

2016 PLAN ANALYSIS FOR QUALIFIED HEALTH PLANS:

CALIFORNIA



Thanks to:
Center for Health Law and Policy Innovation at
Harvard Law School

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INTRODUCTION:

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

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

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

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

OVERVIEW:

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

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

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

OVERVIEW (CONTINUED):

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

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

Footnotes

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

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

How to Use This Tool:

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

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

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

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

LEGEND

NC/NL= NOT COVERED/NOT LISTED

QL= QUANTITY LIMIT

SP= SPECIALTY PHARMACY

ST= STEP THERAPY

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.

STATE FINDINGS: CALIFORNIA

Covered California is the health insurance marketplace in California. Unlike most other states, California's marketplace only offers standardized health plans and does not allow alternate, non-standard plans to participate. The standard benefit design attaches fixed deductibles and set cost-sharing amounts for medical services and prescription drugs to the ACA's maximum out-of-pocket limit. Plans following California's standard benefit design can only vary in premium amount, provider network, and formulary design. Also, rather than using integrated deductibles, California plans have separate medical and drug deductibles.¹

Under legislation passed in May 2015, monthly copayments for specialty drugs on Covered California plans are capped. The cap ranges from \$150 to \$500 per month, with the majority of consumers seeing their specialty drugs capped at \$250 per month.² The cap was enacted because previously consumers needing these specialty medications were forced to pay significant monthly out-of-pocket costs until they had reached their plan's maximum out-of-pocket limit - sometimes thousands of dollars in their first few months of coverage.

¹ California HealthCare Foundation, Better Shop Around: Out-of-Pocket Prescription Costs in Covered California Plans 4-5 (May 2015), available at <http://www.chcf.org/-/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20B/PDF%20BetterShopDrugsCoveredCA.pdf>.

² Press Release, Covered California, Covered California Board Protects Consumers Against Skyrocketing Specialty Drug Costs To Ensure Access To Vital Medications (May 21, 2015) <http://news.coveredca.com/2015/05/covered-california-board-protects.html>

STATE FINDINGS: HCV

Residents of California enrolled in Silver Qualified Health Plans (QHPs) should seek out access to all three new Hepatitis C (HCV) medications analyzed: Sovaldi, Harvoni, and Viekira Pak. Six of the 15 Silver QHPs, or 40% of the plans, offered in California in 2016 covered all three of the medications. The most common medication to be excluded was Viekira Pak. Twenty percent of plans only covered one HCV medication. Insurers who only cover one out of three of the HCV medications include Blue Cross Blue Shield of California (BSBS) and Anthem Blue Cross Blue Shield of California (Anthem). Consumers should carefully review individual plan formularies to select a plan that covers the HCV treatment that they and their physicians believe is the most appropriate.

Another area of concern is cost sharing for HCV medications. Nearly all, or 93% of the Silver QHPs offered in California for 2016 place all HCV medications covered in the highest cost sharing tiers, which require a 20% coinsurance. United Healthcare is the exception, placing two medications in the lowest tier, requiring a copayment, and one medication (Viekira Pak) in the highest tier, requiring coinsurance. This means that for people living with HCV who are prescribed Sovaldi or Harvoni, United Healthcare plans may offer the lowest cost sharing. For example, on its Silver 70 PPO plan, United Healthcare would only charge its enrollees \$50 per month to access Sovaldi or Harvoni. However, for Viekira Pak, United Healthcare would require them to cover 20% of the cost of the medication, the same percentage required by the other plans. Unfortunately, United Healthcare is only available in five regions.¹

¹ United Healthcare applied to join Covered California statewide in 2016, but the exchange initially rejected the proposal because of a California regulation requiring insurance carriers to wait at least three years to enter the marketplace if they didn't offer plans for sale starting in 2014. As a compromise, in 2016 United Healthcare is allowed to sell plans in five of the state's 19 regions where fewer than three carriers offer coverage. See California Health Insurance Exchange/Marketplace, Healthinsurance.org, <https://www.healthinsurance.org/california-state-health-insurance-exchange/> (last updated Feb. 8, 2016).

STATE FINDINGS: HCV (CONTINUED)

Consumers who do not want to select United Healthcare but are still interested in HCV medications should pay attention to the maximum amount of coinsurance that can be charged. All Silver QHOS plans have a \$250 individual pharmacy deductible. In addition to the pharmacy deductible, almost all of them charge 20% coinsurance on the highest tier medications, subject to a maximum of \$250 per prescription. The exception is the Health Net of California Silver 70 HMO plan, which charges 20% coinsurance up to a maximum \$500 per prescription. Therefore, this plan appears to fall outside of the standard benefit design required for Silver QHP plans.² Health Net of California places all three HCV medications in this Tier 4 category, so this could result in a significant cost difference to the consumer. Health Net of California also offers a Silver 70 EPO plan with the coinsurance cap of \$250, so consumers should be sure they understand the difference between plans.

² The approved 2016 Standard Benefit Plan Designs can be found here: http://hbex.coveredca.com/regulations/PDFs/2016%20Standard%20Benefit%20Plan%20Design_Second%20Readopt%2005%2021%2015_OAL%20approved_CLEAN.pdf.

STATE FINDINGS: HIV

All of the Silver Qualified Health Plans (QHP) offered in 2016 for California residents covered at least 15 out of 24 of the HIV medications examined by the plan assessment initiative. Molina Healthcare and Sharp Healthcare covered the most medications, offering 23 medications. In some cases, the generic version of a brand name medication was not covered, such as several plans covering Reyataz but not the generic atazanavir. If these were counted as covered, then Health Net, Oscar Healthcare, Sharp Healthcare, and Molina Healthcare covered all HIV medications reviewed. Anthem covered the fewest number of HIV medications, offering 15 medications (17 if counting brand name/generic equivalents).

Of the various HIV medications analyzed, newer single tablet regimens such as Evotaz were the least likely to be covered. Anthem, BCBS, and Kaiser did not cover Evotaz. These insurers' plans also did not cover Tybost, a "booster" taken to increase the blood levels of the medications Prezista or Reyataz. Western Health Advantage did not cover the single tablet regimens Triumeq or Prezcofix. For this reason, consumers should review a potential plan's formulary prior to enrollment to verify that their medications are included.

Consumers should be careful to pay attention to not only whether a plan covers their medication but also to the cost-sharing structure as well. Two-thirds of Covered California plans offered HIV medications with relatively low cost sharing, though cost sharing varied greatly among the plans. For example, while Anthem covered the fewest medications, all of the offered HIV medications were in tier 2, with a couple medications even in tier 1. In contrast, LA Care covered 22 medications, but nearly 90% of those medications were placed in tier 4. For particular HIV medications, this would mean a \$50 monthly copay rather than a \$250 coinsurance payment.

Some plans placed nearly all HIV medications in tier 4, the highest cost-sharing tier, such as Valley Health, LA Care, and Sharp Healthcare. Also, Chinese Community Health placed approximately 60% of HIV medications in the highest tier. Consumers

STATE FINDINGS: HIV (CONTINUED)

will likely pay significantly more on these plans because they must pay the 20% coinsurance per monthly prescription rather than a copay. Fortunately for consumers, California's standardized benefit design rules cap the coinsurance cost at \$250 per prescription per month.

Other plans required minimal cost sharing from consumers, placing nearly all medications in tier 2 and occasionally some generics in tier 1. These insurers include Health Net, Oscar Healthcare, Molina Healthcare, and Western Health Advantage. While also placing a majority of HIV medications in tier 2, BCBS and United Healthcare offered a handful of medications in tier 3, though these still had a copayment rather than coinsurance.

While there are potentially large out-of-pocket cost differences between the two Health Net plans for HCV medications (caused by different coinsurance per prescription caps), HIV medications for consumers on the Health Net Silver 70 HMO plan will likely cost the same as for consumers on the Health Net Silver 70 EPO plan. This is because Health Net did not place any of the HIV medications examined on tier 4. Rather, all HIV medications were in tiers requiring a copay, with nearly all in tier 2.

Health Net Life Insurance Company

Silver 70 EPO

2016 California QHP

Overall Plan Information			
Issuer Name:	Health Net Life Insurance Company		
Plan Name:	Sliver 70 EPO		
Plan Type: EPO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input type="checkbox"/> HMO <input checked="" type="checkbox"/> Other (EPO)
Coverage Area (counties):	Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Mendocino, Tehama, Plumas, Sierra, Nevada, Yuba, Butte, Glenn, Sutter, Colusa, Lake, Amador, Calaveras, Alpine, Tolumne, San Francisco, San Mateo, Santa Cruz, Monterey, San Benito, Contra Costa, San Joaquin, Stanislaus, Merced, Mariposa, Tulare		
Link to Summary of Benefits:	https://www.healthnet.com/portal/shopping/ifp/planDetail.action?id=53391&filterList=type-epo%2Clevel-silver%2Cbuy-both		
Individual Deductibles:	Medical: \$2,250	Prescription: \$250	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$4,500	Prescription: \$500	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: Not covered	Prescription: Not covered	Out of Pocket Cap: Not covered
Premiums (per month) - rating region in parentheses	Individual:\$361 (2); \$390 (4); \$351 (5); \$419 (8); \$366 (9); \$358 (10)	Family:\$1,126 (2); \$1,214 (4); \$1,094 (5); \$1,306 (8); \$1,140 (9); \$1,115 (10)	

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	45			Out-of-network not covered; deductible waived
Specialists	70			Out-of-network not covered; deductible waived
Referral required for specialists?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Inpatient Services		20		Out-of-network not covered; If certification is not obtained in a non-emergency, a \$250 penalty will apply per day until HNL is notified of the admission
Emergency Room	250			Out-of-network facility, physician, and transportation fee is the same as in-network. The deductible applies and once satisfied, the copayment applies. Copay waived if admitted as hospital inpatient. Out of network urgent care is only covered under certain circumstances
Mental/Behavioral Outpatient Health Services	45			Out-of-network note covered. Certification required for behavioral health treatment for pervasive developmental disorder or autism beyond initial 6 months of treatment of a \$250 penalty will apply; If certification is not obtained in a non-emergency, a \$250 penalty will apply per day until HNL is notified of the admission
Substance Use Disorder Outpatient Services	45			If certification is not obtained in a non-emergency, a \$250 penalty will apply per day until HNL is notified of the admission
Laboratory Services	35			Out-of-network not covered; deductible waived; certification must be obtained for imaging
Out of network provider rules:	Out-of-network not covered except in emergency			
Special provisions/exceptions for individuals living with HIV?	None listed			
Other information:	Plan does not cover chiropractic care, cosmetic surgery, adult dental care, hearing aids, infertility treatment, long-term care, most coverage provided outside the U.S., private-duty nursing, routine foot care, and weight loss programs. Plan DOES cover acupuncture (covered when medically necessary), bariatric surgery (covered through the preferred provider network if deemed medically necessary), and routine eye care for adults (screenings/eye refraction for vision correction purposes)			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One -- Preferred generic drugs	15 retail/30 mail		Supply up to 30 day (retail) and 35-90 day (mail) except where quantity limits apply. Certification is required for select drugs or you will be subject to a penalty of 50% of the average wholesale price, except for emergency care. Deductible waived for Tier 1.
Two -- Non-preferred generic and preferred brand drugs	50 retail/100 mail		Supply up to 30 day (retail) and 35-90 day (mail) except where quantity limits apply. Certification is required for select drugs or you will be subject to a penalty of 50% of the average wholesale price, except for emergency care.
Three -- Non-preferred brand drugs	70 retail/140 mail		Supply up to 30 day (retail) and 35-90 day (mail) except where quantity limits apply. Certification is required for select drugs or you will be subject to a penalty of 50% of the average wholesale price, except for emergency care.
Four -- Specialty drugs		20	Coinsurance to a maximum of \$250 per 30 day script after pharmacy deductible has been met. Supply of 30 days from specialty pharmacy except where quantity limits apply. Certification is required for select drugs or you will be subject to a penalty of 50% of the average wholesale price, except for emergency care.
Five/Specialty	N/A	N/A	
Name of Formulary Used:	California Essential Rx Drug List https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_ifp.action		
Link to Formulary:	action		
Contact Number:	888-926-5133		
Notes re: Deductible or Coverage:	Out-of-network not covered. More information about prescription drug coverage is available at www.healthnet.com/static/general/unprotected/pdfs/national/ca_essential_rex_list.pdf		

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

HIV Medications									
Medication	On Formulary	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Prior Authorization	NC/NL	Notes
Atripla (efavirenz/emtricitabine/tenofovir)	X		X						
Complera (emtricitabine/rilpivirine/tenofovir)	X		X						
Epzicom (abacavir/lamivudine)	X		X						
Evotaz (atazanavir/cobicistat)	X		X						
Intelence (etravirine)	X		X						
Isentress (raltegravir)	X		X						
Norvir (ritonavir)	X		X						
Prezcobix (darunavir/cobicistat)	X		X						
	X		X	X					Tier 3 - 100mg/ml oral suspension; Tier 2 - 100, 400, 600, 75, and 800 mg tablets
Prezista (darunavir)	X		X						
Reyataz (atazanavir)	X		X						
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X		X						
Tivicay (dolutegravir)	X		X						
Triumeq (abacavir/dolutegravir/lamivudine)	X		X						
Truvada (emtricitabine/tenofovir)	X		X						
Tybost (cobicistat)	X		X						
Abacavir (generic)	X	X							
Edurant (rilpivirine)	X		X						
Emtriva (emtricitabine)	X		X						
Epivir (lamivudine)								X	
Lamivudine (generic)	X	X							
Sustiva (efavirenz)	X		X						
Viread (tenofovir)	X		X						
Ziagen (abacavir)								X	

Sharp HealthCare

Sharp Silver 70 HMO Network 1

2016 California QHP

Overall Plan Information			
Issuer Name:	Sharp HealthCare		
Plan Name:	Sharp Silver 70 HMO Network 1		
Plan Type: HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	San Diego		
Link to Summary of Benefits:	https://content.sharphealthplan.com/docs/default-source/pdfs/sharp-silver-70-hmo-network-1_2250-45-20-_plan-oi6y0_(idx-75037)_010116.pdf?sfvrsn=2		
Individual Deductibles:	Medical: \$2,250	Prescription: \$250	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$4,500	Prescription: \$500	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: Not covered	Prescription: Not covered	Out of Pocket Cap: Not covered
Premiums (per month) - rating region in parentheses	Individual: \$292 (19)	Family: \$909 (19)	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	45			Out-of-network not covered
Specialists	70			Out-of-network not covered
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		No referral needed for OBGYN and select other specialists
Inpatient Services			20	Out-of-network not covered
Emergency Room	250			Out-of-network same as in-network
Mental/Behavioral Outpatient Health Services	45 office visit/45 other services			Out-of-network not covered
Substance Use Disorder Outpatient Services	45 office visit/45 other services			Out-of-network not covered
Laboratory Services	35			Out-of-network not covered
Out of network provider rules:	Not covered except in emergency			
Special provisions/exceptions for individuals living with HIV?	None listed			
Other information:	None listed			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One -- Most generic drugs and low cost preferred brands	15 retail/30 mail		30 day supply retail, 90 day supply mail
Two -- Non-preferred generic drugs/preferred brand drugs	50 retail/100 mail		30 day supply retail, 90 day supply mail
Three -- Non-preferred brand name drugs	70 retail/140 mail		30 day supply retail, 90 day supply mail
Four - (Specialty)		20	Co-insurance up to \$250 per 30-day supply after pharmacy deductible
Five/Specialty	N/A	N/A	
Name of Formulary Used:	Pilot RX Drug Price Check website		
Link to Formulary:	https://www.sharphealthplan.com/search/search-drug-list		
Contact Number:	800-359-2002		
Notes re: Deductible or Coverage:	QL = Quantity Limit		

HCV Medications

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

HIV Medications

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

Sharp HealthCare

Sharp Silver 70 HMO Network 2

2016 California QHP

Overall Plan Information			
Issuer Name:	Sharp HealthCare		
Plan Name:	Sharp Silver 70 HMO Network 2		
Plan Type: HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	San Diego		
Link to Summary of Benefits:	https://www.sharphealthplan.com/docs/default-source/pdfs/silver-70-hmo-network-2-plan-010115.pdf		
Individual Deductibles:	Medical: \$2,250	Prescription: \$250	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$4,500	Prescription: \$500	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: Not covered	Prescription: Not covered	Out of Pocket Cap: Not covered
Premiums (per month) - rating region in parentheses	Individual: \$306 (19)	Family: \$954 (19)	

Cost Sharing				
Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	45			Out-of-network not covered
Specialists	70			Out-of-network not covered
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		No referral needed for OBGYN and select other specialists
Inpatient Services		20		Out-of-network not covered
Emergency Room	250			Out-of-network same as in-network
Mental/Behavioral				
Outpatient Health Services	45 office visit/45 other services			Out-of-network not covered
Substance Use Disorder				
Outpatient Services	45 office visit/45 other services			Out-of-network not covered
Laboratory Services	35			Out-of-network not covered
Out of network provider rules:	Not covered except in emergency			
Special provisions/exceptions for individuals living with HIV?	None listed			
Other information:	None listed			

Plan Information			
Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One -- Most generic drugs and low cost preferred brands	15 retail/30 mail		30 day supply retail, 90 day supply mail
Two -- Non-preferred generic drugs/preferred brand drugs	50 retail/100 mail		30 day supply retail, 90 day supply mail
Three -- Non-preferred brand name drugs	70 retail/140 mail		30 day supply retail, 90 day supply mail
Four -- (Specialty)		20	Co-insurance up to \$250 per 30-day supply after pharmacy deductible
Five/Specialty	N/A	N/A	
Name of Formulary Used:	Pilot RX Drug Price Check website		
Link to Formulary:	https://www.sharphealthplan.com/search/search-drug-list		
Contact Number:	800-359-2002		
Notes re: Deductible or Coverage:	None		

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

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		X		
Complera (emtricitabine/rilpivirine/tenofovir)	X				X		X		
Epzicom (abacavir/lamivudine)	X				X		X		
Evotaz (atazanavir/cobicistat)	X			X					
Intelence (etravirine)	X				X		X		
Isentress (raltegravir)	X			X	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		X		
Reyataz (atazanavir)	X				X		X		
Atazanavir								X	
Stribild (cobicistat/elvitegravir/emtricitabine/tenofovir)	X				X		X		
Tivicay (dolutegravir)	X				X		X		
Triumeq (abacavir/dolutegravir/lamivudine)	X				X		X		QL
Truvada (emtricitabine/tenofovir)	X				X		X		
Tybost (cobicistat)	X				X		X		
Abacavir (generic)	X				X		X		QL (some forms)
Edurant (rilpivirine)	X				X		X		
Emtriva (emtricitabine)	X			X			X		
Epivir (lamivudine)	X	X	X						
Lamivudine (generic)	X	X	X						
Sustiva (efavirenz)	X				X		X		
Viread (tenofovir)	X				X		X		
Ziagen (abacavir)	X				X		X		

Western Health Advantage

WHA Silver 70 HMO

2016 California QHP

Overall Plan Information			
Issuer Name:	Western Health Advantage		
Plan Name:	WHA Silver 70 HMO		
Plan Type:	<input type="checkbox"/> PPO	<input type="checkbox"/> POS	<input checked="" type="checkbox"/> HMO <input type="checkbox"/> Other
Coverage Area (counties):	Sonoma, Marin, Napa, Solano, Yolo, Sacramento, Placer, El Dorado		
Link to Summary of Benefits:	https://www.westernhealth.com/pdfs/shared/copayment-summaries/individual-plans/2015/silver-70-hmo-15/		
Individual Deductibles:	Medical: \$ 2,000	Prescription: \$250	Out of Pocket Cap: \$6,250
Family Deductibles:	Medical: \$4,000	Prescription: \$500	Out of Pocket Cap: \$12,500
Out of Network Deductibles:	Medical: Not covered	Prescription: Not covered	Out of Pocket Cap: Not covered
Premiums (per month) - rating region in parentheses	Individual: \$328 (2); \$351 (3) Family: \$1024 (2); \$1094 (3)		

Cost Sharing

Service	Co-Payments (\$)	Co-Insurance (%)	Limits	Notes
Primary Care Providers	45			Out-of-network not covered
Specialists	65			Out-of-network not covered
Referral required for specialists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Inpatient Services		20		Out-of-network not covered
Emergency Room	250 per visit			Out-of-network cost same as in-network
Mental/Behavioral Outpatient Health Services	45 office visit			20% intensive outpatient care or partial hospitalization/day treatment. Out-of-network not covered.
Substance Use Disorder Outpatient Services	45 office visit			20% intensive outpatient care or partial hospitalization/day treatment. Out-of-network not covered.
Laboratory Services	45			Out-of-network not covered
Out of network provider rules:	Out-of-network not covered except in emergency			
Special provisions/exceptions for individuals living with HIV?	None listed			
Other information:	None listed			

Plan Information

Tiers	Co-Payments (\$)	Co-Insurance (%)	Notes
One -- Preferred generic medication	15 retail/37.50 mail		Out-of-network not covered; 30-day supply retail, 90-day supply mail
Two -- Preferred brand name medication	50 retail/125 mail		Out-of-network not covered; 30-day supply retail, 90-day supply mail
Three -- Non-preferred medication	70 retail/175 mail		Out-of-network not covered; 30-day supply retail, 90-day supply mail
Four -- Specialty medication when authorized in advance by WHA		20 retail/20 mail	Co-Insurance after deductible up to \$250 per prescription; out-of-network not covered; 30-day supply retail, 90-day supply mail but may be limited to 30-day.
Five/Specialty	N/A	N/A	
Name of Formulary Used:	PREFERRED DRUG LIST 4-TIER PRESCRIPTION DRUG PLAN		
Link to Formulary:	https://www.westernhealth.com/pdfs/provider-downloads/pdl-ca/		
Contact Number:	888-563-2250		
Notes re: Deductible or Coverage:	Oral anti-cancer drugs will not exceed \$200 for 30-day supply.		

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

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

HIV Medications

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