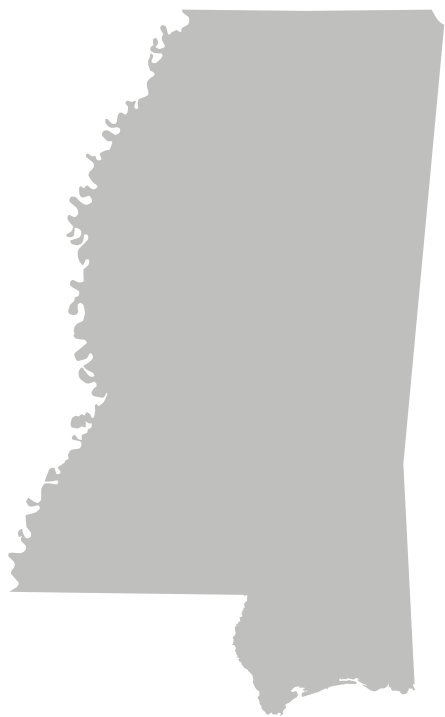


2016 PLAN ANALYSIS FOR QUALIFIED HEALTH PLANS:



MISSISSIPPI

Thanks to:
Mississippi Center for Justice

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CENTER FOR HEALTH LAW
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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 means 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 offered in these states. This report is one of the many analyses that will be products of the 2016 plan assessment initiative.

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

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

OVERVIEW:

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

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

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

OVERVIEW (CONTINUED):

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

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

Footnotes

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

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

How to Use This Tool:

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

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

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

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

LEGEND

NC/NL= NOT COVERED/NOT LISTED

QL= QUANTITY LIMIT

SP= SPECIALTY PHARMACY

ST= STEP THERAPY

METHODOLOGY:

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

Notes Regarding Sources

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

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

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

METHODOLOGY (CONTINUED):

Notes Regarding Plan Assessment Charts

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

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

Notes Regarding Overall Analysis and Trends

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

METHODOLOGY (CONTINUED):

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

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

METHODOLOGY (CONTINUED):

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

PLANS OVERVIEW:

Mississippi has essentially 12 silver-level Qualified Health Plans (QHPs) from 3 insurers (there are 6 additional plans from Ambetter from Magnolia Health, but they just add vision coverage or vision + adult dental coverage to the basic plan). Plan availability varies by county (see individual plan summaries for specific counties).

Ambetter from Magnolia Health	Humana	UnitedHealthcare
Balanced Care 1	Silver 3800/Jackson PPOx	Silver Compass HSA 3600
Balanced Care 2	Silver 3800/Memphis PPOx	Silver Compass 4000
Balanced Care 10	Silver 4125 ChoiceCare PPO	Silver Compass 5000
	Silver 4125/Mississippi PPOx	
	Silver 4250 ChoiceCare PPO	
	Silver 4250/Mississippi PPOx	

Three of the plans are high deductible health plans (HDHPs): Humana Silver 4125 ChoiceCare PPO, Humana Silver 4125/Mississippi PPOx, and UnitedHealthcare Silver Compass HSA 3600. With HDHPs, the consumer must pay the entire deductible amount (\$4125 for the Humana plans; \$3600 for United) before the plan coverage begins. For both the Humana and UnitedHealthcare plans, prescription medications are subject to the deductible; after the deductible is paid, all three plans cover medications without additional cost sharing. Whether HDHPs are a good option for lower-income people living with HIV and/or HCV depends on whether and how much assistance they could get with paying for the deductible.

For the individual plan assessment charts on pages 16-54, the first county listed (usually Hinds or Winston) is the county that was used to obtain the individual and family monthly premium amounts.

TRANSPARENCY ISSUES:

We found problems with transparency of information and/or contradictory information with both Ambetter from Magnolia Health and UnitedHealthcare. With Ambetter, the plans' Summary of Benefits stated that "prior approval" was required for Tier 2/preferred brand drugs. The Ambetter formulary (drug list) identifies drugs needing prior authorization with a "PA" in the drug listing. Most HIV medications that are covered are listed on Tier 2 of the formulary (which suggests that prior approval is needed, based on the Summary of Benefits), but of the drugs we looked at, only Truvada is listed as requiring prior authorization. A call to Ambetter customer service just told us to look at the formulary on the website, and so did not resolve the discrepancy.

With UnitedHealthcare, the formulary uses "specialty medication" as one category of designation for drugs (along with "supply limit" and "step therapy"), but does not specifically define this term. On the UnitedHealthcare website, we found a publication entitled "Getting to know your prescription drug list," which listed various "requirements and limits," including "DSP (designated specialty program)" which indicates specialty medications that need to be filled at a designated specialty pharmacy to be covered. The formulary, however, does not use "DSP" as a listed category. When we called United customer service, a representative said that "specialty medication" is one that only certain pharmacies in the state could provide, but the representative was unable to give a list of those pharmacies. For United's Silver Compass 4000 and 5000 plans, it was unclear from the Summary of Benefits whether prescription drugs were subject to the deductible - that is, whether an enrollee would have to meet the \$4000 or \$5000 deductible amount before the plan would cover medications. A call to United's customer service line indicated that prescriptions are not subject to the deductible. One other issue with United is that the link from healthcare.gov to their prescription drug list appears to be broken, so the list can be accessed only through the UnitedHealthcare website.

STATE FINDINGS: HCV

Residents of Mississippi enrolled in Silver Qualified Health Plans have relatively limited choice for affordable access to newer generation HCV medications. Plans from UnitedHealthcare, with \$40 copays for Sovaldi and Harvoni (compared to coinsurance with Ambetter and Humana), appear to offer the least expensive option.

Most plans (75%, or 9 of 12 plans) cover Sovaldi and Harvoni, but not Viekira Pak. Only the UnitedHealthcare plans include coverage for all 3 HCV medications researched. All 3 insurers require prior authorization for all of the HCV drugs studied. Ambetter and UnitedHealthcare designate the HCV medications as “specialty” drugs (prescriptions can only be filled by specified pharmacies); Humana does not appear to. UnitedHealthcare requires step therapy (meaning that cheaper medications must be tried first) for Sovaldi and Viekira Pak, but not for Harvoni.

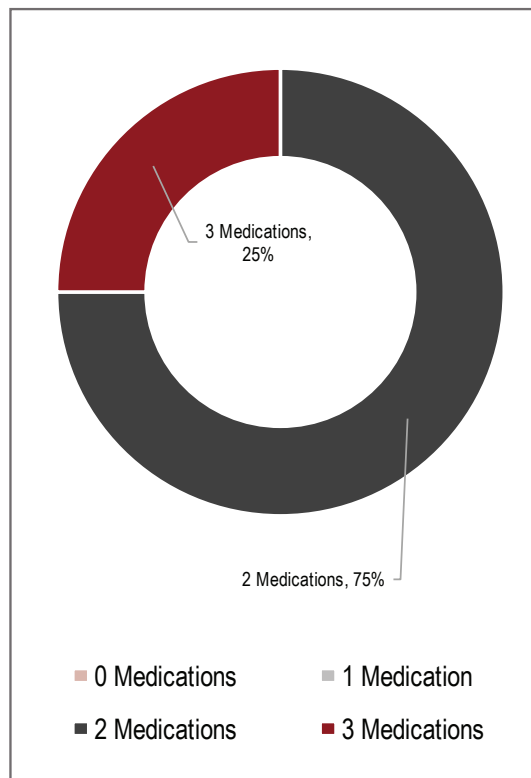
In terms of cost, the 3 high deductible health plans (Humana’s 4125 ChoiceCare and Mississippi PPOs and UnitedHealthcare’s Silver Compass HSA 3600) and Ambetter’s Balanced Care 2 plan cover HCV medications at no charge once the plan deductibles are met. Ambetter’s other plans charge enrollees monthly 20% coinsurance (i.e., 20% of the cost of the drug) after they first pay the plan deductible (\$5500 for Balanced Care 1; \$4500 for Balanced Care 10). Humana’s other plans list Sovaldi and Harvoni on Tier 5 (the highest formulary tier), meaning that enrollees pay 50% coinsurance for these medications each month. Given the notoriously high cost of HCV meds, this is likely to be a costly option.

UnitedHealthcare lists Sovaldi and Harvoni on Tier 2 of its formulary, and Viekira Pak on Tier 4. This means that enrollees in Silver Compass 4000 and 5000 will pay a \$40 monthly copayment for Sovaldi and Harvoni, and \$160 for Viekira Pak. As noted above, according to UnitedHealthcare customer service, prescriptions are not subject to the deductible in Silver Compass 4000 and 5000, which makes Sovaldi and Harvoni relatively affordable under these plans.

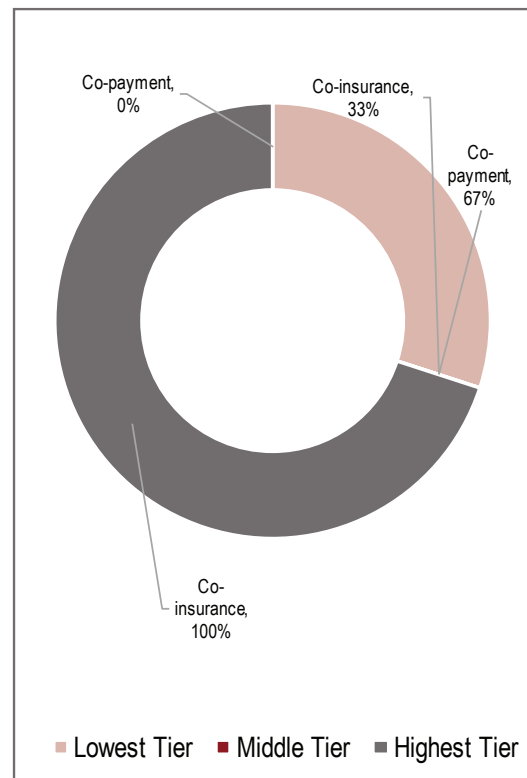
Please note that in calculating data for the HCV cost-sharing and access charts in this report, the two Humana 4125 plans (Humana’s high deductible health plans) were excluded because they do not have drug formulary tiers. Therefore, the cost-sharing and access charts are based on data from 10 plans.

STATE FINDINGS: HCV (CONTINUED)

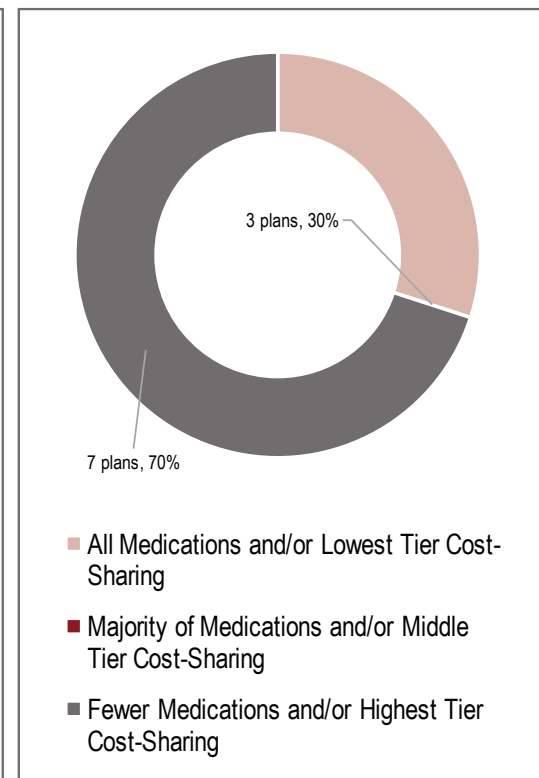
PLAN COVERAGE



COST-SHARING



ACCESS TO HCV REGIMENS



NOTE: N=10 plans for this chart. The two Humana 4125 plans are excluded because they have no formulary tiers.

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STATE FINDINGS: HIV

As with HCV drugs, coverage and cost of HIV medications in Mississippi Silver Qualified Health Plans (QHPs) can vary depending on the plan. The Humana and UnitedHealthcare plans, which comprise 75% of plans (9 of 12) cover 23 of the 24 medications studied. This is important, as it allows Mississippians living with HIV and their health care providers to choose the most appropriate treatment regimen to meet an individual's needs.

The Ambetter plans include 17 of 24 medications on their formularies, but notably do not include 3 of the 4 single tablet regimens (Complera, Stribild, and Triumeq) on our list, covering only Atripla. Single tablet regimens (STRs), which combine multiple drugs into a single pill, can help with treatment adherence by simplifying and streamlining the medication-taking process.

For the medications covered, however, Ambetter places the majority (15 of 17, or 88%) on Tier 1 or Tier 2, with \$50 copayments or less. As noted above, it is not clear whether prior authorization is required – the formulary says no (except for Truvada), but the Summary of Benefits says yes. Two of the medications on our list (Atripla and Epivir) are listed on Tier 3, which is subject to 20% coinsurance after the deductible in Balanced Care 1 and 10, and which is covered at no charge after the \$6500 deductible in Balanced Care 2.

Of the 3 insurers, UnitedHealthcare has the most medications of the ones we studied on lower formulary tiers with lower cost sharing, with 87% of medications (20 of 23) on Tier 1 or Tier 2 (with \$10 or \$40 copays). In contrast, Humana placed the majority of HIV medications on the highest formulary tier, with 50% coinsurance. Humana's Silver 3800 plans require enrollees to pay 50% coinsurance for 65% of drugs (15 of 23), with 35% (8 of 23) having copays of \$50 or less. Humana's Silver 4250 plans require 50% coinsurance for almost three-quarters of the medications covered (17 of 23 drugs), while only 26% (6 of 23 drugs) have copays of \$50 or less.

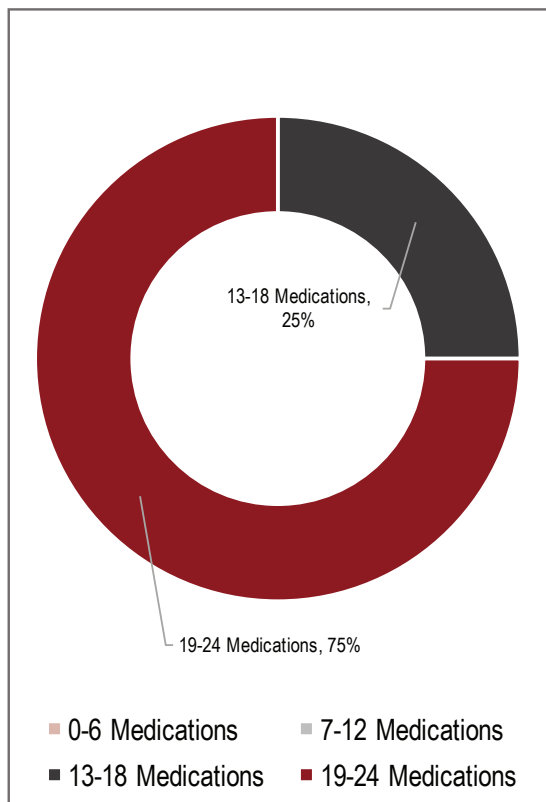
STATE FINDINGS: HIV (CONTINUED)

As with HCV regimens, the 3 high deductible health plans (Humana Silver 4125 plans and UnitedHealthcare Silver Compass HSA 3600) cover drugs on their formularies without additional cost sharing once the plan deductibles are met.

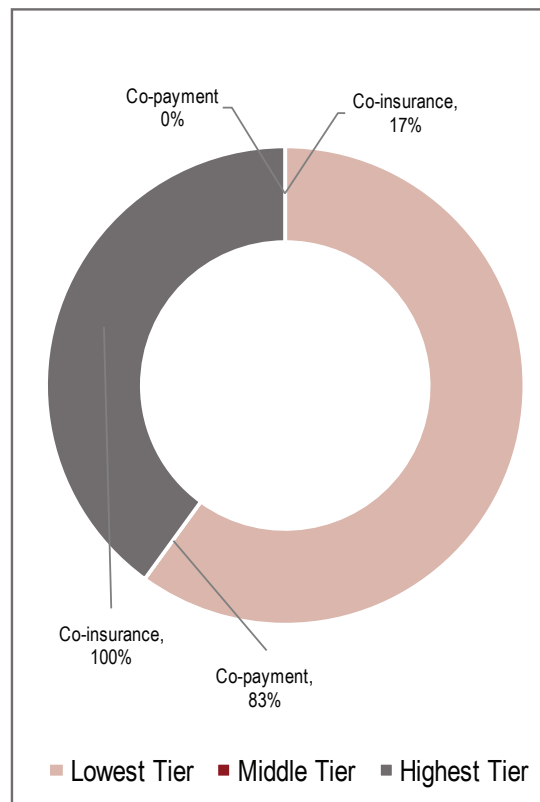
Please note that in calculating data for the HIV cost-sharing and access charts in this report, the two Humana 4125 plans (Humana's high deductible health plans) were excluded because they do not have drug formulary tiers. Therefore, the cost-sharing and access charts are based on data from 10 plans.

STATE FINDINGS: HIV (CONTINUED)

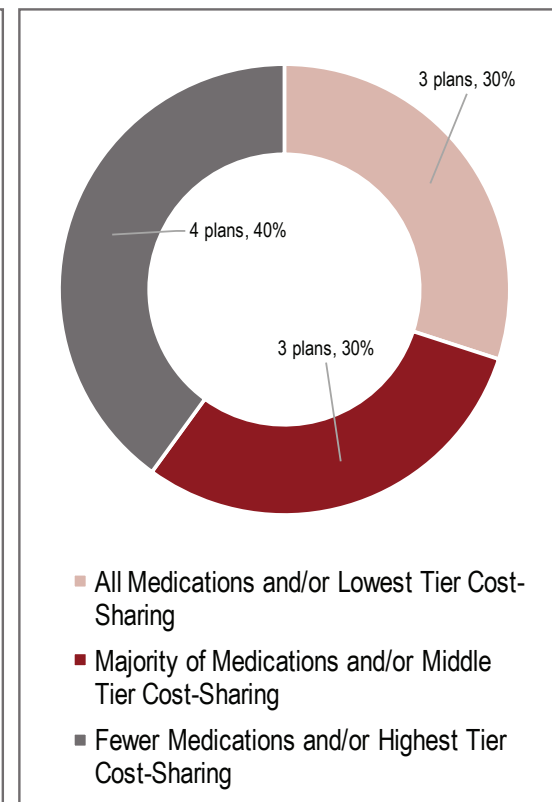
PLAN COVERAGE



COST-SHARING



ACCESS TO HIV REGIMENS



NOTE: N=10 plans for this chart. The two Humana 4125 plans are excluded because they have no formulary tiers.

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Ambetter from Magnolia Health

Ambetter Balanced Care 1 (2016)

2016 Mississippi QHP

Overall Plan Information			
Issuer Name:	Ambetter from Magnolia Health		
Plan Name:	Ambetter Balanced Care 1 (2016)		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Hinds , Alcorn, Amite, Attala, Benton, Calhoun, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, Desoto, Forrest, Franklin, George, Greene, Harrison, Hinds, Issaquena, Itawamba, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lee, Lincoln, Lowndes, Madison, Marion, Marshall, Monroe, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Wayne, Webster, Yalobusha, Yazoo		
Link to Summary of Benefits:	https://api.centene.com/SBC/2016/90714MS0010002-01.pdf		
Individual Deductibles:	Medical: \$5500	Prescription:	Out of Pocket Cap: \$6,500
Family Deductibles:	Medical: \$11,000	Prescription:	Out of Pocket Cap: \$13,000
Out of Network Deductibles:	Medical:	Prescription:	Out of Pocket Cap:
Premiums (per month)	Individual:\$251	Family:\$783	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			
Specialists	60			Prior approval required
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20 after deductible		Prior approval required
Emergency Room		20 after deductible		
Mental/Behavioral				
Outpatient Health Services	30			Prior approval required
Substance Use Disorder				
Outpatient Services	30			Prior approval required
Laboratory Services		20 after deductible		Prior approval required
Out of network provider rules:	Not covered (except emergency services covered at 20% coinsurance after deductible)			
Special provisions/exceptions for individuals living with HIV?				

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Other information:	In-network urgent care covered with \$100 co-pay (out of network not covered)			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Zero			Preventive: no co-pay for certain preventive drugs
One	10		Generic drugs
Two	50		Preferred brands, prior approval required
Three		20 after deductible	Non-preferred brands, prior approval required, subject to deductible
Four		20 after deductible	Specialty drugs, prior approval required, subject to deductible
Five/Specialty:			
Name of Formulary Used:	Ambetter from Magnolia Health Prescription Drug List (2016)		
Link to Formulary:	https://ambetter.magnoliahealthplan.com/content/dam/centene/Magnolia/Ambetter/PDFs/FORMULARY-AMBETTER_FROM_MAGNOLIA_HEALTH.pdf		
Contact Number:	(877) 687-1187		
Notes re: Deductible or Coverage:	Prescription drug deductible included in plan deductible		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		QL: 28/28 days; Specialty drug
Harvoni (ledipasvir, sofosbuvir)	X				X		X		MDD: 1/day; Specialty drug
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 (30/30 days)
Complera (emtricitabine/rilpivirine/tenofovir)								X	
Epzicom (abacavir/lamivudine)	X		X						QL (30/30 days)
Evotaz (atazanavir/cobicistat)								X	
Intence (etravirine)	X		X						QL; 25 mg tablet (240/30 days); 100 mg tablet (120/30 days); 200 mg tablet (60/30 days)
Isentress (raltegravir)	X		X						No QL for 25 mg & 100 mg chewable tablet; QL for 400 mg tablet (60/30 days)
Norvir (ritonavir)	X		X						QL; 80 mg/ml solution (450/30 days); 100 mg capsule & 100 mg tablet (360/30 days)
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X		X						QL; 75 mg, 150 mg, 400 mg, 600 mg tablets (60/30 days); 100 mg/ml suspension (360/30 days); 800 mg tablet (max daily dose = 1/day)
Reyataz (atazanavir)	X		X						QL; 100 mg capsule (120/30 days); 150 mg & 200 mg capsules (60/30 days); 300 mg capsule (30/30 days)
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)								X	
Tivicay (dolutegravir)								X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X				X		QL (30/30 days)
Tybost (cobicistat)	X		X						QL (30/30 days)
Abacavir (generic)	X	X							QL (60/30 days)
Edurant (rilpivirine)	X								QL (30/ 30 days)
Emtriva (emtricitabine)	X		X						No QL for 10 mg/ml solution; QL for 200 mg capsule (30/30 days)
Epivir (lamivudine)	X			X					QL; 10 mg/ml solution (900/30 days); 150 mg tablet (60/30 days); 300 mg tablet (30/30 days)
Lamivudine (generic)	X	X							QL; 10 mg/ml oral solution (900/30 days); 150 mg tablet (60/30 days); 300 mg tablet (30/30 days)
Sustiva (efavirenz)	X		X						QL; 50 mg capsule (90/30 days); 200 mg capsule (60/30 days); 600 mg tablet (30/30 days)
Viread (tenofovir)	X		X						No QL for 40 mg/gm powder; QL for 150 mg, 200 mg, 250 mg, 300 mg tablets (30/30 days)
Ziagen (abacavir)	X		X						Only 20 mg/ml solution included (no QL)

Ambetter from Magnolia Health

Ambetter Balanced Care 10 (2016)

2016 Mississippi QHP

Overall Plan Information			
Issuer Name:	Ambetter from Magnolia Health		
Plan Name:	Ambetter Balanced Care 10 (2016)		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Hinds , Alcorn, Amite, Attala, Benton, Calhoun, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, Desoto, Forrest, Franklin, George, Greene, Harrison, Hinds, Issaquena, Itawamba, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lee, Lincoln, Lowndes, Madison, Marion, Marshall, Monroe, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Wayne, Webster, Yalobusha, Yazoo		
Link to Summary of Benefits:	https://api.centene.com/SBC/2016/90714MS0010005-01.pdf		
Individual Deductibles:	Medical: \$4,500	Prescription:	Out of Pocket Cap: \$6,500
Family Deductibles:	Medical: \$9,000	Prescription:	Out of Pocket Cap: \$13,000
Out of Network Deductibles:	Medical:	Prescription:	Out of Pocket Cap:
Premiums (per month)	Individual:\$258	Family:\$810	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			
Specialists	40			Prior approval required
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20 after deductible		Prior approval required
Emergency Room		20 after deductible		
Mental/Behavioral				
Outpatient Health Services	20			Prior approval required
Substance Use Disorder				
Outpatient Services	20			Prior approval required
Laboratory Services		20 after deductible		Prior approval required
Out of network provider rules:	Not covered (except emergency services covered at 20% coinsurance after deductible)			

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Special provisions/exceptions for individuals living with HIV?				
Other information:	In-network urgent care covered with \$100 co-pay (out of network not covered)			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Zero			Preventive: no co-pay for certain preventive drugs
One	10		Generic drugs
Two	50		Preferred brands, prior approval required
Three		20	Non-preferred brands, prior approval required, subject to deductible
Four		20	Specialty drugs, prior approval required, subject to deductible
Five/Specialty			
Name of Formulary Used:	Ambetter from Magnolia Health Prescription Drug List (2016) https://ambetter.magnoliahealthplan.com/content/dam/centene/Magnolia/Ambetter/PDFs/FORMULARY-AMBETTER_FROM_MAGNOLIA_HEALTH.pdf		
Link to Formulary:	RY-AMBETTER_FROM_MAGNOLIA_HEALTH.pdf		
Contact Number:	(877) 687-1187		
Notes re: Deductible or Coverage:	Prescription drug deductible included in plan deductible		

HCV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		QL, Specialty Drug
Harvoni (ledipasvir, sofosbuvir)	X				X		X		Specialty Drug
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 (30/30 days)
Complera (emtricitabine/rilpivirine/tenofovir)								X	
Epzicom (abacavir/lamivudine)	X		X						QL (30/30 days)
Evotaz (atazanavir/cobicistat)								X	
Intence (etravirine)	X		X						QL; 25 mg tablet (240/30 days); 100 mg tablet (120/30 days); 200 mg tablet (60/30 days) No QL for 25 mg & 100 mg chewable tablet; QL for 400 mg tablet (60/30 days)
Isentress (raltegravir)	X		X						QL; 80 mg/ml solution (450/30 days); 100 mg capsule & 100 mg tablet (360/30 days)
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X		X						QL; 75 mg, 150 mg, 400 mg, 600 mg tablets (60/30 days); 100 mg/ml suspension (360/30 days); 800 mg tablet (max daily dose = 1/day)
Reyataz (atazanavir)	X		X						QL; 100 mg capsule (120/30 days); 150 mg & 200 mg capsules (60/30 days); 300 mg capsule (30/30 days)
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)								X	
Tivicay (dolutegravir)								X	

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X				X		QL (30/30 days)
Tybost (cobicistat)	X		X						QL (30/30 days)
Abacavir (generic)	X	X							QL (60/30 days)
Edurant (rilpivirine)	X								QL (30/ 30 days)
Emtriva (emtricitabine)	X		X						No QL for 10 mg/ml solution; QL for 200 mg capsule (30/30 days)
Epivir (lamivudine)	X			X					QL; 10 mg/ml solution (900/30 days); 150 mg tablet (60/30 days); 300 mg tablet (30/30 days)
Lamivudine (generic)	X	X							QL; 10 mg/ml oral solution (900/30 days); 150 mg tablet (60/30 days); 300 mg tablet (30/30 days)
Sustiva (efavirenz)	X		X						QL; 50 mg capsule (90/30 days); 200 mg capsule (60/30 days); 600 mg tablet (30/30 days)
Viread (tenofovir)	X		X						No QL for 40 mg/gm powder; QL for 150 mg, 200 mg, 250 mg, 300 mg tablets (30/30 days)
Ziagen (abacavir)	X		X						Only 20 mg/ml solution included (no QL)

Ambetter from Magnolia Health

Ambetter Balanced Care 2 (2016)

2016 Mississippi QHP

Overall Plan Information			
Issuer Name:	Ambetter from Magnolia Health		
Plan Name:	Ambetter Balanced Care 2 (2016)		
Plan Type:	<input type="checkbox"/> PPO <input type="checkbox"/> POS <input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other		
Coverage Area (counties):	Hinds , Alcorn, Amite, Attala, Benton, Calhoun, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, Desoto, Forrest, Franklin, George, Greene, Harrison, Hinds, Issaquena, Itawamba, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lee, Lincoln, Lowndes, Madison, Marion, Marshall, Monroe, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Wayne, Webster, Yalobusha, Yazoo		
Link to Summary of Benefits:	https://api.centene.com/SBC/2016/90714MS0010003-01.pdf		
Individual Deductibles:	Medical: \$6500	Prescription: none	Out of Pocket Cap: \$6500
Family Deductibles:	Medical: \$13,000	Prescription: none	Out of Pocket Cap: \$13,000
Out of Network Deductibles:	Medical: none	Prescription: none	Out of Pocket Cap: none
Premiums (per month)	Individual:\$247	Family:\$770	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	30			
Specialists	60			Prior approval required
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services				No charge after deductible
Emergency Room				No charge after deductible/visit
Mental/Behavioral				
Outpatient Health Services	30			
Substance Use Disorder				
Outpatient Services	30			
Laboratory Services				No charge after deductible
Out of network provider rules:	Not covered (except emergency services covered at no charge after deductible)			
Special provisions/exceptions for individuals living with HIV?				

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Other information: In-network urgent care covered with \$100 co-pay (out of network not covered)				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
Zero			Preventive: no co-pay for certain preventive drugs
One	15		Generic drugs
Two	50		Preferred brands, prior approval required
Three	No charge after deductible		Non-preferred brands, prior approval required, subject to deductible
Four	No charge after deductible		Specialty drugs, prior approval required, subject to deductible
Five/Specialty:			
Name of Formulary Used:	Ambetter from Magnolia Health Prescription Drug List (2016)		
Link to Formulary:	https://ambetter.magnoliahealthplan.com/content/dam/centene/Magnolia/Ambetter/PDFs/FORMULARY-AMBETTER_FROM_MAGNOLIA_HEALTH.pdf		
Contact Number:	(877) 687-1187		
Notes re: Deductible or Coverage:	Prescription drug deductible included in plan deductible		

HCV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Sovaldi (sofosbuvir)	X				X		X		QL: 28/28 days; Specialty drug
Harvoni (ledipasvir, sofosbuvir)	X				X		X		MDD: 1/day; Specialty drug
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 (30/30 days)
Complera (emtricitabine/rilpivirine/tenofovir)								X	
Epzicom (abacavir/lamivudine)	X		X						QL (30/30 days)
Evotaz (atazanavir/cobicistat)								X	
Intelece (etravirine)	X		X						QL; 25 mg tablet (240/30 days); 100 mg tablet (120/30 days); 200 mg tablet (60/30 days)
Isentress (raltegravir)	X		X						No QL for 25 mg & 100 mg chewable tablet; QL for 400 mg tablet (60/30 days)
Norvir (ritonavir)	X		X						QL; 80 mg/ml solution (450/30 days); 100 mg capsule & 100 mg tablet (360/30 days)
Prezcobix (darunavir/cobicistat)								X	
Prezista (darunavir)	X		X						QL; 75 mg, 150 mg, 400 mg, 600 mg tablets (60/30 days); 100 mg/ml suspension (360/30 days); 800 mg tablet (max daily dose = 1/day)
Reyataz (atazanavir)	X		X						QL; 100 mg capsule (120/30 days); 150 mg & 200 mg capsules (60/30 days); 300 mg capsule (30/30 days)
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)								X	

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Tivicay (dolutegravir)								X	
Triumeq (abacavir/dolutegravir/lamivudine)								X	
Truvada (emtricitabine/tenofovir)	X		X				X		QL (30/30 days)
Tybost (cobicistat)	X		X						QL (30/30 days)
Abacavir (generic)	X	X							QL (60/30 days)
Edurant (rilpivirine)	X								QL (30/ 30 days)
Emtriva (emtricitabine)	X		X						No QL for 10 mg/ml solution; QL for 200 mg capsule (30/30 days)
Epivir (lamivudine)	X			X					QL; 10 mg/ml solution (900/30 days); 150 mg tablet (60/30 days); 300 mg tablet (30/30 days)
Lamivudine (generic)	X	X							QL; 10 mg/ml oral solution (900/30 days); 150 mg tablet (60/30 days); 300 mg tablet (30/30 days)
Sustiva (efavirenz)	X		X						QL; 50 mg capsule (90/30 days); 200 mg capsule (60/30 days); 600 mg tablet (30/30 days)
Viread (tenofovir)	X		X						No QL for 40 mg/gm powder; QL for 150 mg, 200 mg, 250 mg, 300 mg tablets (30/30 days)
Ziagen (abacavir)	X		X						Only 20 mg/ml solution included (no QL)

Humana

Humana Silver 3800 Jackson PPOx

2016 Mississippi QHP

Overall Plan Information			
Issuer Name:	Humana		
Plan Name:	Humana Silver 3800 Jackson PPOx		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Hinds , Madison, Rankin		
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2608632		
Individual Deductibles:	Medical: \$3800	Prescription:	Out of Pocket Cap: \$6300
Family Deductibles:	Medical: \$7600	Prescription:	Out of Pocket Cap: \$12,600
	Medical: \$7600		
Out of Network Deductibles:	individual/ \$15,200 family	Prescription: \$4500 individual/ \$9000 family	Out of Pocket Cap: \$25,200 individual/ \$50,400 family
Premiums (per month)	Individual:\$274	Family:\$856	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20		None	
Specialists	40		None	
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20		Prior authorization may be required; \$500 penalty
Emergency Room	250	20 after deductible		
Mental/Behavioral				
Outpatient Health Services	20	20		
Substance Use Disorder				
Outpatient Services	20	20		
Laboratory Services				\$500/year paid at 100%, then 20% after deductible
Out of network provider rules:	40% coinsurance after deductible			
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	10 retail/ 25 mail		Preferred generics
Two	20 retail/50 mail		Non-preferred generics
Three	50 retail/125 mail		Preferred brands
Four		50	Non-preferred brands
Five/Specialty		50	Specialty (40% coinsurance if filled at a preferred network pharmacy)
Name of Formulary Used: 2016 Rx5 Plus – AZ, AL, GA, IL, KY, LA, MI, MO, MS, NV, OH, TN Drug List			
Link to Formulary: http://apps.humana.com/marketing/documents.asp?file=2614807			
Contact Number: (800) 833-6917			
Notes re: Deductible or Coverage: Preauthorization may be required, penalty will be 100% for certain prescription drugs. 30 day supply (Retail); 90 day supply (Mail Order) (Applies to all Tiers)			

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

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

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Prezcobix (darunavir/cobicistat)	X					X			
Prezista (darunavir)	X					X			
Reyataz (atazanavir)	X					X			
Atazanavir								X	Dr. can ask Humana for approval
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			
Tivicay (dolutegravir)	X					X			
Triumeq (abacavir/dolutegravir/lamivudine)	X					X			
Truvada (emtricitabine/tenofovir)	X					X			
Tybost (cobicistat)	X			X					
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X					X			
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X					X			
Viread (tenofovir)	X					X			
Ziagen (abacavir)	X			X					

Humana

Humana Silver 3800 Memphis PPOx

2016 Mississippi QHP

Overall Plan Information			
Issuer Name:	Humana		
Plan Name:	Humana 3800/Memphis PPOx		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	DeSoto		
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2608853		
Individual Deductibles:	Medical: \$3800	Prescription:	Out of Pocket Cap: \$6300
Family Deductibles:	Medical: \$7600	Prescription:	Out of Pocket Cap: \$12,600
	Medical: \$7600	Prescription: \$4500	Out of Pocket Cap: \$25,200 individual/\$50,400 family
Out of Network Deductibles:	individual/\$15,200 family	individual/\$9000 family	family
Premiums (per month)	Individual:\$253	Family:\$789	

Cost Sharing					
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes	
Primary Care Providers	20				
Specialists	40				
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Inpatient Services		20 after deductible			
Emergency Room	250	20 after deductible			
Mental/Behavioral		20 for other			
Outpatient Health Services	20/visit	outpatient services			
Substance Use Disorder		20 for other			
Outpatient Services	20/visit	outpatient services			
Laboratory Services				\$500 per calendar year paid at 100%, then 20% coinsurance after deductible	
Out of network provider rules:	40% coinsurance after deductible				
Special provisions/exceptions for individuals living with HIV?					
Other information:					

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	10 retail/25 mail		Preferred generics
Two	20 retail/50 mail		Non-preferred generics
Three	50 retail/125 mail		Preferred brands
Four		50	Non-preferred brands
Five/Specialty		50	Specialty (40% coinsurance if filled at preferred network pharmacy)
Name of Formulary Used:	2016 Rx5 Plus - AZ, AL, GA, IL, KY, LA, MI, MO, MS, NV, OH, TN Drug List		
Link to Formulary:	http://apps.humana.com/marketing/documents.asp?file=2614807		
Contact Number:	(800) 833-6917		
Notes re: Deductible or Coverage:	Preauthorization may be required, penalty will be 100% for certain prescription drugs. 30 day supply (Retail); 90 day supply (Mail Order) (Applies to all Tiers)		

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

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

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Isentress (raltegravir)	X					X			
Norvir (ritonavir)	X			X					
Prezcobix (darunavir/cobicistat)	X					X			
Prezista (darunavir)	X					X			
Reyataz (atazanavir)	X					X			
Atazanavir								X	Dr. can ask Humana for approval
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			
Tivicay (dolutegravir)	X					X			
Triumeq (abacavir/dolutegravir/lamivudine)	X					X			
Truvada (emtricitabine/tenofovir)	X					X			
Tybost (cobicistat)	X			X					
Abacavir (generic)	X		X						
Edurant (rilpivirine)	X					X			
Emtriva (emtricitabine)	X			X					
Epivir (lamivudine)	X			X					
Lamivudine (generic)	X		X						
Sustiva (efavirenz)	X					X			
Viread (tenofovir)	X					X			
Ziagen (abacavir)	X			X					

Humana

Humana Silver 4125/ChoiceCare PPO

2016 Mississippi QHP

Overall Plan Information			
Issuer Name:	Humana		
Plan Name:	Humana Silver 4125/ChoiceCare PPO		
Plan Type:	<input checked="" type="checkbox"/> PPO-HDHP	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Winston , Adams, Alcorn, Amite, Attala, Bolivar, Carroll, Choctaw, Copiah, Covington, Forrest, Franklin, Grenada, Hancock, Holmes, Humphreys, Jefferson, Jefferson Davis, Jones, Lamar, Lawrence, Leake, Leflore, Lincoln, Marion, Marshall, Montgomery, Pearl River, Pike, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tishomingo, Tunica, Walthall, Warren, Washington, Wayne, Wilkinson, Winston, Yalobusha		
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2608372		
Individual Deductibles:	Medical: \$4125	Prescription:	Out of Pocket Cap: \$4125
Family Deductibles:	Medical: \$8250	Prescription:	Out of Pocket Cap: \$8250
Out of Network Deductibles:	Medical: \$8250		
	individual/\$16,500 family	Prescription:	Out of Pocket Cap: \$16,500 individual./\$33,000 family
Premiums (per month)	Individual: \$321	Family: \$1001	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible
Specialists				No charge after deductible
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services				No charge after deductible. Preauthorization may be required, with \$500 penalty
Emergency Room				No charge after deductible
Mental/Behavioral				
Outpatient Health Services				No charge after deductible
Substance Use Disorder				
Outpatient Services				No charge after deductible
Laboratory Services				No charge after deductible
Out of network provider rules:	25% coinsurance after deductible			
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One			No tiers in this plan
Two			
Three			
Four			
Five/Specialty			
Name of Formulary Used:	Humana Drug List - 2016 HDHP EHB Drug List		
Link to Formulary:	http://apps.humana.com/marketing/documents.asp?file=2614638		
Contact Number:	(800) 833-6917		
Notes re: Deductible or Coverage:	No drug tiers are listed on Summary or drug list. For all drugs, cost is "no charge after deductible." Preauthorization may be required, and penalty will be 100% for certain drugs. 30 day supply (retail); 90 day supply (mail order).		

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

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								QL
Complera (emtricitabine/rilpivirine/tenofovir)	X								QL
Epzicom (abacavir/lamivudine)	X								QL
Evotaz (atazanavir/cobicistat)	X								QL
Intelence (etravirine)	X								QL
Isentress (raltegravir)	X								QL
Norvir (ritonavir)	X								QL

HIV Medications

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

Humana

Humana Silver 4125/Mississippi PPOx

2016 Mississippi QHP

Overall Plan Information			
Issuer Name:	Humana		
Plan Name:	Humana Silver 4125/Mississippi PPOx		
Plan Type:	<input checked="" type="checkbox"/> PPO-HDHP	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Winston , Adams, Attala, Bolivar, Carroll, Covington, Franklin, Grenada, Holmes, Jefferson, Jefferson Davis, Jones, Lawrence, Leflore, Lincoln, Marion, Montgomery, Pike, Sunflower, Walthall, Washington, Wayne, Winston, Yalobusha		
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2609126		
Individual Deductibles:	Medical: \$4125	Prescription:	Out of Pocket Cap: \$4125
Family Deductibles:	Medical: \$8250	Prescription:	Out of Pocket Cap: \$8250
	Medical: \$8250		Out of Pocket Cap: \$16,500
Out of Network Deductibles:	individual/\$16,500 family	Prescription:	individual./\$33,000 family
Premiums (per month)	Individual: \$272	Family: \$847	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers				No charge after deductible
Specialists				No charge after deductible
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services				No charge after deductible. Preauthorization may be required, with \$500 penalty
Emergency Room				No charge after deductible
Mental/Behavioral				
Outpatient Health Services				No charge after deductible
Substance Use Disorder				
Outpatient Services				No charge after deductible
Laboratory Services				No charge after deductible
Out of network provider rules:	25% coinsurance after deductible			
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One			No tiers in this plan
Two			
Three			
Four			
Five/Specialty			
Name of Formulary Used:	Humana Drug List - 2016 HDHP EHB Drug List		
Link to Formulary:	http://apps.humana.com/marketing/documents.asp?file=2614638		
Contact Number:	(800) 833-6917		
Notes re: Deductible or Coverage:	No drug tiers are listed on Summary or drug list. For all drugs, cost is "no charge after deductible." Preauthorization may be required, and penalty will be 100% for certain drugs. 30 day supply (retail); 90 day supply (mail order)		

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

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								QL
Complera (emtricitabine/rilpivirine/tenofovir)	X								QL
Epzicom (abacavir/lamivudine)	X								QL
Evotaz (atazanavir/cobicistat)	X								QL
Intelence (etravirine)	X								QL
Isentress (raltegravir)	X								QL

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

Humana

Humana Silver 4250/ChoiceCare PPO

2016 Mississippi QHP

Overall Plan Information			
Issuer Name:	Humana		
Plan Name:	Humana Silver 4250/ChoiceCare PPO		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Winston, Adams, Alcorn, Amite, Attala, Bolivar, Carroll, Choctaw, Copiah, Covington, Forrest, Franklin, Grenada, Hancock, Holmes, Humphreys, Jefferson, Jefferson Davis, Jones, Lamar, Lawrence, Leake, Leflore, Lincoln, Marion, Marshall, Montgomery, Pearl River, Pike, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tishomingo, Tunica, Walthall, Warren, Washington, Wayne, Wilkinson, Winston, Yalobusha		
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2608294		
Individual Deductibles:	Medical: \$4250	Prescription:	Out of Pocket Cap: \$6250
Family Deductibles:	Medical: \$8500	Prescription:	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: \$8500 individual/17,000 family	Prescription: \$4500 individual/\$9000 family	Out of Pocket Cap: \$25,000 individual/\$50,000 family
Premiums (per month)	Individual:\$341	Family:\$1,064	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			
Specialists	40			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20 after deductible		Preauthorization may be required; \$500 penalty
Emergency Room	250	20 after deductible		
Mental/Behavioral Outpatient Health Services	20	20		
Substance Use Disorder Outpatient Services	20	20		
Laboratory Services				Plan pays \$500 per calendar year at 100%, then 20% coinsurance after deductible

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	40% coinsurance after deductible			
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	15 retail/37.50 mail		Lowest cost generic and brand-name drugs
Two	35 retail/87.50 mail		Higher cost generic and brand-name drugs
Three	50 retail/125 mail		Generic and brand-name drugs with higher cost than Level 2
Four		50	Highest cost drugs
Five/Specialty		50	Specialty drugs
Name of Formulary Used:	2016 Humana Drug List - 2016 Rx4 EHB Drug List		
Link to Formulary:	http://apps.humana.com/marketing/documents.asp?file=2614768		
Contact Number:	(800) 833-6917		
Notes re: Deductible or Coverage:			

HCV Medications

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

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			QL
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			QL
Epzicom (abacavir/lamivudine)	X					X			QL
Evotaz (atazanavir/cobicistat)	X					X			QL
Intelence (etravirine)	X					X			QL
									QL (100mg oral powder packet is on Tier 4 with QL)
Isentress (raltegravir)	X					X			
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X					X			QL
Prezista (darunavir)	X					X			QL
Reyataz (atazanavir)	X					X			QL
Atazanavir								X	Dr. can ask Humana for approval
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			QL
Tivicay (dolutegravir)	X					X			QL
Triumeq (abacavir/dolutegravir/lamivudine)	X					X			QL
Truvada (emtricitabine/tenofovir)	X					X			QL
Tybost (cobicistat)	X			X					QL
Abacavir (generic)	X		X						QL
Edurant (rilpivirine)	X					X			QL
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X			X					QL
Sustiva (efavirenz)	X					X			QL
Viread (tenofovir)	X					X			QL
Ziagen (abacavir)	X				X				QL

Humana

Humana Silver 4250/Mississippi PPOx

2016 Mississippi QHP

Overall Plan Information			
Issuer Name:	Humana		
Plan Name:	Humana Silver 4250/Mississippi PPOx		
Plan Type:	<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Winston , Adams, Attala, Bolivar, Carroll, Covington, Franklin, Grenada, Holmes, Jefferson, Jefferson Davis, Jones, Lawrence, Leflore, Lincoln, Marion, Montgomery, Pike, Sunflower, Walthall, Washington, Wayne, Winston, Yalobusha		
Link to Summary of Benefits:	http://apps.humana.com/marketing/documents.asp?file=2622191		
Individual Deductibles:	Medical: \$4250	Prescription:	Out of Pocket Cap: \$6250
Family Deductibles:	Medical: \$8500	Prescription:	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: \$8500	Prescription: \$4500	Out of Pocket Cap: \$25,000
Premiums (per month)	individual/\$17,000 family	individual/\$9000 family	individual/\$50,000 family
	Individual: \$288	Family: \$900	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			
Specialists	40			
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20 after deductible		Preauthorization may be required; \$500 penalty
Emergency Room	250	20 after deductible		
Mental/Behavioral				
Outpatient Health Services	20	20		
Substance Use Disorder				
Outpatient Services	20	20		
Laboratory Services				Plan pays \$500 per calendar year at 100%, then 20% coinsurance after deductible

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Out of network provider rules:	40% coinsurance after deductible			
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One	15 retail/37.50 mail		Lowest cost generic and brand-name drugs
Two	35 retail/87.50 mail		Higher cost generic and brand-name drugs
Three	50 retail/125 mail		Generic and brand-name drugs with higher cost than Level 2
Four		50	Highest cost drugs
Five/Specialty		50	Specialty drugs
Name of Formulary Used:	2016 Humana Drug List: 2016 Rx4 EHB Drug List		
Link to Formulary:	http://apps.humana.com/marketing/documents.asp?file=2614768		
Contact Number:	(800) 833-6917		
Notes re: Deductible or Coverage:			

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

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X					X			QL
Complera (emtricitabine/rilpivirine/tenofovir)	X					X			QL
Epzicom (abacavir/lamivudine)	X					X			QL
Evotaz (atazanavir/cobicistat)	X					X			QL
Intelence (etravirine)	X					X			QL
Isentress (raltegravir)	X					X			QL (100mg oral powder packet is on Tier 4 with QL)
Norvir (ritonavir)	X			X					QL
Prezcobix (darunavir/cobicistat)	X					X			QL
Prezista (darunavir)	X					X			QL
Reyataz (atazanavir)	X					X			QL
Atazanavir								X	Dr. can ask Humana for approval
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X					X			QL
Tivicay (dolutegravir)	X					X			QL
Triumeq (abacavir/dolutegravir/lamivudine)	X					X			QL
Truvada (emtricitabine/tenofovir)	X					X			QL
Tybost (cobicistat)	X			X					QL
Abacavir (generic)	X		X						QL
Edurant (rilpivirine)	X					X			QL
Emtriva (emtricitabine)	X			X					QL
Epivir (lamivudine)	X			X					QL
Lamivudine (generic)	X			X					QL
Sustiva (efavirenz)	X					X			QL
Viread (tenofovir)	X					X			QL
Ziagen (abacavir)	X				X				QL

UnitedHealthcare

Silver Compass 4000

2016 Mississippi QHP

Overall Plan Information	
Issuer Name:	UnitedHealthcare
Plan Name:	Silver Compass 4000
Plan Type:	<input type="checkbox"/> PPO <input type="checkbox"/> POS <input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Hinds , Adams, Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, Desoto, Forrest, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lee, Leflore, Lincoln, Lowndes, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhcdotcom/en/iex/ms/Silver-Compass-4000.pdf
Individual Deductibles:	Medical: \$4000 Prescription: Out of Pocket Cap: \$6600
Family Deductibles:	Medical: \$8000 Prescription: Out of Pocket Cap: \$13,200
Out of Network Deductibles:	Medical: Prescription: Out of Pocket Cap:
Premiums (per month)	Individual:\$288 Family:\$899

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			Primary care provider must be assigned. If use a network provider without referral, it's not covered.
Specialists	40			If use a network provider without referral, it's not covered.
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Referrals must be from assigned PCP.
Inpatient Services		10 after deductible		If use a network provider without referral, it's not covered.
Emergency Room		10 after deductible		10% coinsurance after deductible for out-of-network ER
Mental/Behavioral				Partial hospitalization/intensive outpatient: 10% coinsurance after deductible
Outpatient Health Services	20			

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Substance Use Disorder Outpatient Services	20			Partial hospitalization/intensive outpatient: 10% coinsurance after deductible
Laboratory Services		10 after deductible		
Out of network provider rules:	Not covered			
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information				
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes	
One	10		Your Lowest-Cost Option	
Two	40		Your Midrange-Cost Option	
Three	80		Your Highest-Cost Option	
Four	160		Additional High-Cost Options	
Five/Specialty				
Name of Formulary Used:	UnitedHealthcare Prescription Drug List			
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/loadPDLasPDF.do			
Contact Number:	(877) 561-2831			
Notes re: Deductible or Coverage:	Prescriptions not subject to deductible. Out-of-network drug providers not covered. Mail-order not covered.			

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

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						SP
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						SP
Epzicom (abacavir/lamivudine)	X		X						SP
Evotaz (atazanavir/cobicistat)	X		X						SP
Intelence (etravirine)	X		X						SP
Isentress (raltegravir)	X		X						SP
Norvir (ritonavir)	X		X						SP
Prezcobix (darunavir/cobicistat)	X		X						SP
Prezista (darunavir)	X		X						SP
Reyataz (atazanavir)	X		X						SP
Atazanavir								X	Not listed separately from Reyataz
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X			X					ST, SP
Tivicay (dolutegravir)	X			X					SP
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						SP
Truvada (emtricitabine/tenofovir)	X		X						SP
Tybost (cobicistat)	X		X						SP
Abacavir (generic)	X	X							SP
Edurant (rilpivirine)	X		X						SP
Emtriva (emtricitabine)	X		X						SP
Epivir (lamivudine)	X				X				SP
Lamivudine (generic)	X	X							SP
Sustiva (efavirenz)	X		X						SP

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Viread (tenofovir)	X		X	X (only 40 mg/gm powder is tier 3)					SP
Ziagen (abacavir)	X		X (20 mg/ml solution is tier 2)		X (300 mg tablet is tier 4)				SP

UnitedHealthcare

Silver Compass 5000

2016 Mississippi QHP

Overall Plan Information	
Issuer Name:	UnitedHealthcare
Plan Name:	Silver Compass 5000
Plan Type:	<input type="checkbox"/> PPO <input type="checkbox"/> POS <input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Hinds , Adams, Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, Desoto, Forrest, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lee, Leflore, Lincoln, Lowndes, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhc.com/en/iex/ms/Silver-Compass-5000.pdf
Individual Deductibles:	Medical: \$5000 Prescription: Out of Pocket Cap: \$6600
Family Deductibles:	Medical: \$10,000 Prescription: Out of Pocket Cap: \$13,200
Out of Network Deductibles:	Medical: Prescription: Out of Pocket Cap:
Premiums (per month)	Individual:\$280 Family:\$873

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	20			Primary care provider must be assigned. If use a network provider without a referral, it's not covered.
Specialists	40			If use a network provider without a referral, it's not covered.
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Referrals must be from assigned PCP.
Inpatient Services			20 after deductible	If use a network provider without referral, it's not covered.
Emergency Room			20 after deductible	20% coinsurance after deductible for out-of-network ER

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Mental/Behavioral Outpatient Health Services	20			Partial hospitalization/intensive outpatient: 20% coinsurance after deductible
Substance Use Disorder Outpatient Services	20			Partial hospitalization/intensive outpatient: 20% coinsurance after deductible
Laboratory Services		20 after deductible		
Out of network provider rules:				Not covered
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information				
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes	
One	10		Your Lowest-Cost Option	
Two	40		Your Midrange-Cost Option	
Three	80		Your Highest-Cost Option	
Four	160		Additional High-Cost Options	
Five/Specialty				
Name of Formulary Used:	UnitedHealthcare Prescription Drug List			
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/loadPDLasPDF.do			
Contact Number:	(877) 561-2831			
Notes re: Deductible or Coverage:	Prescriptions not subject to deductible. Out-of-network drug providers not covered. Mail-order drugs not covered.			

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

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						SP
Complera (emtricitabine/rilpivirine/ tenofovir)	X		X						SP
Epzicom (abacavir/lamivudine)	X		X						SP
Evotaz (atazanavir/cobicistat)	X		X						SP
Intelence (etravirine)	X		X						SP
Isentress (raltegravir)	X		X						SP
Norvir (ritonavir)	X		X						SP
Prezcobix (darunavir/cobicistat)	X		X						SP
Prezista (darunavir)	X		X						SP
Reyataz (atazanavir)	X		X						SP
Atazanavir								X	Not listed separately from Reyataz
Stribild (cobicistat/ elvitegravir/ emtricitabine/tenofovir)	X			X					ST, SP
Tivicay (dolutegravir)	X			X					SP
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X						SP
Truvada (emtricitabine/tenofovir)	X		X						SP
Tybost (cobicistat)	X		X						SP
Abacavir (generic)	X	X							SP
Edurant (rilpivirine)	X		X						SP
Emtriva (emtricitabine)	X		X						SP
Epivir (lamivudine)	X					X			SP
Lamivudine (generic)	X	X							SP
Sustiva (efavirenz)	X		X						SP
Viread (tenofovir)	X		X		X (only 40 mg/gm powder is				SP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3 tier 3)	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Ziagen (abacavir)	X		X (20 mg/ml solution is tier 2)		X (300 mg tablet is tier 4)				SP

UnitedHealthcare

Silver Compass HSA 3600

2016 Mississippi QHP

Overall Plan Information			
Issuer Name:	United HealthCare		
Plan Name:	United HealthCare Silver Compass HSA 3600		
Plan Type:	<input type="checkbox"/> PPO <input type="checkbox"/> POS <input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other		
Coverage Area (counties):	Hinds , Adams, Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, Desoto, Forrest, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lee, Leflore, Lincoln, Lowndes, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo		
Link to Summary of Benefits:	http://www.uhc.com/content/dam/uhc.com/en/iex/ms/Silver-Compass-HSA-3600.pdf		
Individual Deductibles:	Medical: \$3600	Prescription:	Out of Pocket Cap: \$3600
Family Deductibles:	Medical: \$7200	Prescription:	Out of Pocket Cap: \$7200
Out of Network Deductibles:	Medical:	Prescription:	Out of Pocket Cap:
Premiums (per month)	Individual: \$290	Family: \$905	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers		0 after deductible		Primary care provider must be assigned. If use a network provider without referral, it's not covered.
Specialists		0 after deductible		If use a network provider without referral, it's not covered.
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Referrals must be from assigned PCP
Inpatient Services		0 after deductible		If use a network provider without referral, it's not covered.
Emergency Room		0 after deductible		0% coinsurance after deductible for out-of-network ER
Mental/Behavioral Outpatient Health Services		0 after deductible		Partial hospitalization/intensive outpatient: 20% coinsurance after deductible

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Substance Use Disorder Outpatient Services		0 after deductible		Partial hospitalization/intensive outpatient: 20% coinsurance after deductible
Laboratory Services		0 after deductible		
Out of network provider rules:	Not covered			
Special provisions/exceptions for individuals living with HIV?				
Other information:				

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One		0 after deductible	Your lowest cost option
Two		0 after deductible	Your mid-range cost option
Three		0 after deductible	Your highest cost option
Four		0 after deductible	Additional high-cost options
Five/Specialty			
Name of Formulary Used:	United HealthCare Prescription Drug List		
Link to Formulary:	https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/loadPDLasPDF.do		
Contact Number:	(877) 561-2831		
Notes re: Deductible or Coverage:	Out-of-network drug providers not covered. Mail-order not covered.		

HCV Medications

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

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						SP
Complera (emtricitabine/rilpivirine/ tenofovir)	X		X						SP
Epzicom (abacavir/lamivudine)	X		X						SP
Evotaz (atazanavir/cobicistat)	X		X						SP
Intelence (etravirine)	X		X						SP
Isentress (raltegravir)	X		X						SP
Norvir (ritonavir)	X		X						SP
Prezcobix (darunavir/cobicistat)	X		X						SP
Prezista (darunavir)	X		X						SP
Reyataz (atazanavir)	X		X						SP
									Not listed separately from Reyataz
Atazanavir								X	
Stribild (cobicistat/elvitegravir/ emtricitabine/tenofovir)	X			X					ST, SP
Tivicay (dolutegravir)	X			X					SP
Triumeq (abacavir/dolutegravir/ lamivudine)	X		X						SP
Truvada (emtricitabine/tenofovir)	X		X						SP
Tybost (cobicistat)	X		X						SP
Abacavir (generic)	X	X							SP
Edurant (rilpivirine)	X		X						SP
Emtriva (emtricitabine)	X		X						SP
Epivir (lamivudine)	X				X				SP
Lamivudine (generic)	X	X							SP
Sustiva (efavirenz)	X		X						SP
					X (only 40 mg/gm powder is tier 3)				
Viread (tenofovir)	X		X						SP

HIV Medications

Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Ziagen (abacavir)	X		X (20 mg/ml solution is tier 2)		X (300 mg tablet is tier 4)				SP