2016 PLAN ANALYSIS FOR QUALIFIED HEALTH PLANS:



GEORGIA

Thanks to:

AIDS Research Consortium of Atlanta

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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. harvard.edu.

www.chlpi.org/plan-assessment

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." 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.

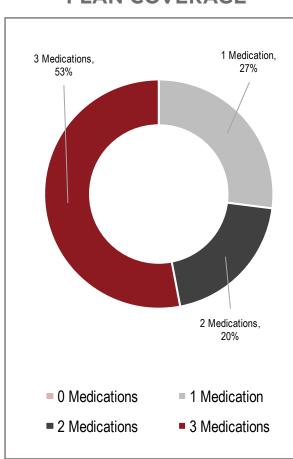
Those plans that cover all three HCV treatments typically impose high cost-sharing requirements. For example the Aetna Leap family of plans places all three of the HCV drugs into Tier 4 or Tier 5, with required 40% or 50% coinsurance, respectively. Nor are onerous cost-sharing requirements limited to 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.

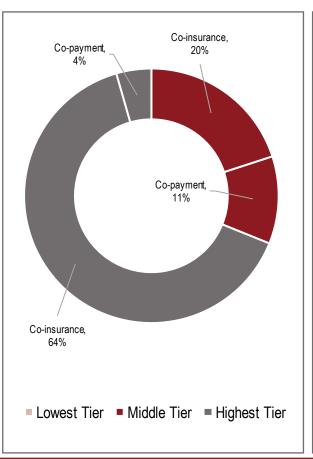
Overall, the landscape of Georgia Silver plans has some bright spots of affordability and access to HCV treatment, relative to other states, but the majority of such plans put HCV treatment beyond the financial reach of many affected individuals.

STATE FINDINGS: HCV (CONTINUED)

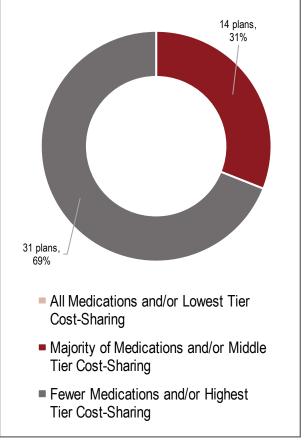
PLAN COVERAGE



COST-SHARING



ACCESS TO HCV REGIMENS



STATE FINDINGS: HIV

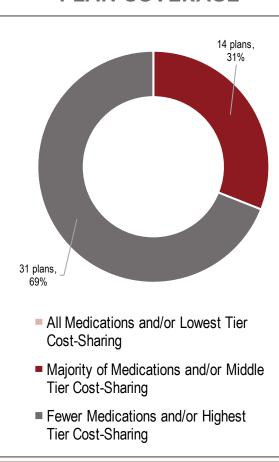
The Silver Qualified Health Plans (QHP) offered in 2016 for Georgia residents generally have strong formulary coverage for the HIV medications researched in the plan assessment initiative. About three-quarters of the Georgia Silver Plans cover more than nineteen of the twenty-five HIV drugs examined 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.

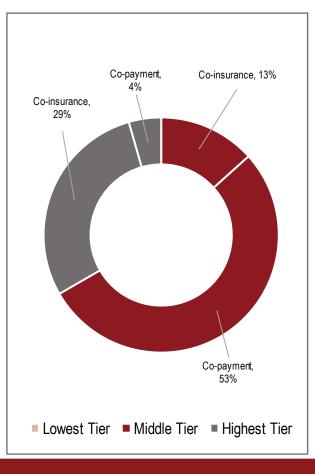
By contrast, in the Kaiser and Humana family of plans, the vast majority of HIV drugs researched are placed on the specialty drug tier, which requires 40% or 50% coinsurance, after the deductible is met. The Cigna family of plans also place most HIV drugs on a Specialty Tier, but impose a co-payment 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 widerange of cost-sharing requirements that exist.

STATE FINDINGS: HIV (CONTINUED)

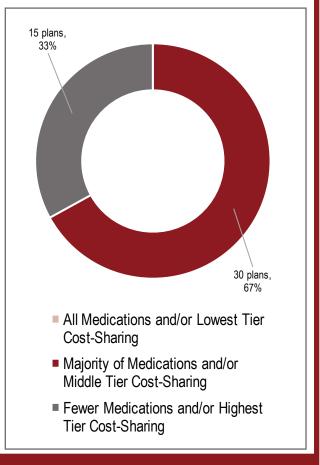
PLAN COVERAGE



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 Cove	ntry Healthcare of Georgia,	Inc.
Plan Name:	Coventry Silver \$	310 Copay 2750 HMO Co	lumbus	
Plan Type:	□PPO	□POS	XHMO	□Other
Coverage Area (counties):	Chattahoochee, I	Harris, Marion, Muscogee	, Stewart	
	http://www.cove	entryone.com/web/grou	ps/public/@cvty_individual	_c1/documents/document/ga51
Link to Summary of Benefits:	506.pdf			
Individual Deductibles:	Medical: \$2,750	Prescription: none	Out of Pocket Cap: \$6,85	60
Family Deductibles:	Medical: 5,500	Prescription: none	Out of Pocket Cap: \$13,70	00
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: N/A	
Premiums (per month)	Individual:\$262	Family:\$818		

Cost Sharing				
Coming	C - D - · · · · · · · · · · · · · · · · ·	C = 1 = (0/)	1 touthe	Nata
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	40		Copay waived if admitted
Mental/Behavioral	300			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 exc	ept Emergency Room se	ervices, cov	ered same as In-Network
Special provisions/exceptions				
for individuals living with HIV?	No			
Other information:	Preventive care/ Scre Visits per year	eening/Immunization No	Charge. C	hiropractor 40% Coins. up to 20

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 checkmark in formulary, may be available at no cost at in-network pharmacy			
	C (1.1010)		Generic Drugs. Limit 31-day supply			
One	15 (Retail), 37.50 (Mail)		(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:	Restrictions: ST=Step Therapy. Patient must try another medication before this one will be approved.					

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

HIV Medications									
	On						Prior		
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	Χ		Χ						
Complera (emtricitabine/rilpivirine/tenofovir)	X		Χ						
Epzicom (abacavir/lamivudine)	Χ			Χ					
Evotaz								Χ	
Intelence (etravirine)	X			Χ					
Isentress (raltegravir)	X		Χ						
Norvir (ritonavir)	X			Χ					
Prezcobix (darunavir/cobicistat)								Χ	
Prezista (darunavir)	Χ			Χ					
Reyataz (atazanavir)	Χ		X						
Stribild									
(cobicistat/elvitegravir/emtricitabine/tenofovir)	X			Χ			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		Χ						
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
									T3: tab
									300mg;
Ziagan (abacavir)	V			V					T2: sol
Ziagen (abacavir)	X			X					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 Cov	ventry Healthcare of Geo	rgia, Inc.
Plan Name:	Coventry Silver \$	10 Copay HMO Colum	bus	
Plan Type:	□PPO	□POS	XHMO	□Other
Coverage Area (counties):	Chattahoochee, I	Harris, Marion, Muscog	ee, Stewart	
	http://www.cove	ntryone.com/web/gro	oups/public/@cvty_indivi	idual_c1/documents/document/ga51
Link to Summary of Benefits:	498.pdf			
Individual Deductibles:	Medical: \$3,500	Prescription: none	Out of Pocket Cap: 9	\$6,250
Family Deductibles:	Medical: \$7,000	Prescription: none	Out of Pocket Cap: 9	\$12,500
Out of Network Deductibles:	Medical: N/A	Prescription: none	Out of Pocket Cap: I	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
Outpatient Health Services	75			network must be used.
Substance Use Disorder				Deductible waived. MHNet
Outpatient Services	75			network must be used.
Laboratory Services		30		For x-rays, blood work.
Out of network provider rules:	Nothing covered excep	t Emergency Room se	ervices, cove	ered same as In-Network
Special provisions/exceptions	·			
for individuals living with HIV?	No			
	· · · -	ning/Immunization No	Charge, Ch	iropractors 30% Coins., limit 20
Other information:	Visits per year.		21.01.90.011	

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 checkmark in formulary, may be available at no cost at in-network
One (a)	5 (Retail), 12.50 (Mail)		pharmacy
			Generic Drugs. Limit 31-day supply (retail), 32-90 day supply
One	15 (Retail), 37.50 (Mail)		(mail)
Two	40 (Retail), 100 (Mail)		Preferred Brand. Same supply limits as above
			Non-preferred Brand. Non-preferred Generics covered same
Three	75 (Retail), 187.50 (Mail)		as Non-preferred Brands. Same supply limits.
Four		40	Specialty.
Five		50	Specialty. Retail only; no mail order.
Name of Formulary			
Used:	2016 CoventryOne Prescript	ion Drug List: GA	
Link to Formulary:	https://client.formularynavig	gator.com/Search.asp	<pre><?siteCode=8450062277</pre></pre>
Contact Number:	1-855-449-2889		
Notes re: Deductible or			
Coverage:	Rx deductible included in pla maximum	an deductible / Rx dru	g out-of-pocket maximum Included in plan's out-of-pocket

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

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

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

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 S	\$10 Copay 2750 HMO A	lbany						
Plan Type:	□PPO	□PPO □POS ⊠HMO □Other							
Coverage Area (counties):	Albany / Dougherty Zip code 31701								
	http://www.cove	entryone.com/web/grou	ips/public/@cvty_indivi	dual_c1/documents/document/ga5156					
Link to Summary of Benefits:	8.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				
	0 5	0 1 (0/)		
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10		None	Deductible Waived (DW)
Specialists	75		None	DW
Referral required for specialists?	□Yes	⊠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	
Outpatient Services	75		must be used	
Laboratory Services		40	None	
Out of network provider rules:	No out of network cov	erage		
Special provisions/exceptions for individuals living with HIV?	None mentioned			
Other information:				

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			
One (a)	5 (Retail), 12.50 (Mail)		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 CoventryOr	ne Prescription Drug L				
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 Included in plan's out-o	•	x drug 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)	Χ				Χ		X			
Harvoni (ledipasvir, sofosbuvir)	X				Χ		X			
Viekira Pak (ombitasvir,										
paritaprevir,										
ritonavir)	X					Χ	X		ST	

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

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 Healtho	care of Georgia, Inc.	
Plan Name:	Coventry Silver \$	\$10 Copay 2750 HMO A	tlanta	
Plan Type:	□PPO	□POS	⊠HMO	□Other
Coverage Area (counties):	Fulton (30308)			
Link to Summary of Benefits:	http://www.cove	entryone.com/GA51444	1	
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	CO MISCHALICE (70)	Liiiiics	Visit deductible waived
Specialists	75			Visit deductible waived
Referral required for specialists?	□Yes	⊠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. Emergence network as they are for	•	ortation and	d urgent care same fees for out-of-
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 checkmark in formulary, may be available at no cost at in-network pharmacy
One	15 (retail), 37.50 (mail) 50 (retail), 125 (mail)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (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 Prescri	iption Drug List: Ga	
Link to Formulary:	https://client.formularyna	vigator.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				Χ		Χ		
Harvoni (ledipasvir, sofosbuvir)	X				Χ		X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X					X	X		ST

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

HIV Medications									
	On						Prior		
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes
Intelence (etravirine)	X			Χ				·	
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			Χ					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X			X					
Reyataz (atazanavir)	X		X						
Stribild									
(cobicistat/elvitegravir/emtricitabine/tenofovir)	X			Χ			X		
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		Χ						
Truvada (emtricitabine/tenofovir)	X		Χ				X		
Tybost (cobicistat)	X		Χ						
Abacavir (generic)	X	Χ							
Edurant (rilpivirine)	X			Χ					
Emtriva (emtricitabine)	X			Χ					
Epivir (lamivudine)	X		Χ						
Lamivudine (generic)	X	Χ							
Sustiva (efavirenz)	X		Χ						
Viread (tenofovir)	X		Χ						
									T3: tab
									300mg;
Zingan (ahanayiy)	V			V					T2: sol
Ziagen (abacavir)	X			X					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	c. DBA Coventry Health	care of Georgia, Inc.	
Plan Name:	Coventry Silver	\$10	ı	
Plan Type:	□PPO	□POS	⊠HMO	□Other
Coverage Area (counties):	Richmond Cour	nty (30903)		
Link to Summary of Benefits:	http://www.cove	entryone.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				
Camaia	Ca Daywa anta (#)	C = 1 = = = = = = = = = = = = = = = = =	Linetha	Nista
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	10			Visit deductible waived
Specialists	75			Visit deductible waived
Referral required for specialists?	□Yes	⊠No		
				Physician fee is 30% coinsurance only if in-network. Out of network not covered. For a hospital stay, prior
Inpatient Services		40		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		
	Not covered. Emergency ro	om, medical transpo	rtation and u	rgent care same fees for out-of-network
Out of network provider rules:	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 ca	are, urgent care

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (a)	E (Potail) 12 EO (Mail)		Generic Drugs. Tier One divided into One and One (a); both preferred generics, but those in One(a), marked with a checkmark 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
One	15 (Retail), 37.50 (Mail)		(retail), 32-90 day supply (mail)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Preferred Brand. Same supply limits as
Two	50 (Retail), 125 (Mail)		above
Three	80 (Retail), 200 (Mail)		Non-preferred Brand. Non-preferred Generics covered same as Non-preferred Brands. Same supply limits.
Four	co (recail), 200 (riail)	40	Specialty.
Five		50	Specialty. Retail only; no mail order.
Name of Formulary			
Used:	2016 CoventryOne Prescrip	otion Drug List: GA	
Link to Formulary:	https://client.formularyna\	/igator.com/search.aspx?	sitecode=845006277
Contact Number:	1-877-336-3915		
Notes re: Deductible			
or Coverage:	This plan starts with Tier 1a	a 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				Χ		Χ		
Harvoni (ledipasvir, sofosbuvir)	X				Χ		X		
Viekira Pak (ombitasvir,									
paritaprevir,									
ritonavir)	X					Χ	X		ST

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

110724									
HIV Medications							D :		
M. P. P.	On	T: 1	T: 0	T: 7	T: 4	T: E	Prior	NIC /NII	.
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes
Epzicom (abacavir/lamivudine)	X			Χ					
Evotaz								X	
Intelence (etravirine)	X			Χ					
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X			Χ					
Prezcobix (darunavir/cobicistat)								Χ	
Prezista (darunavir)	X			Χ					
Reyataz (atazanavir)	X		X						
Stribild									
(cobicistat/elvitegravir/emtricitabine/tenofovir)	X			Χ			X		
Tivicay (dolutegravir)	X		Χ						
Triumeq (abacavir/dolutegravir/lamivudine)	X		Χ						
Truvada (emtricitabine/tenofovir)	X		Χ				X		
Tybost (cobicistat)	X		Χ						
Abacavir (generic)	Χ	Χ							
Edurant (rilpivirine)	X			Χ					
Emtriva (emtricitabine)	X			Χ					
Epivir (lamivudine)	X		X						
Lamivudine (generic)	X	Χ							
Sustiva (efavirenz)	Χ		Χ						
Viread (tenofovir)	X		Χ						
									T3: tab
									300mg;
Ziagan (ahasayir)	V			V					T2: sol
Ziagen (abacavir)	X			X					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 o	corp.)		
Plan Name:	Coventry Silver \$10 Copa	ay 2750 HMO Hall		
Plan Type:	□PPO	□POS	⊠HMO	□Other
Coverage Area (counties):	Hall			
Link to Summary of Benefits:	http://www.coventryone t/ga51413.pdf	e.com/web/groups/p	ublic/@cvty_individual_c1/d	ocuments/documen
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
				\$10 co-payment (co-pay)/visit
Primary Care Providers	10		None	deductible waived (DW)
Specialists	75		None	DW
Referral required for specialists?	□Yes	⊠No		
Inpatient Services		40		Prior authorization may be required, please see your plan documents.
Emergency Room	500	10		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			
Tan 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
One (a)	5 (Retail), 12.50 (Mail)		cost at in-network pharmacy
One	15 (Retail), 37.50 (Mail)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (mail)
			Preferred Brand. Same supply limits
Two	50 (Retail), 125 (Mail)		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 Pres	scription Drug List: GA	
Link to Formulary:	https://client.formulary	navigator.com/Search	.aspx?siteCode=8450062277
Contact Number:	1-855-449-2889		
Notes re: Deductible or Coverage:	Rx deductible included Included in plan's out-o	•	x drug 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		Χ		
Viekira Pak (ombitasvir,									
paritaprevir,									
ritonavir)	X					Χ	X		ST

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

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:	□PPO	□POS	⊠HMO	□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		
	Medical: \$NOT				
Out of Network Deductibles:	COVERED	Prescription: \$n/a	Out of Pocket Cap: \$NOT COVER	RED	
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?	□Yes	⊠No				
				Physician fee is 40% coinsurance only if in- network. Out of network not covered. For a hospital stay, prior authorization may be		
Inpatient Services	n/a	40	None	required. Copay waived if admitted; out of network is		
Emergency Room	500	n/a	None	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				Χ		X		QL
Viekira Pak (ombitasvir, paritaprevir,									
ritonavir)	Χ					Χ	Χ		QL/ST

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

Aetna Health Inc. DBA Coventry Healthcare of Georgia, Inc. Coventry Silver \$10 Copay 2750 HMO Sega 2016 Georgia QHP

Overall Plan Information									
Issuer Name:	Aetna Health Inc.	DBA Coventry Healthcar	e of Georgia, Inc.						
Plan Name:	Coventry Silver \$	Coventry Silver \$10 2750 HMO SEGA							
Plan Type:	□PPO	□POS	⊠HMO	□Other					
Coverage Area (counties):	Glynn County (31	Glynn County (31523)							
Link to Summary of Benefits:	http://www.cove	ntryone.com/ga51630							
Individual Deductibles:	Medical: \$2750	Prescription: \$0	Out of Pocket Cap: \$6850						
Family Deductibles:	Medical: \$5500	Prescription: \$0	Out of Pocket Cap: \$13700						
	Medical: \$NOT								
Out of Network Deductibles:	COVERED	Prescription: \$n/a	Out of Pocket Cap: \$NOT COVERI	ED					
Premiums (per month)	Individual:\$320	Family: \$997							

Cost Sharing				
Seet 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?	□Yes	⊠No		
	,			Physician fee is 30% coinsurance only if in-network.
Inpatient Services	n/a	40	None	OON not covered. PA for hospital stay.
		,		Copay waived if admitted; out of network is same as
Emergency Room	500	n/a	None	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, m	nedical transportatio	n and urge	ent 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 offi	ce visits, F	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) 50 (retail)/ 125 (home	n/a	Generic drugs
Two	delivery)	n/a	Preferred brand drugs
Three	80 (retail)/ 200 (home delivery)	n/a	Non-preferred brand drugs
Four Five/Specialty	n/a n/a	40 50	Specialty drugs; limited to 31 day supply Specialty drugs; limited to 31 day supply
Name of Formulary Used:	2016 CoventryOne Pres	cription Drug List: Ga	
Link to Formulary:	https://client.formulary	navigator.com/search.aspx?site	code=845006277
Contact Number:	1-877-336-3915		
Notes re: Deductible or Coverage:	This plan starts with Tie	r 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)								Χ	
Harvoni (ledipasvir, sofosbuvir)	Χ				Χ		X		QL
Viekira Pak (ombitasvir, paritaprevir,									
ritonavir)	Χ					Χ	Χ		QL/ST

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

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	Aetna Health Inc. (a GA corp.)							
Plan Name:	Coventry Silver \$	Coventry Silver \$10 Copay HMO Albany							
Plan Type:	□PPO	□POS	⊠HMO	□Other					
Coverage Area (counties):	Albany / Doughe	Albany / Dougherty Zip 31701							
Link to Summary of Benefits:	https://www.hea	lthcare.gov/see-plans/#	t/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 Charina					
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?		□Yes	⊠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: network benefit	No out of				
Special provisions/exceptions					
for individuals living with HIV? mentioned	None				
Other information:					

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
	\$5 co-pay/Retail, \$12.50 co-pay/Mail,		Limited to 31 day supply retail, 32-90 day supply
	Tier 1a; \$15 copay/		mail.Non-Preferred Generic same benefit
	Retail, \$37.50		as Non-
One	co-pay/Mail, Tier 1		Preferred Brand.
	\$40 co-pay/Retail,		Limited to 31 day supply retail, 32-90 day
Two	\$100 co-pay/Mail, Tier 2		supply mail.
	\$75 co-pay/Retail,		Limited to 31 day supply retail, 32-90 day
	\$187.50 copay/		supply
Three	Mail, Tier 3		mail.
			Limited to 31 day supply retail. In-
_	40% co-ins/Retail,		Network: Tier 4
Four	Tier 4;		and 5 mail - Not Covered.
	50% coins/		Limited to 31 day supply retail. In- Network: Tier 4
Five/Specialty	Retail, Tier 5		and 5 mail - Not Covered.
Name of Formulary	,		
Used:	2016 CoventryOne Preso	cription Drug List: GA	
Link to Formulary:	https://client.formularyr	avigator.com/Search.asp	ox?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)					Χ		Χ		
Harvoni (ledipasvir, sofosbuvir)					X		Χ		
Viekira Pak (ombitasvir,									
paritaprevir,									Step
ritonavir)						Χ	Χ		Therapy

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

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 Cov	entry Healthcare of	Georgia, Inc.	
Plan Name:	Coventry Silver \$10 Copay	HMO Atlanta		
Plan Type:	□PPO	□POS	⊠HMO	□Other
Coverage Area (counties):	Fulton (30308)			
Link to Summary of Benefits:	http://www.coventryone.co	om/ga51436		
Individual Deductibles:	Medical: \$3500	Prescription: \$0	Out of Pocket Cap: \$6250	
Family Deductibles:	Medical: \$7000	Prescription: \$0	Out of Pocket Cap: \$12500	
		Prescription:		
Out of Network Deductibles:	Medical: \$NOT COVERED	\$n/a	Out of Pocket Cap: \$NOT CO	VERED
Premiums (per month)	Individual:\$266	Family: \$829		

Cost Sharing				
		C 1 (0/)		N
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?	□Yes	⊠No		
				Physician fee is 30% coinsurance only if in-
Inpatient Services	500	30	None	network. OON not covered.
				Copay waived if admitted; out of network is
Emergency Room	500	n/a	None	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, m	nedical 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, Prev	ventive 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) 40 (retail)/ 100 (home	n/a	Generic drugs
Two	delivery) 75 (retail)/ 187.50 (home	n/a	Preferred brand drugs
Three	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 Prescr	•	
Link to Formulary:	https://client.formularyna	avigator.com/search.aspx	?sitecode=845006277
Contact Number:	1-877-336-3915		
Notes re: Deductible			
or Coverage:	This plan starts with Tier	la 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				Χ		Χ		QL
Viekira Pak (ombitasvir, paritaprevir,									
ritonavir)	Χ					Χ	Χ		QL/ST

HIV Medications									
	On								
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
	·								
Atripla (efavirenz/emtricitabine/tenofovir)	Χ		Χ						
Complera									
(emtricitabine/rilpivirine/tenofovir)	X		Χ						
Epzicom (abacavir/lamivudine)	Χ			Χ					
Evotaz (atazanavir/cobicistat)								Χ	
Intelence (etravirine)	Χ			Χ					
Isentress (raltegravir)	X		Χ						
Norvir (ritonavir)	X			Χ					
Prezcobix (darunavir/cobicistat)								Χ	
Prezista (darunavir)	X			Χ					
Reyataz (atazanavir)	X		Χ						
Stribild									
(cobicistat/elvitegravir/emtricitabine/									
tenofovir)	Χ			Χ			Χ		
Tivicay (dolutegravir)	Χ		Χ						
Triumeq									
(abacavir/dolutegravir/lamivudine)	Χ		Χ						
Truvada (emtricitabine/tenofovir)	X		Χ						
Tybost (cobicistat)	Χ		Χ						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X			Χ					
Emtriva (emtricitabine)	X			X					
									Only
Enjuir (langiaudina)	V			×					hep b
Epivir (lamivudine)	X	V		X					doses
Lamivudine (generic)	X	X	V						
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 Healthcar	e of Georgia, Inc.	
Plan Name:	Coventry Silver \$	10 Copay HMO Augusta		
Plan Type:	□PPO	□POS	⊠HMO	□Other
Coverage Area (counties):	Richmond Count	cy (30903)		
Link to Summary of Benefits:	http://www.cove	ntryone.com/ga51622		
Individual Deductibles:	Medical: \$3500	Prescription: \$0	Out of Pocket Cap: \$6250	
Family Deductibles:	Medical: \$7000	Prescription: \$0	Out of Pocket Cap: \$12500	
	Medical: \$NOT			
Out of Network Deductibles:	COVERED	Prescription: \$n/a	Out of Pocket Cap: \$NOT COVER	RED
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?	□Yes	⊠No		
Inpatient Services	500	30	None	Physician fee is 30% coinsurance only if innetwork. 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	30	None	
Out of network provider rules:	Not covered. ER, m	edical transportation	and urger	nt care same fees for OON as they are for in-network
Special provisions/exceptions for individuals living with HIV?	No	·	J	· ·
Other information:	Deductible doesn't	apply to certain serv	ices. \$500	deductible for specific services.

Plan Information						
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes			
	5 (retail)/ 12.50 (home					
One "a"	delivery)	n/a	Generic drugs			
	15 (retail) / 37.50 (home					
One	delivery)	n/a	Generic drugs			
	40 (retail)/ 100 (home					
Two	delivery)	n/a	Preferred brand drugs			
	75 (retail)/ 187.50 (home					
Three	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 Prescrip	otion 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	a 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)								Χ	
Harvoni (ledipasvir, sofosbuvir)	X				X		X		QL
Viekira Pak (ombitasvir, paritaprevir,									
ritonavir)	Χ					Χ	Χ		QL/ST

HIV Medications									
	On						Prior		
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		Χ						
Complera (emtricitabine/rilpivirine/tenofovir)	Χ		Χ						
Epzicom (abacavir/lamivudine)	Χ			Χ					
Evotaz (atazanavir/cobicistat)								X	
Intelence (etravirine)	X			Χ					
Isentress (raltegravir)	Χ		Χ						
Norvir (ritonavir)	Χ			Χ					
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	Χ			Χ					
Reyataz (atazanavir)	Χ		Χ						
Stribild (cobicistat/elvitegravir/emtricitabine/									
tenofovir)	Χ			Χ			Χ		
Tivicay (dolutegravir)	X		Χ						
Triumeq (abacavir/dolutegravir/lamivudine)	X		Χ						
Truvada (emtricitabine/tenofovir)	X		Χ						
Tybost (cobicistat)	Χ		Χ						
Abacavir (generic)	X	Χ							
Edurant (rilpivirine)	Χ			Χ					
Emtriva (emtricitabine)	X			X					
									Only
Fairir (laminudina)	V			Χ					hep b
Epivir (lamivudine)	X	V		٨					doses
Lamivudine (generic)	X	X	V						
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)	X		Χ						

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 \$1	O Copay HMO Hall		
Plan Type:	□PPO	□POS	⊠HMO	□Other
Coverage Area (counties):	Hall			
	http://www.cover	ntryone.com/web/group	s/public/@cvty_individual_c1/do	ocuments/document/ga51405.
Link to Summary of Benefits:	pdf			
	Medical:	Prescription: \$500		
Individual Deductibles:	\$3,500		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?	□Yes	⊠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						
Than implimation						
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes			
	\$5 co-pay/Retail, \$12.50 co-pay/Mail,		Limited to 31 day supply retail, 32- 90 day supply			
	Tier 1a; \$15 copay/		mail.Non-Preferred Generic same			
	Retail, \$37.50		benefit as Non-			
One	co-pay/Mail		Preferred Brand.			
	¢40 oo nay/Datail		Limited to 31 day supply retail, 32-			
Two	\$40 co-pay/Retail, \$100 co-pay/Mail		90 day supply mail.			
	\$75 co-pay/Retail,		Limited to 31 day supply retail, 32-			
	\$187.50 copay/		90 day supply			
Three	Mail		mail.			
			Limited to 31 day supply retail. In- Network: Tier 4			
Four		40% co-ins/Retail	and 5 mail - Not Covered.			
			Limited to 31 day supply retail. In-			
/2		50% coins/	Network: Tier 4			
Five/Specialty		Retail	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	•	Prescription drug out-of-pocket maximum				
or Coverage:	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)					Χ		Χ		
Harvoni (ledipasvir, sofosbuvir)					Χ		Χ		
Viekira Pak (ombitasvir, paritaprevir,									
ritonavir)						Χ	Χ		

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

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:	□PPO	□POS	⊠HMO	□Other			
Coverage Area (counties):	Chatham (31405)						
Link to Summary of Benefits:	http://www.cove	ntryone.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				
Soot 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?	□Yes	⊠No		
	500	70	.	Physician fee is 30% coinsurance only if in-network. Out of network not covered. For a hospital stay, prior
Inpatient Services	500	30	None	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	
	Not covered. Emerg	gency room, medica	l transporta	tion and urgent care same fees for out-of-network as
Out of network provider rules:	they are for in-netw	ork .		
Special provisions/exceptions				
for individuals living with HIV?	No			
Other information:	Deductible doesn't	apply to certain offi	ce visits, pre	eventive care, urgent care.

Plan Information						
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes			
One "a"	E (rotail) 12 EO (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 a	5 (retail), 12.50 (mail) 15 (retail), 37.50		in-network pharmacy Generic Drugs. Limit 31-day supply (retail), 32-90 day			
One	(mail)		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 Pre	scription 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 Ti	er 1a and goes through	n tier 5			

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

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sustiva (efavirenz) 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 SEGA 2016 Georgia QHP

Occupil Disconsisting								
Overall Plan Information								
Issuer Name:	Aetna Health Inc.	. DBA Coventry Healthca	re of Georgia, Inc.					
Plan Name: Coventry Silver \$10 Copay								
HMO SEGA	Coventry Silver \$	Coventry Silver \$10 Copay HMO SEGA						
Plan Type:	□PPO	□POS	⊠HMO	□Other				
Coverage Area (counties):	Glynn County (31	1523)						
Link to Summary of Benefits:	http://www.cove	entryone.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?	□Yes	⊠No		
Inpatient Services	500	30		Physician fee is 30% coinsurance only if innetwork. 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. Emerge they are for in-netwo		ansportati	ion and urgent care same fees for out-of-network as
Special provisions/exceptions for individuals living with HIV?	No			
Other information:	Deductible doesn't a	pply to certain office	visits, pre	ventive care, urgent care.

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 checkmark in formulary, may be available at no			
One (a)	5 (Retail), 12.50 (Mail)		cost at in-network pharmacy			
			Generic Drugs. Limit 31-day supply			
One	15 (Retail), 37.50 (Mail)		(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	, o (1 totall), 10 / 100 (1 tall)	40	Specialty.			
Five		50	Specialty. Retail only; no mail order.			
Name of Formulary Used:	2016 CoventryOne Prescrip	otion Drug List: Ga	,			
Link to Formulary:	https://client.formularynav	vigator.com/search.aspx?	sitecode=845006277			
Contact Number:	1-877-336-3915					
Notes re: Deductible or Coverage:	This plan starts with Tier 1a	a 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		Χ			
Harvoni (ledipasvir, sofosbuvir)	Χ				X		Χ			
Viekira Pak (ombitasvir, paritaprevir,										
ritonavir)	Χ					Χ	Χ		ST	

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

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

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	Aetna Health, Inc. (a GA corp.) DBA Coventry Healthcare of Georgia, Inc.							
Plan Name:	Coventry Silver \$	S10 Copay 2750 HMO Va	ldosta						
Plan Type:	□PPO	□POS	XHMO	□Other					
	Network providers within 50 miles of Valdosta located in Lowndes, Thomas, Tift, Colquitt. Clinch,								
Coverage Area (counties):	Cook, Atkinson, E	Berrien, Echols, Brooks, a	and Lanier Counties						
	http://www.cove	entryone.com/web/grou	ps/public/@cvty_individu	ual_c1/documents/document/ga51					
Link to Summary of Benefits:	537.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	3,700					
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	CO-IIIsurance (%)	LIIIIILS	Deductible waived
-	75			Deductible waived Deductible waived
Specialists Deferral required for specialists?	75	No		Deductible waived
Referral required for specialists?		INO		Dreamth arization may be required to encure acyarage of
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 ex	xcept Emergency Ro	om servi	ces - covered same as In-Network
Special provisions/exceptions				
for individuals living with HIV?	No			
Other information:	Preventive care/ So	creening/Immunizati	ion No Ch	narge. 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)		Generic Drugs. Limit 31-day supply (retail), 32-90 day supply (mail)
Two	50 (Retail), 125 (Mail)		Preferred Brand. Same supply limits as above
			Non-preferred Brand. Non-preferred Generics covered same as
Three	80 (Retail), 200 (Mail)		Non-preferred Brands. Same supply limits.
Four		40	Specialty.
Five		50	Specialty. Retail only; no mail order.
Name of Formulary Used:	2016 CoventryOne Preso	cription Drug List: G	A
Link to Formulary:	https://client.formularyr	navigator.com/Seard	ch.aspx?siteCode=8450062277
Contact Number:	1-855-449-2889		
Notes re: Deductible or			
Coverage:	Rx deductible included i maximum	n plan deductible /	Rx drug out-of-pocket maximum Included in plan's out-of-pocket

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

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

HIV Medications									
	On						Prior		
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes
Viread (tenofovir)	X		Χ						
									T3: tab 300mg; T2: sol
Ziagen (abacavir)	X			X					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	Aetna Health, Inc. (a GA corp.) DBA Coventry Healthcare of Georgia, Inc.							
Plan Name:	Coventry Silver \$	Coventry Silver \$10 Copay HMO Valdosta							
Plan Type:	□PPO	□POS	XHMO	□Other					
	Network provide	Network providers within 50 miles of Valdosta located in Lowndes, Thomas, Tift, Colquitt. Clinch,							
Coverage Area (counties):	Cook, Atkinson, E	Berrien, Echols, Brooks,	Lanier Counties	·					
	http://www.cove	entryone.com/web/grou	ups/public/@cvty_individua	Il_c1/documents/document/ga51					
Link to Summary of Benefits:	529.pdf								
Individual Deductibles:	Medical: \$3,500	Prescription: none	Out of Pocket Cap: \$6,2	50					
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
Outpatient Health Services	75			deductible waived.
Substance Use Disorder				MHNet network must be used. Visit
Outpatient Services	75			deductible waived.
Laboratory Services		30		For x-rays, blood work.
Out of network provider rules:	Nothing covered except I	Emergency Room sei	rvices - cov	ered same as In-Network
Special provisions/exceptions				
for individuals living with HIV?	No			
	Preventive care/ Screening	ng/Immunization No	Charge. Ch	iropractors 40% Coins., Limit 20 Visits per
Other information:	year.	.	3	·

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 checkmark 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				
			Non-preferred Brand. Non-preferred Generics covered same as				
Three	75 (Retail), 187.50 (Mail)		Non-preferred Brands. Same supply limits.				
Four		40	Specialty.				
Five		50	Specialty. Retail only; no mail order.				
Name of Formulary Used:	2016 CoventryOne Prescr	iption Drug List: GA					
Link to Formulary:	https://client.formularyna	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										
							Prior			
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes	
Sovaldi (sofosbuvir)	X				Χ		X			
Harvoni (ledipasvir, sofosbuvir)	X				X		X			
Viekira Pak (ombitasvir, paritaprevir,										
ritonavir)	X					Χ	X		ST	

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

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

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Alliant Health Plans **SoloCare 0040007** 2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Alliant Health Plai	าร		
Plan Name:	SoloCare 004000)7		
Plan Type:	⊠PPO	□POS	□HMO	□Other
Coverage Area (counties):	Banks, GA			
Link to Summary of Benefits:	https://www.allia	ntplans.com/AlliantFilesV	VP/solocare2016/83761GA004000	7002016.pdf
		Prescription: Specialty drugs subject to		
Individual Deductibles:	Medical: \$ 1,750	medical deductible	Out of Pocket Cap: \$ 6,850	
		Prescription: Specialty drugs subject to		
Family Deductibles:	Medical: \$ 3,500	medical deductible	Out of Pocket Cap: \$ 13,700	
	Medical: \$ 5,250	Prescription: Specialty drugs subject to		
Out of Network Deductibles:	(I) / 10,500 (F)	medical deductible	Out of Pocket Cap: \$ 18,000 (I) / 3	36,000 (F)
Premiums (per month)	Individual:\$ 365	Family:\$ 1,140		

Cost Sharing				
Cost sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20		*Footnote	
Specialists	20		*Footnote	
Referral required for specialists?	□Yes	⊠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 afte	er 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.								
	CoC posted at http:// Coverage.pdf. The 20	*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						
Four		50	pharmacy program.						
Five/Specialty									
Name of Formulary Used:	Essential Health Benefits								
Link to Formulary:	http://www.alliantplans.com/wp-	-content/uploads/Navitus-E	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									
							Prior		
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				Χ		X		QL, LMSP
Harvoni (ledipasvir, sofosbuvir)	X				Χ		Χ		QL, LMSP
Viekira Pak (ombitasvir,									
paritaprevir,									
ritonavir)								X	

HIV Medications	O-17						Dulan		
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
	•	1101 1	1101 2	1101 0		1101 0	7 (40110112401011	TTO/TTE	110103
Atripla (efavirenz/emtricitabine/tenofovir) Complera	X				Χ				
(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				Χ				
Stribild									
(cobicistat/elvitegravir/emtricitabine/									
tenofovir)	X				Χ				QL
Tivicay (dolutegravir)	X				Χ				QL
Triumeq									
(abacavir/dolutegravir/lamivudine)	X				Χ				QL
Truvada (emtricitabine/tenofovir)	X				X		X		
To the out /out his intent								V	Formulary
Tybost (cobicistat)	X				X			Χ	says NC
Abacavir (generic) 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 Plai	าร					
Plan Name:	SoloCare 004001	0					
Plan Type:	⊠PPO	□POS	□HMO	□Other			
Coverage Area (counties):	Banks GA						
Link to Summary of Benefits: https://www.alliantplans.com/AlliantFilesWP/solocare2016/83761GA0040010002016.pdf							
		Prescription: Specialty					
		Rx subject to Medical					
Individual Deductibles:	Medical: \$ 2,500	deductible	Out of Pocket Cap: \$ 6,850				
		Prescription: Specialty					
	Medical: \$	Rx subject to Medical					
Family Deductibles:	5,000	deductible	Out of Pocket Cap: \$ 13,700				
	Medical: \$	Prescription: Specialty					
	6,000 (I) /	Rx subject to Medical					
Out of Network Deductibles:	12,000 (F)	deductible	Out of Pocket Cap: \$ 18,000 (I) / 3	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?	□Yes	⊠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 deductil	ole (except ER - \$250 cc	pay/visit)	
Out of network provider rules:				
Special provisions/exceptions				
for individuals living with HIV?	None listed.			
	-			ge, which is not posted. 2015 CoC
				oloCare-Certificate-of-Coverage.pdf.
	•			ere may be limits when using out-of-
Other information:	network providers or services t	hat do not meet current	guidelines (m	edically 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		
	Specialty deductible = Medical de	eductible (no separate ded	uctible). Codes: LMSP: Lumicera Mandatory
Notes re: Deductible or Coverage:	Specialty Program; QL: Quantity I	•	•

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

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Ziagen (abacavir)	romanary	1101 1	1101 2	1101 0	1101 1	1101 0	7 (4110112411011	X	110103

Alliant Health Plans SoloCare 0040015 2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Alliant Health Pla	ans		
Plan Name:	SoloCare 00400	15		
Plan Type:	⊠PPO	□POS	□HMO	□Other
Coverage Area (counties):	Banks GA			
Link to Summary of Benefits:	https://www.allia	ntplans.com/AlliantFiles\	VP/solocare2016/83761GA0040015	5002016.pdf
		Prescription: Specialty		
	Medical: \$	Rx subject to Medical		
Individual Deductibles:	3,000	deductible	Out of Pocket Cap: \$ 6,850	
		Prescription: Specialty		
	Medical: \$	Rx subject to Medical		
Family Deductibles:	6,000	deductible	Out of Pocket Cap: \$ 13,700	
	Medical: \$	Prescription: Specialty		
	12,000 (I) /	Rx subject to Medical		
Out of Network Deductibles:	24,000 (F)	deductible	Out of Pocket Cap: \$ 18,000 (I) / 3	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?	□Yes	⊠No		
Inpatient Services		20	*Footnote	Deductible
Emergency Room	250		*Footnote	
Mental/Behavioral				
Outpatient Health Services		20	*Footnote	Deductible
Substance Use Disorder		20	*	Darkartik I.
Outpatient Services		20	*Footnote	Deductible
Laboratory Services		20	*Footnote	Deductible
Out of network provider rules:	40% coinsurance after deductible (e	xcept ER - \$250 copa	y/visit)	
Special provisions/exceptions				
for individuals living with HIV?	None listed			
	*Footnote - Limits: Summary refers t			· · · · · · · · · · · · · · · · · · ·
	http://www.alliantplans.com/wp-cor			- ·
	CoC does not list specific limits either			
Other information:	providers or services that do not me	et current guidelines ((medically nece	essary, 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
Four		50	pharmacy program.
Five/Specialty			
Name of Formulary Used:	Essential Health Benefits		
Link to Formulary:	http://www.alliantplans.com/wp-	content/uploads/Navitus-E	EHB-Formulary-updated-12-1-2015.pdf
Contact Number:	866-333-2757		
Notes re: Deductible or Coverage:	Specialty deductible = Medical de Specialty Program; QL: Quantity	•	uctible). Codes: LMSP: Lumicera Mandatory

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

1107.54 . 0									
HIV Medications							Duien		
Medication	On Formulary	Tior 1	Tior 2	Tier 3	Tior 1	Tior 5	Prior Authorization	NC/NI	Notes
Atripla	Officiality	1101 1	TICI Z	1101 5	TICI T	TICLO	Additionzation	INC/INE	110103
(efavirenz/emtricitabine/tenofovir)	Χ				X				
Complera	, ,								
(emtricitabine/rilpivirine/tenofovir)	X				X				
Epzicom (abacavir/lamivudine)	X				Χ				
Evotaz (atazanavir/cobicistat)	Χ				X				
Intelence (etravirine)	Χ				Χ				
Isentress (raltegravir)	Χ				Χ				
Norvir (ritonavir)	Χ				Χ				
Prezcobix (darunavir/cobicistat)	Χ				Χ				
Prezista (darunavir)	X				Χ				
Reyataz (atazanavir)	Χ				Χ				
Stribild									
(cobicistat/elvitegravir/emtricitabine/									
tenofovir)	Χ				Χ				QL
Tivicay (dolutegravir)	Х				X				QL
Triumeq	.,				.,				
(abacavir/dolutegravir/lamivudine)	X				X				QL
Truvada (emtricitabine/tenofovir)	X				X		X		Campandam.
Tybost (cobicistat)								X	Formulary says NC
Abacavir (generic)	X				X			^	Says INC
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X				X				
Sustiva (efavirenz)	X				Χ				

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

Alliant Health Plans SoloCare 0040017 2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Alliant Health Pla	ns		
Plan Name:	SoloCare 00400	17		
Plan Type:	⊠PPO	□POS	□HMO	□Other
Coverage Area (counties):	Banks GA			
Link to Summary of Benefits:	https://www.allia	ntplans.com/AlliantFiles\	WP/solocare2016/83761GA0040017	7002016.pdf
Individual Deductibles:	Medical: \$ 4,500	Prescription: Specialty drugs subject to medical deductible	Out of Pocket Cap: \$ 6,850	
Family Deductibles:	Medical: \$	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?	□Yes	⊠No							
Inpatient Services		Ο	*Footnote	Deductible					
Emergency Room	250		*Footnote						
Mental/Behavioral Outpatient Health Services Substance Use Disorder		0	*Footnote	Deductible					
Outpatient Services		0	*Footnote	Deductible					
Laboratory Services		Ο	*Footnote	Deductible					
Out of network provider rules:	40% coinsurance afte	er deductible (except ER	- \$250 copay,	/visit)					
Special provisions/exceptions for individuals living with HIV?	CoC posted at http:// Coverage.pdf. The 20								
Other information:	(medically necessary,	•	services triat	do not meet current guidennes					

Plan Information			
Tian memacion			
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
Four		50	pharmacy program.
Five/Specialty			
Name of Formulary Used:	Essential Health Benefits		
Link to Formulary:	http://www.alliantplans.com/wp-	-content/uploads/Navitus-I	EHB-Formulary-updated-12-1-2015.pdf
Contact Number:	866-333-2757		
Notes re: Deductible or Coverage:	Specialty deductible = Medical de Specialty Program; QL: Quantity	•	uctible). Codes: LMSP: Lumicera Mandatory

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

HIV Medications							D :		
Medication	On Formulary	Tier 1 Ti	ior 2	Tior 7	Tion 1	Tier 5	Prior Authorization	NC/NL	Notos
Atripla	On Formulary	Her i ii	ier Z	Her 3	Her 4	Her 5	Authorization	NC/NL	Notes
(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)	Χ				Χ				
Prezcobix (darunavir/cobicistat)	X				X				
Prezista (darunavir)	Χ				Χ				
Reyataz (atazanavir)	Χ				Χ				
Stribild									
(cobicistat/elvitegravir/emtricitabine/									
tenofovir)	X				Χ				QL
Tivicay (dolutegravir)	X				Χ				QL
Triumeq									
(abacavir/dolutegravir/lamivudine)	X				Χ				QL
Truvada (emtricitabine/tenofovir)	X				X		X		
T. I I								V/	Formulary
Tybost (cobicistat)	V				V			Χ	says NC
Abacavir (generic)	X				X				
Edurant (rilpivirine)	X				X				
Emtriva (emtricitabine)	X				X				
Epivir (lamivudine)	X				Χ				
Lamivudine (generic)	X				Χ				
Sustiva (efavirenz)	Χ				Χ				

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

Ambetter of Peach State, Inc. Balanced Care 1 2016 Georgia QHP

Overall Plan Information									
Issuer Name:	Ambetter of Pea	ch State Inc.							
Plan Name:	Ambetter Balanc	Ambetter Balanced Care 1							
Plan Type:	□PPO	□POS	X HMO	□Other					
Coverage Area (counties):	Fulton								
Link to Summary of Benefits:	https://api.cente	ne.com/SBC/2016/7089	3GA0010002-01.pdf						
		Prescription: \$							
Individual Deductibles:	Medical: \$ 5500	Included	Out of Pocket Cap: \$ 6500						
		Prescription: \$							
Family Deductibles:	Medical: \$11000	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				
	Co- Payments			
Service	(\$)	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 cove	erage except emergency roon		` 5 , 5 3 ,
Special provisions/exceptions for individuals living with HIV?	None listed.			
Other information:				

Plan Information							
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes				
One	\$10	CO INSULATION (70)	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.pshpgeo MULARY-AMBETTER_FRO	-	entene/peachstate/ambetter/PDFs/FOR LTH PLAN.pdf				
Contact Number:	1-877-687-1180						
Notes re: Deductible or Coverage:	Out of pocket providers no	ot 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
Sovalul (Solosbuvil)	^				^		^		Specialty, Specialty, Max Daily
Harvoni (ledipasvir, sofosbuvir)	Χ				Χ		X		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)								Χ	
Intelence (etravirine)	X		Χ						Multiple listed
Isentress (raltegravir)	X		Χ						
Norvir (ritonavir)	X		Χ						QL; multiple listed
Prezcobix (darunavir/cobicistat)								Χ	
Prezista (darunavir)	X		X						QL; multiple listed
Reyataz (atazanavir)	X		Χ						QL; multiple listed
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)								Χ	
Tivicay (dolutegravir)								Χ	
Triumeq (abacavir/dolutegravir/lamivudine)								Χ	
Truvada (emtricitabine/tenofovir)	X		Χ				X		QL
Tybost (cobicistat)	X		Χ						QL
Abacavir (generic)	X	X							QL; multiple listed
Edurant (rilpivirine)	X		Χ						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)	Χ		Χ						QL
Viread (tenofovir)	X		Χ						QL
Ziagen (abacavir)	X		Χ						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:	□PPO	□POS	X HMO	□Other					
Coverage Area (counties):	Fulton								
Link to Summary of Benefits:	https://api.center	ne.com/SBC/2016/70893	3GA0010002-01.pdf						
		Prescription: \$							
Individual Deductibles:	Medical: \$ 6500	Included	Out of Pocket Cap: \$ 6500						
		Prescription: \$							
Family Deductibles:	Medical: \$13000	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				
oos onarmg				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	\$30			
Specialists	\$60			
Referral required for specialists?	X Yes	□No		
Inpatient Services		No charge after deductible	PA	
Emergency Room	\$100 for Urgent Care	No charge after deductible		No charge after deductible
Mental/Behavioral		No charge after		
Outpatient Health Services	\$30 copay/ visit	deductible	PA	
Substance Use Disorder		No charge after		
Outpatient Services	\$30 for outpatient	deductible	PA	
Laboratory Services		No charge after deductible		Listed as "tests" (Diagnostic, imaging)
Out of network provider rules:	No ou	ut of network coverag	e except em	— — — ·
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	g List	
	https://ambetter.ps	hpgeorgia.com/cont	ent/dam/centene/peachstate/ambetter/PDFs/F
Link to Formulary:	ORMULARY-AMBE	TTER_FROM_PEACH	_STATE_HEALTH_PLAN.pdf
Contact Number:	1-877-687-1180		
Notes re: Deductible or Coverage:	Out of pocket provi	ders not covered.	

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

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

Ambetter of Peach State, Inc. Balanced Care 10 2016 Georgia QHP

Overall Plan Information								
Issuer Name:	Ambetter of Peac	ch State Inc.						
Plan Name:	Ambetter Balanced Care 10							
Plan Type:	□PPO	□POS	X HMO	□Other				
Coverage Area (counties):	Fulton							
Link to Summary of Benefits:	https://api.cente	ne.com/SBC/2016/70893	3GA0010002-01.pdf					
		Prescription: \$						
Individual Deductibles:	Medical: \$ 4500	Included	Out of Pocket Cap: \$ 6500					
		Prescription: \$						
Family Deductibles:	Medical: \$9000	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	□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 cov	erage except emerge	ncy room visi	
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. AMBETTER_FROM_PEACH_S		/peachstate/ambetter/PDFs/FORMULARY-
Contact Number:	1-877-687-1180		
Notes re: Deductible or Coverage:	Out of pocket providers not co	overed.	

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)								X	Specialty,
Harvoni (ledipasvir, sofosbuvir)	×				X		X		Max Daily Dose (MDD)
Viekira Pak (ombitasvir, paritaprevir,	^				^		^		(1100)
ritonavir)								Χ	

HIV Medications									
THY Ficultations	On						Prior		
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X			Χ					QL
Complera (emtricitabine/rilpivirine/tenofovir)								X	
Epzicom (abacavir/lamivudine)	X		X					^	
Evotaz (atazanavir/cobicistat)	A		^					X	
Evolut (diazanavn, oobiolotat,								, ,	Multiple
Intelence (etravirine)	X		X						listed
Isentress (raltegravir)	X		Χ						
									QL;
Narvir (ritanavir)	Χ		×						multiple listed
Norvir (ritonavir) Prezcobix (darunavir/cobicistat)	^		^					Х	listed
Frezeodix (dardilavii) codicistat)								^	QL;
									multiple
Prezista (darunavir)	X		X						listed
									QL;
Dovotos (otosonovir)	X		×						multiple
Reyataz (atazanavir) Stribild (cobicistat/elvitegravir/emtricitabine/	^		^						listed
tenofovir)								X	
Tivicay (dolutegravir)								X	
Triumeq (abacavir/dolutegravir/lamivudine)								Χ	

HIV Medications									
	On						Prior		
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes
Truvada (emtricitabine/tenofovir)	X		Χ				X		QL
Tybost (cobicistat)	X		X						QL
									QL;
									multiple
Abacavir (generic)	X	Χ							listed
Edurant (rilpivirine)	X		Χ						QL
									QL;
									multiple
Emtriva (emtricitabine)	X		Χ						listed
									QL;
									multiple
Epivir (lamivudine)	X			Χ					listed
Lamivudine (generic)	X	Χ							QL
Sustiva (efavirenz)	X		X						QL
Viread (tenofovir)	X		Χ						QL
Ziagen (abacavir)	Χ		Χ						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 Geor	gia							
Plan Name:	Blue Cross and B	Blue Cross and Blue Shield Healthcare Plan of Georgia Silver DirectAccess a Multi State Plan							
Plan Type:	□PPO	□POS	⊠HMO	□Other					
Coverage Area (counties):	Fulton (30308)								
Link to Summary of Benefits:	http://www.sbc.a	anthem.com/dps/ccd10	G64						
Individual Deductibles:	Medical: \$2000	Prescription: none	Out of Pocket Cap: \$6300)					
Family Deductibles:	Medical: \$4000	Prescription: none	Out of Pocket Cap: \$1260	0					
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?	□Yes	⊠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 Outpatient Health Services		20		Not covered if out of network.
Substance Use Disorder Outpatient Services		20		
Laboratory Services		20		

Cost Sharing										
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes						
		In general not covered at all unless ER, emergency medical transport or urgent care and then								
Out of network provider rules:	it is same coverage a	s if In-network.								
Special provisions/exceptions										
for individuals living with HIV?	No									
	The overall deductibl	The overall deductible does not apply to preventive care, primary care visit, and prescriptic								
Other information:	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 C	Georgia, Select Drug List:	4 Tier Formulary				
Link to Formulary:	https://www.bcbsga.com/	GASelectdrugtier4					
	1-855-738-6652						
Contact Number:							
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)	Χ				Χ		Χ		QL
Viekira Pak (ombitasvir,									
paritaprevir,									
ritonavir)								Χ	NF/QL

HIV Medications									
A. II. II.	On	T: 1	T : 0	- : -	- : 4	- : -	D : A .II :	N 0 /N 11	
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	Χ				×				
	^				^				
Complera (emtricitabine/rilpivirine/tenofovir)								X	NF
					V			Χ	INF
Epzicom (abacavir/lamivudine)	X				X			V	NIT.
Evotaz (atazanavir/cobicistat)	V				V			X	NF
Intelence (etravirine)	X				X				
Isentress (raltegravir)	X				X				
Norvir (ritonavir)	X				X			\ <u>'</u>	NIE
Prezcobix (darunavir/cobicistat)								X	NF
Prezista (darunavir)	X				X				
Reyataz (atazanavir)	X				X				
Stribild									
(cobicistat/elvitegravir/emtricitabine/								V	NIE
tenofovir)								X	NF
Tivicay (dolutegravir)								Х	NF
Triumeq (abacavir/dolutegravir/lamivudine)								X	NF
Truvada (emtricitabine/tenofovir)	X				X			Χ	INF
	Α				Α			X	NF
Tybost (cobicistat)	V				V			^	INF
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)	Χ				Χ				

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 Geor	BCBSHP of Georgia								
Plan Name:	BCBSHP Silver P	BCBSHP Silver Pathway X HMO 10 for HSA								
Plan Type:	□PPO	□POS	⊠HMO	□Other						
Coverage Area (counties):	Fulton (30308)									
Link to Summary of Benefits:	https://www.sbc	.anthem.com/dps/ccd1G	5S							
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				
	C D	C 1 (0()		N
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		10		
Specialists		10		
Referral required for specialists?	□Yes	⊠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		
	In general not cov	ered at all unless ER, e	mergency	medical transport or urgent care and then it is same
Out of network provider rules:	coverage as if In-n	etwork.		
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 G	Georgia, Select Drug List:	4 Tier Formulary				
Link to Formulary:	https://www.bcbsga.com/	GASelectdrugtier4					
	1-855-738-6652						
Contact Number:							
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)	Χ				Χ		X		QL
Viekira Pak (ombitasvir,									
paritaprevir,									
ritonavir)								X	NF/QL

HIV Medications									
	On								
Medication	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)								Χ	NF
Epzicom (abacavir/lamivudine)	X				X				
Evotaz (atazanavir/cobicistat)								Χ	NF
Intelence (etravirine)	X				X				
Isentress (raltegravir)	X				Χ				
Norvir (ritonavir)	X				Χ				
Prezcobix (darunavir/cobicistat)								X	NF

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

Blue Cross Blue Shield Health Plan of Georgia Silver Pathway X HMO 2000 25 2016 Georgia QHP

Overall Plan Information				
Issuer Name:	BCBSHP of Georg	gia		
Plan Name:	BCBSHP Silver Pa	athway X HMO 2000 25		
Plan Type:	□PPO	□POS	⊠HMO	□Other
Coverage Area (counties):	Fulton (30308)			
Link to Summary of Benefits:	https://www.sbc.	anthem.com/dps/ccd1G6	K	
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?	□Yes	⊠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 it is same coverage as i		ency medic	al transport or urge	ent care and then
Special provisions/exceptions	it is same coverage as i	ii iii iictwork.			
for individuals living with HIV?	No				
Other information:	Deductible does not ap	pply to preventive care,	primary car	re visit, and special	ist 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						
	1-855-738-6652						
Contact Number:							
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)	Χ				Χ		X		QL
Viekira Pak (ombitasvir,									
paritaprevir,									
ritonavir)								X	NF/QL

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

Blue Cross Blue Shield Health Plan of Georgia Silver Pathway X HMO 3000 10 2016 Georgia QHP

Overall Plan Information				
Issuer Name:	BCBSHP of Georg	gia		
Plan Name:	BCBSHP Silver Pa	athway X HMO 3000 10		
Plan Type:	□PPO	□POS	⊠HMO	□Other
Coverage Area (counties):	Fulton (30308)			
Link to Summary of Benefits:	https://www.sbc	anthem.com/dps/ccd1G5	SY	
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				
Social mag				
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?	□Yes	⊠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		10		Not covered it out of fletwork
Outpatient Services Laboratory Services		10		

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

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
	15 (retail)/ 30 (home		
One	delivery)		Typically generic
	40 (retail)/ 100 (home		
Two	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 C	Georgia, Select Drug List:	4 Tier Formulary
Link to Formulary:	https://www.bcbsga.com/	GASelectdrugtier4	
	1-855-738-6652		
Contact Number:			
Notes re: Deductible or Coverage:		gov. They were all on the	is are not included on the plan's drug list b bcbsga.com website. An exception ug.

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)	Χ				Χ		X		QL
Viekira Pak (ombitasvir,									
paritaprevir,									
ritonavir)								X	NF/QL

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

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	Silver Pathway X HMO 3500 0							
Plan Type:	□PPO	□POS	⊠HMO	□Other					
Coverage Area (counties):	Fulton (30308)								
Link to Summary of Benefits:	http://sbc.anthe	m.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				
Cost sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	45			
Specialists	75			
Referral required for specialists?	□Yes	⊠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 covere it is same coverage a	ed at all unless ER, emerg	gency medic	cal transport o	or urgent care and then
Special provisions/exceptions	it is sume coverage a	3 II III HELWOIK.			
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 C	Georgia, Select Drug List:	4 Tier Formulary
Link to Formulary:	https://www.bcbsga.com/	GASelectdrugtier4	
	1-855-738-6652		
Contact Number:			
Notes re: Deductible or Coverage:		gov. They were all on the	is are not included on the plan's drug list b bcbsga.com website. An exception ug.

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)	Χ				Χ		X		QL
Viekira Pak (ombitasvir,									
paritaprevir,									
ritonavir)								Χ	NF/QL

HIV Medications									
A. It is	On	T: 1	T : 0	- : -	- : 4	- : -	D : A .II :	N 0 /N 11	
Medication	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	NF
	V				V			Α	INF
Epzicom (abacavir/lamivudine)	X				X			V	NIT.
Evotaz (atazanavir/cobicistat)	V				V			X	NF
Intelence (etravirine)	X				X				
Isentress (raltegravir)	X				X				
Norvir (ritonavir)	X				X			\ <u>'</u>	NIE
Prezcobix (darunavir/cobicistat)	.,							X	NF
Prezista (darunavir)	X				X				
Reyataz (atazanavir)	X				X				
Stribild									
(cobicistat/elvitegravir/emtricitabine/								V	NIE
tenofovir)								X	NF
Tivicay (dolutegravir)								Х	NF
Triumeq (abacavir/dolutegravir/lamivudine)								X	NF
- · · · · · · · · · · · · · · · · · · ·	X				X			^	INF
Truvada (emtricitabine/tenofovir)	^				^			X	NF
Tybost (cobicistat)	V				V			^	INF
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				Χ				

Blue Cross Blue Shield Health Plan of Georgia Silver Pathway X HMO 3500 25 2016 Georgia QHP

Overall Plan Information				
Issuer Name:	BCBSHP of Georg	gia		
Plan Name:	BCBSHP Silver Pa	thway X HMO 3500 25		
Plan Type:	□PPO	□POS	⊠HMO	□Other
Coverage Area (counties):	Fulton (30308)			
Link to Summary of Benefits:	https://www.sbc.	anthem.com/dps/ccd1G6	iR .	
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				
	O D + (#)	C 1 (0/)		N
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		10		
Specialists		10		
Referral required for specialists?	□Yes	⊠No		
Inpatient Services	500	10		Copay/visit, then coinsurance. Physician fee is 10% coinsurance only if in-network. Out of network not covered.
		10		Copay/visit, then coinsurance. Copay waived if admitted; out of
Emergency Room	500			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	
			gency medic	al transport or urgent care an	nd then
Out of network provider rules:	it is same coverage a	s if In-network.			
Special provisions/exceptions					
for individuals living with HIV?	No				
	The overall deductibl	e does not apply to prev	ventive care,	primary care visit, and presci	ription
Other information:	drugs.				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
	ου . α ς οο (ψ)	(/0/	
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 G	Georgia, Select Drug List:	4 Tier Formulary
Link to Formulary:	https://www.bcbsga.com/	GASelectdrugtier4	
	1-855-738-6652		
Contact Number:			
	Regarding drug coverage,	Non-formulary (NF) drug	is are not included on the plan's drug list
Notes re: Deductible		•	e bcbsga.com website. An exception
or Coverage:	process is available to requ	uest coverage for a NF dr	ug.

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)	Χ				Χ		X		QL
Viekira Pak (ombitasvir,									
paritaprevir,									
ritonavir)								Χ	NF/QL

HIV Medications									
Ad the second	On	T: 1	T : 0	- : -	- : 4	- : -	D : A .II :	N 0 /N 11	
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X				×				
	^				^				
Complera								X	NIE
(emtricitabine/rilpivirine/tenofovir)					\ <u>/</u>			X	NF
Epzicom (abacavir/lamivudine)	X				Χ				
Evotaz (atazanavir/cobicistat)								Χ	NF
Intelence (etravirine)	X				Χ				
Isentress (raltegravir)	X				Χ				
Norvir (ritonavir)	X				Χ				
Prezcobix (darunavir/cobicistat)								Χ	NF
Prezista (darunavir)	Χ				Χ				
Reyataz (atazanavir)	X				Χ				
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)	Χ				Χ				
Edurant (rilpivirine)	X				Χ				
Emtriva (emtricitabine)	X				Χ				
Epivir (lamivudine)	X				X				
Lamivudine (generic)	X				Χ				
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 2	2000		
Plan Type:	⊠PPO	□POS	□HMO	□Other
Coverage Area (counties):	Fulton			
	http://www.cigna.c	om/assets/docs/indiv	idual-and-families/2016/r	nedical/ga/888249-sbc-cigna-
Link to Summary of Benefits:	health-flex-silver-20	000-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
	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:\$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?	□Yes	⊠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
	\$8 retail/ \$20 home		
One	delivery \$20 retail/ \$50 home		Preferred generic—QL 90 days
Two	delivery		Non-preferred generic—QL 90 days
	\$60 retail/\$150 home		
Three	delivery		Preferred brand—QL 90 days
Four		40%	Non-preferred brand—QL 90 days
	\$550 retail/ \$475 home		
Five/Specialty	delivery		Specialty—QL 30 days
Name of Formulary			
Used:	Cigna Individual and Fami	ly Plans Drug List	
Link to Formulary:	http://www.cigna.com/cg	gi-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)	Χ					Χ	X		
Harvoni (ledipasvir, sofosbuvir)	Χ					Χ	Χ		
Viekira Pak (ombitasvir,									
paritaprevir,									
ritonavir)								X	

HIV Medications									
	On								
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	Χ					Χ			
Complera									
(emtricitabine/rilpivirine/tenofovir)	X					Χ			
Epzicom (abacavir/lamivudine)	X					Χ			
Evotaz (atazanavir/cobicistat)	X					Χ			
Isentress (raltegravir)	X					Χ			
Intelence (etravirine)	X					Χ			
Norvir (ritonavir)	Χ					Χ			
Prezcobix (darunavir/cobicistat)	X					Χ			
Prezista (darunavir)	X					Χ			
Reyataz (atazanavir)	X					Χ			
Stribild									
(cobicistat/elvitegravir/emtricitabine/									
tenofovir)	X					Χ			
Tivicay (dolutegravir)	X					Χ			
Triumeq									
(abacavir/dolutegravir/lamivudine)	X					Χ			
Truvada (emtricitabine/tenofovir)	X					Χ			
Tybost (cobicistat)									
Abacavir (generic)	X		Χ						
Edurant (rilpivirine)	X					Χ			
Emtriva (emtricitabine)	X					Χ			
									Lists
									only
Epivir (lamivudine)									HBV
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X					Χ			
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:	⊠ PPO	□POS	□HMO	□Other
Coverage Area (counties):	Fulton			
	http://www.cigna.c	com/assets/docs/individu	ual-and-families/2016/medical/ga/	/888249-sbc-cigna-
Link to Summary of Benefits:	health-flex-silver-40	000-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 indi	vidual; \$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?	□Yes	⊠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	v Plans Drug List	
Link to Formulary:	http://www.cigna.com/cgi	_	-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	Not es
Sovaldi (sofosbuvir)	Χ					Χ	Χ		
Harvoni (ledipasvir, sofosbuvir)	X					Χ	X		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

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

Cigna Health Savings 3000 2016 Georgia QHP

Overall Plan Information				
Issuer Name:	Cigna			
Plan Name:	Cigna Health Savin	igs 3000		
Plan Type:	XPPO	□POS	□нмо	□Other
Coverage Area (counties):	Fulton			
	http://www.cigna.c	com/assets/docs/individu	ual-and-families/2016/medica	al/ga/888249-sbc-cigna-
Link to Summary of Benefits:	health-savings-silve	er-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: \$ 13,00	0
	Medical: \$12,500 individual,			
Out of Network Deductibles:	\$25,000 family	Prescription: \$	Out of Pocket Cap: \$25,00	0 individual; \$50,000 family
Premiums (per month)	Individual:\$298.00	Family:\$929.00		

Cast Sharing				
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?	□Yes	⊠No		
				40% out-of-network; out-of-
Inpatient Services		10%		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 F	amily Plans Drug List	
Link to Formulary:	http://www.cigna.com	n/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)	Χ					Χ	X		
Harvoni (ledipasvir, sofosbuvir)	Χ					X	Χ		
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

HIV Medications									
	On								
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
	Ţ							,	
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			
Complera									
(emtricitabine/rilpivirine/tenofovir)	X					Χ			
Epzicom (abacavir/lamivudine)	Χ					X			
Evotaz (atazanavir/cobicistat)	X					Χ			
Intelence (etravirine)	X					Χ			
Isentress (raltegravir)	Χ					X			
Norvir (ritonavir)	X					Χ			
Prezcobix (darunavir/cobicistat)	X					Χ			
Prezista (darunavir)	X					Χ			
Reyataz (atazanavir)	X					Χ			
Stribild									
(cobicistat/elvitegravir/emtricitabine/									
tenofovir)	X					Χ			
Tivicay (dolutegravir)	X					Χ			
Triumeq									
(abacavir/dolutegravir/lamivudine)	Χ					Χ			
Truvada (emtricitabine/tenofovir)	X					Χ			
Tybost (cobicistat)									
Abacavir (generic)	X		Χ						
Edurant (rilpivirine)	Χ					Χ			
Emtriva (emtricitabine)	X					Χ			
									Lists
									only
Epivir (lamivudine)	V								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:	⊠PPO	□POS	□нмо	□Other
Coverage Area (counties):	Fulton GA			
Link to Summary of Benefits: https://ww	w.harkenhealth.cor	m/benefits/GACareSilver	IInd.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?	□Yes	⊠No		
Inpatient Services	0	0		Deductible
Emergency Room	0	0		Deductible
Mental/Behavioral				
Outpatient Health Services	0	Ο		
Substance Use Disorder				
Outpatient Services	0	0		
Laboratory Services	0	Ο		
Out of network provider rules: 20% coinsuran	ce after deductible (exce	pt ER); Prior authorizati	on 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 Indiv	vidual	
Link to Formulary:	https://www.harkenhealth.com/	content/dam/venus/bene	efits/HH_Essential%20PDL_072015.pdf
Contact Number:	800-797-9921		
Notes re: Deductible or Coverage:	Non-Network 20% coinsurance a	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		Χ				Χ		Quantity Limit
Harvoni (ledipasvir, sofosbuvir)	X		X				Χ		Quantity Limit
Viekira Pak (ombitasvir, paritaprevir, ritonavir)	X				Χ		X		Quantity Limit

HIV Medications									
	On						Prior		
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes
Atripla									
(efavirenz/emtricitabine/t									
enofovir)	X		Χ						
Complera									
(emtricitabine/rilpivirine/t									
enofovir)	X		Χ						
Epzicom	V								
(abacavir/lamivudine)	X		Χ						
Evotaz	(* footpoto)								
(atazanavir/cobicistat)	(* footnote)		V						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		Χ						
Prezcobix	X		X						
(darunavir/cobicistat)									
Prezista (darunavir)	X		X						
Reyataz (atazanavir) Stribild	X		X						
(cobicistat/elvitegravir/e									
mtricitabine/tenofovir)	X				X				
Tivicay (dolutegravir)	X			X	Α'				
Triumeq	^			^					
(abacavir/dolutegravir/la									
mivudine)	X		Х						

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

HIV Medications									
	On						Prior		
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes
Emtriva (emtricitabine)	Χ		X						
									5 mg
Epivir (lamivudine)	X				Χ				Tier 2
Lamivudine (generic)	X	X							
									40 mg
Sustiva (efavirenz)	X		X						Tier 3
Viread (tenofovir)	Χ		X						
									20 mg
									Tier 2;
									300 mg
Ziagen (abacavir)	Χ		X		X				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:	⊠PPO	□POS	□нмо	□Other
Coverage Area (counties): Fulton GA				
Link to Summary of Benefits: https://wv	w.harkenhealth.co	m/benefits/GACareSilver	IInd.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	Ο	0	None	(* see footnote below)
Specialists	Ο	Ο	None	Deductible
Referral required for specialists?	□Yes	⊠No		
Inpatient Services	Ο	0		Deductible
Emergency Room	0	Ο		Deductible
Mental/Behavioral				
Outpatient Health Services	Ο	Ο		
Substance Use Disorder				
Outpatient Services	0	0		
Laboratory Services	0	0		
Out of network provider rules: 20% coinsurance abuse, and inpatient	e after deductible (excep	t ER); Prior authorizatio	n for labs, i	maging, mental health, substance
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co Dayments (\$)	Co Incurance (%)	Notes
One	Co-Payments (\$) 10	Co-Insurance (%)	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 Indiv	/idual	
Link to Formulary:	https://www.harkenhealth.com/	content/dam/venus/benef	fits/HH_Essential%20PDL_072015.pdf
Contact Number:	800-797-9921		
Notes re: Deductible or Coverage:	Non-Network 20% coinsurance a	after deductible	

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

HIV Medications									
	On						Prior		
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera									
(emtricitabine/rilpivirine/tenofovir)	X		Χ						
Epzicom (abacavir/lamivudine)	X		Χ						
Evotaz (atazanavir/cobicistat)	(* footnote)								
Intelence (etravirine)	X		Χ						
Isentress (raltegravir)	X		Χ						
Norvir (ritonavir)	X		Χ						
Prezcobix (darunavir/cobicistat)	X		Χ						
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		Χ						
Stribild									
(cobicistat/elvitegravir/emtricitabine/									
tenofovir)	X				Χ				
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				Χ				5 mg Tier 2
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		Χ						40 mg Tier 3
Viread (tenofovir)	X		X						
									20 mg Tier 2;
									300 mg Tier
Ziagen (abacavir)	Χ		Χ		Χ				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 Employe	ers Health Plan of Georg	gia, Inc.	
Plan Name:	Humana Silver 38	300/Atlanta HMOx		
Plan Type:	□PPO	□POS	X HMO	□Other
Coverage Area (counties):	Bartow, Cheroke	e, Cobb, Dawson, DeKa	lb, Forsyth, Fulton, Gwinnett, a	nd Pickens Counties
Link to Summary of Benefits:	http://apps.huma	ana.com/marketing/do	cuments.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-insura	:
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		
•	\$500/calendar year pd. 100%,			
Laboratory Services	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					
	•		Retail 30-day supply Mail Order 90-day					
One Preferred generic drugs	\$10 Retail \$25 Mail Order		supply Tiers 1-3					
Two Non-preferred generic drugs	\$20 Retail \$50 Mail Orde	\$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					
Five Specialty drugs			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							
	Restrictions QL= Quantity Limits (Limits on amount of medication dispensed at one time)							
Notes re: Deductible or Coverage	Prescriptions must be fille	d at a Humana netwo	rk pharmacy					

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

HIV Medications									
	On								
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					Χ	No		QL
Complera									
(emtricitabine/rilpivirine/tenofovir)	X					Χ	No		QL
Epzicom (abacavir/lamivudine)	X					Χ	No		QL
Evotaz (atazanavir/cobicistat)	X					Χ	No		QL
Intelence (etravirine)	X					Χ	No		QL
Isentress (raltegravir)	X					Χ	No		QL
Norvir (ritonavir)	X			X			No		QL
Prezcobix (darunavir/cobicistat)						Χ	No		QL
Prezista (darunavir)	X					X	No		QL
Reyataz (atazanavir)	X					Χ	No		QL
Stribild									
(cobicistat/elvitegravir/emtricitabine/									
tenofovir)	X					Χ	No		QL
Tivicay (dolutegravir)	X					Χ	No		QL
Triumeq (abacavir/dolutegravir/lamivudine)	X					Χ	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 Employ	ers Health Plan of Georg	gia, Inc.	
Plan Name:	Humana Silver 38	300/Columbus GA HMC	Öx	
Plan Type:	□PPO	□POS	XHMO	□Other
Coverage Area (counties):	No specific coun	ties listed,, but network	providers are all in Muscogee Co	ounty
Link to Summary of Benefits:	http://apps.hum	ana.com/marketing/do	cuments.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			
			Auth. may be required for Facility fees. Penalty lesser of \$500 or 50%	
Inpatient Services	None	20% for certain fees	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		
	\$500/calendar year pd.			
Laboratory Services	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:			mmunization. Copayments and coin \$30/visit.Chiropractors 20% coinsur	

Plan Information							
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes				
	•		Retail 30-day supply Mail Order 90-day supply				
One Preferred Generic Drugs	\$10 Retail \$25 Mail Order		Tiers 1-3				
	\$20 Retail \$50 Mail						
Two Non-preferred Generics	Order						
	\$50 Retail \$125 Mail						
Three Preferred Brand Name Drugs	Order						
Four Non-preferred Brand Name Drugs	50%						
		40% when filled at					
		preferred network					
	50%	pharmacy					
Five Specialty		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	Prescriptions must be filled	d at a Humana network pharm	acy				
or Coverage:			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)								Χ	
Harvoni (ledipasvir, sofosbuvir)	Χ					X	X		QL
Viekira Pak (ombitasvir,									
paritaprevir, ritonavir)								X	

HIV Medications									
HIV Medications	On								
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
ricalcation	1 Officially	TICLL	TICI Z	1101 5	TICI +	TICI 5	THO Additionzation	INC/INL	110103
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			QL
Actipia (eravirenz) emericicalmo, teriorovir)	,,					,,			Q.L
Complera (emtricitabine/rilpivirine/tenofovir)	X					Χ			QL
Epzicom (abacavir/lamivudine)	X					X			QL
Evotaz (atazanavir/cobicistat)	X					Χ			QL
Intelence (etravirine)	X					Χ			QL
Isentress (raltegravir)	X					X			QL
Norvir (ritonavir)	X			Χ					QL
Prezcobix (darunavir/cobicistat)								Χ	
Prezista (darunavir)	Χ					Χ			QL
Reyataz (atazanavir)	X					Χ			QL
Stribild									
(cobicistat/elvitegravir/emtricitabine/									
tenofovir)	X					X			QL
Tivicay (dolutegravir)	X					Χ			QL
Triumeq (abacavir/dolutegravir/lamivudine)	X					X			QL
Truvada (emtricitabine/tenofovir)	X					Χ			QL
Tybost (cobicistat)	X			Χ					QL
Abacavir (generic)	X		Χ						QL
Edurant (rilpivirine)	Χ					Χ			QL
Emtriva (emtricitabine)	Χ					Χ			QL

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

Humana Employers Health Plan of Georgia, Inc. Silver 3800 / Macon HMOx 2016 Georgia QHP

Overall Plan Information								
Issuer Name:	Humana Employe	ers Health Plan of Geor	gia, Inc.					
Plan Name:	Humana Silver 38	300/Macon HMOx						
Plan Type:	□PPO	□POS	XHMO	□Other				
Coverage Area (counties):	No specific coun	No specific counties listed, but network providers are in Bibb County						
Link to Summary of Benefits:	http://apps.huma	ana.com/marketing/do	cuments.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	Auth. may be required for Facility fees. Penalty lesser of \$500 or 50% co-insurance.	
impatient services	None	20% after deductible	50% co-insurance.	
Emergency Room	\$250/Visit	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.	20% after deductible		

10	0%,	th	ien

Cost Sharing						
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes		
Out of network provider rules:	Nothing covered exce	pt Emergency Room visits, o	covered same as in-net	work 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%						
		40% when filled at preferred network pharmacy Tier						
Five Specialty		50%	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	<u>.</u>	•					
Notes re: Deductible	Prescriptions must be filled	at a Humana network	pharmacy					
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) Harvoni (ledipasvir, sofosbuvir)	Y					X	X	Χ	QL
	^					^	^		QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								Х	

1107.54 12 12									
HIV Medications									
	On	- : 1	T : 0	- · -	- : 4	- · -	D : A	N 10 /N 11	
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	Χ					Χ			QL
Attipia (etavitetiz) etitticitabilie) teriolovii)	A					^			QL
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			QL
Epzicom (abacavir/lamivudine)	X					Χ			QL
Evotaz (atazanavir/cobicistat)	X					Χ			QL
Intelence (etravirine)	X					Χ			QL
Isentress (raltegravir)	X					Χ			QL
Norvir (ritonavir)	X			Χ					QL
Prezcobix (darunavir/cobicistat)								Χ	
Prezista (darunavir)	X					Χ			QL
Reyataz (atazanavir)	X					Χ			QL
Stribild									
(cobicistat/elvitegravir/emtricitabine/									
tenofovir)	X					Χ			QL
Tivicay (dolutegravir)	X					X			QL
Triumeq (abacavir/dolutegravir/lamivudine)	X					X			QL
Truvada (emtricitabine/tenofovir)	X					X			QL
Tybost (cobicistat)	X			Χ					QL
Abacavir (generic)	Χ		Χ						QL
Edurant (rilpivirine)	X					Χ			QL
Emtriva (emtricitabine)	X					Χ			QL

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

Humana Employers Health Plan of Georgia, Inc. Silver 3800 / National POS - Open Access 2016 Georgia QHP

Overall Plan Information									
Issuer Name:	Humana Employ	Humana Employers Health Plan of Georgia, Inc.							
Plan Name:	Humana Silver 38	Humana Silver 3800/National POS - Open Access							
Plan Type:	□PPO	X POS	□нмо	□Other					
Coverage Area (counties):	All (Nationwide	Plan)							
Link to Summary of Benefits:	http://apps.hum	ana.com/marketing/doc	uments.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 Specialists	\$20 \$40	OON - 40% OON - 40%		
Referral required for specialists? Inpatient Services	No None	20% for certain fees	PA may be required for Facility fees. Penalty lesser of \$500 or 50% co-insurance.	f
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 Laboratory Services	\$20/Visit \$500/ year pd. 100%, then	20% for other services 20% after deductible	OON services are 40% coinsurance after deductible	

Cost Sharing							
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes			
Out of network provider rules: Special provisions/exceptions for individuals living with HIV?	Emergency Room exc No	eption					
Other information:	not count toward ded	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%	
			40% coinsurance when filled at preferred
Five Specialty		50%	network pharmacy Tier 5 only
Name of Formulary			
Used:	2016 Humana Drug List		
Link to Formulary:	http://apps.humana.com/mai	rketing/documents.as	p?file=2614807
Contact Number:	1-800-555-2546		
Notes re: Deductible or Coverage:	Restrictions QL= Quantity Lin	nits (Limits on amour	nt 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)

HIV Medications									
	On .							/	
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					Χ			QL
Attipia (eravirenz) emtificitabilie/ teriorovii)	Α					^			Q.L
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			Χ					QL
Lamivudine (generic)	X		X						QL
Sustiva (efavirenz)	X					X			QL
Viread (tenofovir)	X					Х			QL
Ziagen (abacavir)	X			Х					QL

Humana Employers Health Plan of Georgia, Inc Silver 3800 / Savannah HMOx 2016 Georgia QHF

Overall Plan Information								
Issuer Name:	Humana Employ	ers Health Plan of Georg	gia, Inc.					
Plan Name:	Humana Silver 3	Humana Silver 3800/Savannah HMOx						
Plan Type:	□PPO	□POS	X HMO	□Other				
Coverage Area (counties):	All							
Link to Summary of Benefits:	http://apps.huma	ana.com/marketing/doc	cuments.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			
			Auth. may be required for Facility fees. Penalty lesser of \$500 or	
Inpatient Services	None	20% for certain fees	50% co-insurance.	
		20% after deductible		
Emergency Room	\$250/Visit	met		
Mental/Behavioral				
Outpatient Health Services	\$20/Visit	20% for other services		
Substance Use Disorder				
Outpatient Services	\$20/Visit	20% for other services		
•	\$500/calendar year pd.			
Laboratory Services	100%, then	20% after deductible		
Out of network provider rules:	Nothing covered except I	Emergency Room visits, cov	ered 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			
		Co-Insurance	
Tiers	Co-Payments (\$)	(%)	Notes
One Preferred Generic Drugs	\$10 Retail \$25 Mail Order		
Two Non-preferred Generics	\$20 Retail \$50 Mail Order		
Three Preferred Brand Name	\$50 Retail \$125 Mail		
Drugs	Order		
Four Non-preferred Brand			
Name Drugs		50%	
			40% when filled at preferred
Five Specialty		50%	network pharmacy Tier 5 only
Name of Formulary			
Used:	2016 Humana Drug List		
Link to Formulary:	http://apps.humana.com/m	arketing/documents.asp?file=2614807	
Contact Number:	1-800-555-2546		
Notes re: Deductible	Prescriptions must be filled	at a Humana network pharmacy	
or Coverage:	Restrictions QL= Quantity L	imits (Limits on amount of medication disp	pensed 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)								Χ	
Harvoni (ledipasvir, sofosbuvir)	X					X	X		QL
Viekira Pak (ombitasvir, paritaprevir, ritonavir)								X	

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

HIV Medications									
	On								
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Emtriva (emtricitabine)	X					X			QL
Epivir (lamivudine)	X			Χ					QL
Lamivudine (generic)	X		Χ						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	0/30					
Plan Type:	□PPO	□POS	⊠HMO	□Other			
Coverage Area (counties):	Fulton						
info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/On-							
Link to Summary of Benefits:	Exchange 2016 / PLNSBC_GEO_20200_001_20160101_20120501_en.pdf						
		Prescription: \$500					
		(Brand Name and					
Individual Deductibles:	Medical: \$1,500	Specialty only)	Out of Pocket Cap: 6,850				
		Prescription: \$1000					
		(Brand Name and					
Family Deductibles:	Medical: \$3,000	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:\$300	Family:\$934					

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			
Specialists	60			
Referral required for specialists?	⊠Yes	□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
		30 (50 hospital		Deductible; first \$300 no charge in
Laboratory Services		outpatient)		"free standing center"

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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			
Flair IIIIOIIIIatioii			
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.or	rg/info_assets/cpp_ga/pdfs/g	a_qualified_healthplan_formulary_october_2015.p
Link to Formulary:	df		
Contact Number:	770-431-4136		
Notes re: Deductible or			
Coverage:	Non-preferred generics 50% after de	eductible	

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

Kaiser Permanente KP GA Silver 2500/30 2016 Georgia QHP

Overall Plan Information							
Issuer Name:	Kaiser Permanent	e					
Plan Name:	KP GA Silver 250	0/30					
Plan Type:	□PPO	□POS	⊠HMO	□Other			
Coverage Area (counties):	Fulton						
info.kaiser permanente.org/healthplans/georgia/individual/pdfs/On-							
Link to Summary of Benefits:	Exchange2016/PLNSBC_GEO_20201_001_20160101_20120501_en.pdf						
		Prescription: \$500					
		(Brand Name and					
Individual Deductibles:	Medical: \$ 2,500	Specialty only)	Out of Pocket Cap: \$ 6,850				
		Prescription: \$1000					
	Medical: \$	(Brand Name and					
Family Deductibles:	5,000	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					
Cost Sharing					
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes	
Primary Care Providers	30				
Specialists	60				
Referral required for specialists?	⊠Yes	□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 I	ER and emergency med	ical transpor	t - 30% after deductible)
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One (Generic	σο raymente (ψ)	55 msaranes (75)	110100
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.c	org/info_assets/cpp_ga/pdfs/	ga_qualified_healthplan_formulary_october_2015.p
Link to Formulary:	df		
Contact Number:	770-431-4136		
Notes re: Deductible or			
Coverage:	Non-preferred generics 50% after o	deductible	

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

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

Kaiser Permanente KP GA Silver 2750/20/HSA 2016 Georgia QHP

Overall Plan Information						
Issuer Name:	Kaiser Permanent	e				
Plan Name:	KP GA Silver 2750	D/20/HSA				
Plan Type:	□PPO	□POS	⊠HMO	□Other		
Coverage Area (counties):	Fulton					
	info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/On-					
Link to Summary of Benefits:	Exchange2016/PL	NSBC_GEO_20202_S01	_20160101_20120501_en.pdf			
		Prescription: Medical				
Individual Deductibles:	Medical: \$ 2,750	deductible applies	Out of Pocket Cap: \$ 5,000			
		Prescription: Medical				
Family Deductibles:	Medical: \$ 5,500	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	co rayments (\$)	20	Liiiiics	Deductible
Specialists		20		Deductible
Referral required for specialists?	⊠Yes	□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	l (except ER & emergency n	nedical transportation -	20% after d	eductible)
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 Sma	ll Group & Individual	
	www.providers.kaiserpermanente	.org/info_assets/cpp_ga/pdf	s/ga_qualified_healthplan_formulary_october_2
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					Χ	Χ	QL
Harvoni (ledipasvir, sofosbuvir)	Χ					Χ	X	QL
Viekira Pak (ombitasvir, paritaprevir,								
ritonavir)	X					Χ	Χ	

HIV Medications									
	On						Prior		
Medication	Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	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					Χ			
Norvir (ritonavir)	X					Χ			QL
Prezcobix (darunavir/cobicistat)	X					Χ			

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

UnitedHealthcare of Georgia Silver Compass 2000 2016 Georgia QHP

Overall Plan Information				
Issuer Name:	UnitedHealthcare of	of Georgia		
Plan Name:	Silver Compass 20	00		
Plan Type:	□PPO	□POS	⊠HMO	□Other
Coverage Area (counties):	Fulton			
Link to Summary of Benefits:	www.uhc.com/con	tent/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
Service	CO rayments (\$)	CO modrance (70)	Lillies	PC must be assigned by plan;
Primary Care Providers	40			Virtual Visits (\$15)
Specialists	80			Not required for OB/GYN
Referral required for specialists?	⊠Yes	□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:		stion on either specific fo	plan and one call to healthcare.gov. No rmulary or how to access the formulary alls.

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

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

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

UnitedHealthcare of Georgia Silver Compass 5000 2016 Georgia QHP

Overall Plan Information									
Issuer Name:	UnitedHealthcare	UnitedHealthcare of Georgia							
Plan Name:	Silver Compass 50	Silver Compass 5000							
Plan Type:	□PPO	□POS	⊠HMO	□Other					
Coverage Area (counties):	Fulton								
Link to Summary of Benefits:	www.uhc.com/con	tent/dam/uhcdotcom/	en/iex/ga/Silver-Compass-500/	00.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
	20 . aje. (4)	(70)		PC must be assigned by plan;
Primary Care Providers	20			Virtual Visits (\$15)
Specialists	40			Not required for OB/GYN
Referral required for specialists?	⊠Yes	□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)	Off Tofficially	1101 1	X	1101 0	1101 1	1101 0	X	110/112	ST
Harvoni (ledipasvir, sofosbuvir)			X				X		QL
Viekira Pak (ombitasvir, paritaprevir,									
ritonavir)					Χ		X		ST

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

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

UnitedHealthcare of Georgia Silver Compass HSA 3600 2016 Georgia QHP

Overall Plan Information				
Issuer Name:	UnitedHealthcare of	of Georgia		
Plan Name:	Silver Compass HS	A 3600		
Plan Type:	□PPO	□POS	⊠HMO	□Other
Coverage Area (counties):	Fulton			
Link to Summary of Benefits:	www.uhc.com/conf	tent/dam/uhcdotcom/	en/iex/ga/Silver-Compass-HSA-3	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				
Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
		None after		PC must be assigned by plan;
Primary Care Providers		deductible		Virtual Visits free after deductible
		None after		
Specialists		deductible		Not required for OB/GYN
Referral required for specialists?	⊠Yes	□No		
		None after		
Inpatient Services		deductible		
		None after		
Emergency Room		deductible		
Mental/Behavioral		None after		
Outpatient Health Services		deductible		
Substance Use Disorder		None after		
Outpatient Services		deductible		
		None after		
Laboratory Services		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				
Two		None after deductible	lower cost drug switch				
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
	Officiality	Hell		Her 5	Her 4	Her 5	Authorization	INC/INL	
Sovaldi (sofosbuvir)			Χ				Х		ST
Harvoni (ledipasvir, sofosbuvir)			X				X		QL
Viekira Pak (ombitasvir,									
paritaprevir,									
ritonavir)					X		Χ		ST

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