000	Prescription: none	Out of Pocket Cap: \$13,200	
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A	
Premiums (per month)	Individual:\$322.00	Family:\$1005.00		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	40			PC must be assigned by plan; Virtual Visits (\$15) Not required for OB/GYN
Specialists	80			
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services			25 after deductible	
Emergency Room			25 after deductible	
Mental/Behavioral				
Outpatient Health Services	40			
Substance Use Disorder				
Outpatient Services	40			
Laboratory Services			25 after deductible	
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	10		No mail order/only retail Rx; information not available on healthcare.gov link
Two	40		
Three	80		
Four	160		
Five/Specialty			
Name of Formulary Used:			
Link to Formulary:			
Contact Number:	1-844-296-3249		
Notes re: Deductible or Coverage:	Link on healthcare.gov inoperable. Multiple calls to plan and one call to healthcare.gov. No one would answer the question on either specific formulary or how to access the formulary online. Used Melanie's name also on one series of calls.		

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

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/ tenofovir)	X			X					"NA Tablet" & Step Therapy
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						"NA Tablet"
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X		X				Solution is T2; Tablet is T4.

UnitedHealthcare of Georgia

Silver Compass 5000

2016 Georgia QHP

Overall Plan Information

Issuer Name:	UnitedHealthcare of Georgia			
Plan Name:	Silver Compass 5000			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Fulton			
Link to Summary of Benefits:	www.uhc.com/content/dam/uhcdotcom/en/iex/ga/Silver-Compass-5000.pdf			
Individual Deductibles:	Medical: \$5000	Prescription: none	Out of Pocket Cap: \$6600	
Family Deductibles:	Medical: \$10,000	Prescription: none	Out of Pocket Cap: \$13,200	
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A	
Premiums (per month)	Individual:\$310.00	Family:\$968.00		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			PC must be assigned by plan; Virtual Visits (\$15) Not required for OB/GYN
Specialists	40			
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services			20 after deductible	
Emergency Room			20 after deductible	
Mental/Behavioral				
Outpatient Health Services	20			
Substance Use Disorder				
Outpatient Services	20			
Laboratory Services			20 after deductible	
Out of network provider rules:				
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	10		No mail order/only retail Rx; QL 31 days
Two	40		
Three	80		
Four	160		
Five/Specialty			
Name of Formulary Used:			
Link to Formulary:			
Contact Number:	1-844-296-3249		
Notes re: Deductible or Coverage:	Link on healthcare.gov inoperable. Multiple calls to plan and one call to healthcare.gov. No one would answer the question on either specific formulary or how to access the formulary online. Used Melanie's name also on one series of calls.		

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

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/ tenofovir)	X			X					"NA Tablet" & Step Therapy
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						"NA Tablet"
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X		X				Solution is T2; Tablet is T4.

UnitedHealthcare of Georgia

Silver Compass HSA 3600

2016 Georgia QHP

Overall Plan Information				
Issuer Name:	UnitedHealthcare of Georgia			
Plan Name:	Silver Compass HSA 3600			
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO	<input type="checkbox"/> Other
Coverage Area (counties):	Fulton			
Link to Summary of Benefits:	www.uhc.com/content/dam/uhcdotcom/en/iex/ga/Silver-Compass-HSA-3600.pdf			
Individual Deductibles:	Medical: \$3600	Prescription: none	Out of Pocket Cap: \$3600	
Family Deductibles:	Medical: \$7200	Prescription: none	Out of Pocket Cap: \$7200	
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A	
Premiums (per month)	Individual:\$322.00	Family:\$1005.00		

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		None after deductible		PC must be assigned by plan; Virtual Visits free after deductible
Specialists		None after deductible		Not required for OB/GYN
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		None after deductible		
Emergency Room		None after deductible		
Mental/Behavioral		None after deductible		
Outpatient Health Services		None after deductible		
Substance Use Disorder		None after deductible		
Outpatient Services		None after deductible		
Laboratory Services		None after deductible		

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

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		None after deductible	No mail order/only retail Rx; 31 day QL
			No mail order/only retail Rx; 31 day QL; may mandate pharmacy; may require lower cost drug switch
Two		None after deductible	
Three		None after deductible	
Four		None after deductible	
Five/Specialty			
Name of Formulary Used:			
Link to Formulary:			
Contact Number:	1-844-296-3249		
Notes re: Deductible or Coverage:	Link on healthcare.gov inoperable. Multiple calls to plan and one call to healthcare.gov. No one would answer the question on either specific formulary or how to access the formulary online. Used Melanie's name also on one series of calls.		

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					"NA Tablet" & Step Therapy
Tivicay (dolutegravir)	X			X					
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						"NA Tablet"
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		X		X				Solution is T2; Tablet is T4.