

ALABAMA MARKETPLACE



2019 QHP Assessment

February 2019



CENTER *for* HEALTH LAW
and POLICY INNOVATION
HARVARD LAW SCHOOL

About this Report

The Center for Health Law and Policy Innovation of Harvard Law School advocates for legal, regulatory, and policy reforms to improve the health of people living with HIV, hepatitis C (HCV), and other serious and chronic health conditions. Once these reforms are enacted, we work to ensure they are implemented in ways that meet the care and treatment needs of the people we serve.

One of the Affordable Care Act's key reforms was the establishment of state Marketplaces where consumers can buy private health insurance plans. These plans, known as Qualified Health Plans (QHPs), greatly improve access to high-quality and affordable health insurance for people living with chronic health conditions. QHPs are available to everyone regardless of preexisting conditions, and insurers cannot charge people higher premiums based on their health status. QHPs must cover essential health benefits, like prescription drugs and outpatient services, and can be subsidized using Marketplace financial assistance.

This report assesses how Marketplace QHPs address HIV and HCV care and treatment needs in Alabama. It identifies key cost-sharing and coverage information for unique silver-level QHPs sold on the Alabama Marketplace for the 2019 plan year.¹ The costs reflected in this report are estimated for a thirty year-old individual and for a thirty year-old couple with two children. Applicants in both scenarios do not smoke and are not pregnant.

This report does not factor financial assistance into its analysis. Fortunately, most people eligible to buy plans on the Marketplace will qualify for Advance Premium Tax Credits and/or Cost Sharing Subsidies.² In fact, financial support helped over 9.7 million people afford private health insurance plans in 2018, including nearly 90% of Alabama residents enrolled in the Marketplace.³

Readers looking to buy a health care plan should call a Navigator or Certified Application Counselor to assist in the plan selection process. A Navigator or Certified Application Counselor can help you determine if you qualify for financial help that lowers the cost of health insurance, check which plans cover the medications you need, and determine if you qualify for a special open enrollment period. For free in-person assistance in Alabama, call Enroll Alabama at (844) 248-7698 or go to localhelp.healthcare.gov.

Information in this report is time-sensitive and insurers may have altered coverage or cost sharing since our initial data collection. For up-to-date information, please visit www.healthcare.gov/seeplans or <https://go.cms.gov/12JtPdf>.

The Center for Health Law and Policy Innovation of Harvard Law School is not a licensed navigator or insurance broker. It does not purport to recommend specific plans for applicants. For up-to-date information, please contact a navigator or enrollment assister.

¹ QHPs are categorized into four different “metal” levels: Bronze, Silver, Gold, and Platinum. The levels indicate how health care costs are typically split between the insurance company and the consumer. For more information about the different metal levels, see *The ‘Metal’ Categories: Bronze, Silver, Gold & Platinum*, Centers for Medicare and Medicaid Services, <https://www.healthcare.gov/choose-a-plan/plans-categories/>.

² There are two types of Marketplace financial assistance: Advance Premium Tax Credits and Cost Sharing Reductions. Advance Premium Tax Credits lower the monthly cost (or premium) of any QHP at any metal level. Cost Sharing Reductions lower the cost of using health care services on silver-level QHPs by reducing a consumer's cost sharing (such as co-payments or co-insurance).

³ *Health Insurance Exchanges 2018 Open Enrollment Period Final Report*, Centers for Medicare & Medicaid Services (April 2018), <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-03.html?DLPage=2&DLEntries=10&DLSort=0&DLSortDir=descending>; *2018 Marketplace Open Enrollment Period Public Use Files*, Centers for Medicare & Medicaid Services, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2018_Open_Enrollment.html.

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Introduction

The Alabama Marketplace 2019 Qualified Health Plan Assessment (Assessment) provides an overview and analysis of coverage and cost-sharing information available on the Alabama Marketplace. The Assessment focuses on drugs used to treat HIV and hepatitis C (HCV), highlighting the strengths and weaknesses of Qualified Health Plans (QHPs) sold for the 2019 plan year. Affordable access to this care is integral to many individuals' health and to ensuring the Marketplace's promise of equal and affordable coverage, regardless of health status.

Each year since 2015, the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI), in collaboration with AIDS Alabama,⁴ has evaluated all silver-level Qualified Health Plans (QHPs) sold on the Alabama Marketplace.⁵ These evaluations have assessed how insurance companies design their products by looking at the costs of using health care, such as the costs of seeing primary care providers and buying brand-name drugs. Unfortunately, many of the drugs needed to treat HIV and HCV are covered at prices unaffordable to most consumers. In some cases, the cost sharing associated with HIV drugs was far more than that associated with similarly-priced drugs used to treat other chronic conditions.⁶

Not covering access to necessary medications or requiring excessive cost sharing discriminates against people living with HIV and/or HCV. When all or most medications for the treatment of a specific health condition are placed on the highest cost-sharing tier (or are excluded from coverage altogether), people living with that condition shoulder a significantly higher percentage of their health care costs than other enrollees in the same plan. This practice of adverse tiering makes medications virtually unaffordable and can prevent individuals from accessing critical treatment, despite paying premiums for health care coverage.

Past assessments in Alabama have shown that insurers were able to provide recommended therapies with reasonable cost sharing. However, some insurers failed to cover these therapies or placed many or all drugs on the most expensive tiers of their formularies. CHLPI and AIDS Alabama filed an administrative complaint with the United States Department of Health and Human Services (HHS) Office for Civil Rights (OCR) to challenge these discriminatory practices, with investigation of the complaint still pending.⁷

For the 2019 plan year, Alabamians have restricted options. Insurers generally cover a broad range of HIV medications; however many brand name medications require sizeable co-payments. Additionally, one insurer, while providing broad coverage of HIV medications, fails to cover key co-formulated drugs used in nationally-recommended HIV regimens. The Marketplace plans also provide poor access to HCV medications, with all plans placing covered direct-acting antivirals on tiers requiring several hundred dollars in cost sharing. By placing these necessary medications on the most expensive tiers, consumers face financial barriers when trying to obtain the treatments they need to stay healthy.

We hope the report helps federal and state officials, insurance regulators, and advocates better understand the Marketplace, including problems people living with HIV and HCV face when seeking health insurance. Armed with this information, we hope insurance regulators can more effectively hold insurers accountable for providing effective and nondiscriminatory coverage that meets the needs of people living with HIV and HCV.

For further information and inquiries, please contact mtomazic@law.harvard.edu.

⁴ CHLPI works to promote access to high-quality and affordable health care, reduce health disparities, and implement law and policy reforms that contribute to a more equitable individual and public health environment. AIDS Alabama is a leading non-profit organization that supports and advocates for people living with HIV in Alabama, focusing specifically on policy, housing, prevention, education, and testing.

⁵ This report only examines silver-level QHPs as these are the only QHPs that provide Cost Sharing Reductions.

⁶ See, e.g., Section VI.B in Discrimination Complaint, Center for Health Law and Policy Innovation (U.S. Dep't of Health and Human Services, Complaint), <http://www.chlpi.org/wp-content/uploads/2013/12/AL-Humana.pdf> (explaining that Humana placed similarly expensive drugs used to treat rheumatoid arthritis and sleep disorders on lower cost-sharing tiers than HIV drugs).

⁷ To date, the Center for Health Law and Policy Innovation of Harvard Law School has filed fourteen separate complaints with OCR, including one complaint in Alabama. These complaints, filed in 2016, have yet to be fully investigated.

Methods

Coverage and Cost-sharing Information

This Assessment reviews overall plan information (such as geographic coverage area and premium amounts), HIV and HCV coverage information (such as the number of recommended medications included in the formulary and access restrictions to recommended drugs), and HIV and HCV cost-sharing information (such as deductibles, co-payments, and co-insurance) for medications in unique silver-level plans sold on Alabama's Marketplace.

Plans offered by the same insurer are often duplicated based on a particular provider network, coverage area, and premium, but do not differ in the costs and coverage of treatments and services. To determine the number of unique silver-level plan designs, CHLPI staff analyzed the structure of each plan and grouped similar plan designs together under the plan ID listed for the largest covered county by population. Each unique plan design was analyzed once in this Assessment, and can be considered a composite of related duplicate plans. However, during enrollment, consumers may encounter more plan choices than indicated here if the insurance company provides multiple variations of the same plan.⁸

The ACA allows insurance companies to change premium amounts for plans sold on the Marketplace depending only on an applicant's age, smoking status, and geographic location. Insurers may include variations in pricing based on age (up to a 3:1 ratio for adults) and smoker status (up to a 1.5:1 ratio for smokers).⁹ Additionally, insurance companies are permitted to set different rates for pre-determined rating areas.¹⁰ For the purposes of this Assessment, we have included premiums for a thirty year-old non-smoking individual and a family of four headed by a thirty year-old non-smoking couple. Premiums in this report have been calculated for the most populous county in each plan's coverage area and do not factor in financial assistance applicants may be eligible for on and off the Marketplace.

Medications

We have assessed the coverage and cost sharing of medications used to manage and treat HIV and HCV. In addition to providing information about commonly-prescribed drugs, we have highlighted coverage and cost-sharing information for co-formulated drugs used in nationally-recommended antiretroviral regimens for initial therapy for people living with HIV as informed by the *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents* (Guidelines).¹¹ These Guidelines are developed by a working group of the Office of AIDS Research Advisory Council in the Department of Health and Human Services and are updated regularly as clinical HIV therapy trials are completed. Due to the benefits of co-formulated drugs and single-tablet regimens, we have focused our assessment on how insurers cover the HIV Guidelines' recommended regimens using the least number of co-formulated drugs, rather than all possible combinations of the regimen. As regarding HCV medications, the Assessment focuses on newer direct-acting antivirals as relied upon for the treatment of HCV in the *Hepatitis C Guidance 2018 Update: Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection*.¹² The American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) develop the HCV Guidelines.

⁸ For example, an individual in a certain county may be able to purchase Plan A, Plan A + Vision, or Plan A + Vision + Adult Dental. All three plans would have different plan IDs and premiums, but share the same cost-sharing and coverage information. In this report, those three plans would be combined into one analysis and listed as Plan A.

⁹ Some states have set an age-rating curve that differs from or may be more restrictive than the federal default. *Market Rating Reforms: State Specific Rating Variations*, Centers for Medicare and Medicaid Services, <https://go.cms.gov/2D7gemm>.

¹⁰ *Alabama Geographic Rating Areas: Including State Specific Geographic Divisions*, Centers for Medicare and Medicaid Services, <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/al-gra.html>.

¹¹ *Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV*, U.S. Department of Health and Human Services (October 2018), <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0>. The Guidelines were updated on October 25, 2018 and have introduced and shifted recommended regimens. Of note, Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide) has been added to "Recommended Initial Regimens for Most People with HIV" and regimens that include Stribild (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate) and Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) have shifted to "Recommended Initial Regimens in Certain Clinical Situations."

¹² AASLD-IDSA Guidance Panel, *Hepatitis C Guidance 2018 Update: AASLD-IDSA Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection*, 67 *Clinical Infectious Diseases* 10 (2018). Of note, Olysio, Technivie, and Viekira Pak were discontinued in 2018 due to changes in treatment practices for HCV. *Current and Resolved Drug Shortages and Discontinuations Reported to FDA*, U.S. Food & Drug Admin. (November 2018), <https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm#dT> (follow prompts to search announcements regarding specific discontinuations).

Data Source

Insurance companies are required to maintain “up-to-date, accurate, and complete” lists of “all covered drugs” in their formularies.¹³ Insurance companies offering QHPs sold in Federally Facilitated Marketplaces are also required to submit this information to CMS in a machine readable format.¹⁴ This information is then used to populate various tools and is made available to the public for research and analysis.¹⁵

For this analysis, information from the machine-readable files was imported into STATA® and filtered for the various RxNorm Concept Unique Identifiers (RXCUIs) that are associated with critical HIV and HCV medications. Plan information was primarily drawn from the 2019 QHP Medical Landscape Data File, also publicly available on HealthCare.gov.¹⁶ When information was not available within this file, we used the Summaries of Benefits as listed on the Marketplace’s consumer platform.

Financial Assistance

The costs included in the Assessment reflect what a consumer would pay if she did not qualify for financial assistance. This perspective is important as many people have incomes that are too high to receive Advanced Premium Tax Credits (APTCs) or Cost Sharing Reductions (CSRs). However, most Alabamians who enroll into an insurance plan on the Marketplace are eligible for financial help. As stated previously, in 2018, about 90% of people who enrolled into QHPs on the Alabama Marketplace were able to use APTCs or CSRs to lower the cost of their health insurance plans.¹⁷ With this help, the average premium for a silver-level plan was reduced from \$677 to \$121 a month.¹⁸

For the 2019 plan year, consumers who meet eligibility requirements can again use Marketplace financial assistance when purchasing a silver-level QHP. This support can significantly lower the cost of health insurance. For example, an individual in Jefferson County, Alabama making more than \$48,560 would not be eligible for financial help and would need to pay costs listed on the left side of the table below. However, if an individual had a full time job that paid \$8 an hour (annual income of \$16,640), she would qualify for both APTCs and CSRs. Her premium, deductible, and out-of-pocket maximum would decrease significantly to the amounts listed on the right side of the table below.

Estimated Effects of Qualifying for Marketplace Financial Assistance on Select QHPs

QHP Name	No Financial Help			With Financial Help		
	Premium	Deductible	Out-of-Pocket Maximum	Premium	Deductible	Out-of-Pocket Maximum
Bright Health Silver Perks	\$443	\$3,200	\$7,900	\$23	\$0	\$1,900
Blue Cross & Blue Shield Blue Cross Select Silver	\$466	\$2,800	\$7,900	\$47	\$0	\$900
Blue Cross & Blue Shield Blue Value Silver	\$508	\$2,600	\$7,900	\$88	\$0	\$900

¹³ 45 CFR § 156.122 (d) (2018).

¹⁴ “Under §156.122(d)(2), CMS requires QHP issuers in the FFM, including SHOP issuers but excluding SADP issuers, to make this formulary drug list information publicly available on their websites in a machine-readable file and format specified by CMS, to allow the creation of user-friendly aggregated information sources.” 2018 Letter to Issuers in the Federally-facilitated Marketplaces, <https://go.cms.gov/2PPWVEx>. See 2019 Letter to Issuers in the Federally-facilitated Marketplaces, <https://go.cms.gov/2PTJVOu> (referring to the 2018 Letter for more information about submitting information about formularies).

¹⁵ *Information Collection for Machine Readable Data for Provider Network and Prescription Formulary Content for FFM QHPs (CMS-10558/OMB control number 0938-1284)*, Centers for Medicare and Medicaid Services. *Health Insurance Exchange Public Use Files (Exchange PUFs) General Information*, Centers for Medicare and Medicaid Services, <https://go.cms.gov/2PpQLMI>; *Health Insurance Exchange Public Use Files (Exchange PUFs)*, Centers for Medicare & Medicaid Services, <https://go.cms.gov/2yU4gcR> (accessed on October 26, 2018).

¹⁶ *QHP PY19 Medical Individual Landscape Zip File*, Centers for Medicare & Medicaid Services, <http://bit.ly/QHP2019Landscape> (accessed on October 26, 2018).

¹⁷ *Health Insurance Exchanges 2018 Open Enrollment Period Final Report*, Centers for Medicare & Medicaid Services (April 2018), [https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-03.html?DLPage=2&DL Entries=10&DL Sort=0&DL SortDir=descending](https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-03.html?DLPage=2&DL%20Entries=10&DL%20Sort=0&DL%20SortDir=descending).

¹⁸ *Id.*

Marketplace financial assistance is particularly important for people living with chronic conditions, as socioeconomic disparities can exacerbate chronic illnesses and disabilities. APTCs and CSRs are provided on a sliding scale, so applicants interested in buying a QHP should consult a navigator to more accurately estimate the costs of available plan options.

Analysis

Marketplace Overview

Nearly two hundred thousand Alabamians rely on the state Marketplace to access high-quality, affordable health insurance. In 2018, over 170,000 Alabamians selected a Marketplace plan, with about 90% of enrollees using financial assistance to lower the cost of health care coverage.¹⁹ While Alabama's enrollment on the Marketplace decreased by 4.6% last year, Alabama's enrollment numbers have remained steadier than HealthCare.gov's nationwide enrollment. Alabama's enrollment has not held as steady as enrollment in neighboring Georgia or Tennessee though.²⁰

For the 2019 plan year, two insurers are offering plans on the Alabama Marketplace: Blue Cross and Blue Shield of Alabama (BCBS Alabama) and Bright Health. While no insurer dropped out of Alabama's Marketplace this year, Bright Health is offering one fewer silver-level plan, leaving consumers a total of three unique silver-level plan designs between the two insurers. Despite fewer plans, the Marketplace offers coverage in every county.

The premiums associated with Marketplace plans have remained relatively stable as well, with both insurers decreasing their average premiums for plans sold in the 2019 Marketplace.²¹ While lower premiums may draw people to certain plans, consumers should be careful to note whether lower-premium plans include high cost sharing. For example, some low-premium plans have high deductibles. A deductible is the amount a member has to pay before certain benefits, such as hospitalization or specialty drugs, are covered by the insurance company.²² Because people living with HIV and HCV can expect to use a number of health care services, a lower deductible might be worth a slightly higher monthly premium.

Each insurance company uses a single formulary for silver-level plans sold on the Alabama Marketplace. The coverage and costs of critical HIV and HCV medications for the two insurers are analyzed below.

Coverage and Cost of HIV Medications

The coverage of critical HIV medications differed between the two formularies. Of the thirty-four assessed HIV medications, BCBS Alabama covers twenty-eight drugs, placing the medications on different tiers (with none listed on the specialty drug tiers). Bright Health covers twenty of the assessed HIV drugs, placing all covered drugs on either the Generic Drugs or Preferred Brand Drugs Tier.

While coverage of HIV medications differs between the two formularies, both insurers place most or all of the assessed medications they do cover on tiers that require a co-payment (a fixed amount) instead of co-insurance (a percentage of the entire drug cost). For example, of the assessed drugs, Bright Health places the twenty it covers on either the Generic Drugs Tier, requiring a \$15 co-payment, or the Preferred Brand Drugs Tier, requiring an \$80 co-payment. BCBS Alabama places most of the assessed medications on either the Primarily Non-Preferred Generics or Primarily Preferred Brands Tiers, requiring a \$30 or \$85 co-payment respectively.²³

For initial treatment regimens, BCBS Alabama's broader coverage of co-formulated drugs gives members more affordable regimen options. Consider the following chart of tiering associated with each of the eight recommended initial regimens for most people living with HIV.

¹⁹ See *2018 Marketplace Open Enrollment Period Public Use Files*, Centers for Medicare & Medicaid Services, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2018_Open_Enrollment.html.

²⁰ Alabama's enrollment into plans sold on the Marketplace dropped 4.6% from 2017 to 2018. HealthCare.gov saw a 4.98% decrease. Georgia and Tennessee saw a 2.63% and 2.34% decrease respectively. See *2018 Marketplace Open Enrollment Period Public Use Files*, Centers for Medicare & Medicaid Services, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2018_Open_Enrollment.html; *2017 Marketplace Open Enrollment Period Public Use Files*, Centers for Medicare & Medicaid Services, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selection_ZIP.html.

²¹ This year, Bright Health changed their average rates by -12.26% and BCBS Alabama changed their average rate for their Select Silver and Value Silver by -1.12% and -2.29% respectively. Rate review information can be found in HealthCare.gov's Rate Review portal, <https://ratereview.healthcare.gov>.

²² Insurance companies may allow certain costs, such as doctor visits, blood work, or generic drugs, to be covered prior to a deductible being met. Because each plan may set different terms, consumers should work with a navigator to determine applicable costs before selecting a plan.

²³ BCBS Alabama places six of the covered assessed drugs on the Primarily Non-Preferred Brands Tier, requiring members to pay the greater of a \$150 co-payment or a 50% co-insurance.

Coverage of Co-formulated Component Drugs used in the Recommended Initial Regimens for Most People Living with HIV

Regimen	BCBS Alabama	Bright Health
<i>Biktarvy</i>	Tier Three	Not Covered
<i>Triumeq</i>	Tier Three	Not Covered
<i>Tivicay & Descovy</i>	Tier Three & Tier Three	Preferred-Brands & Not Covered
<i>Tivicay & Truvada</i>	Tier Three & Tier Three	Preferred-Brands & Preferred-Brands
<i>Tivicay & Cimduo</i>	Tier Three & Tier Three	Preferred-Brands & Not Covered
<i>Isentress & Descovy</i>	Tier Three & Tier Three	Preferred-Brands & Not Covered
<i>Isentress & Truvada</i>	Tier Three & Tier Three	Preferred-Brands & Preferred-Brands
<i>Isentress & Cimduo</i>	Tier Three & Tier Three	Preferred-Brands & Not Covered

As seen by the preceding chart, Alabamians living with HIV have better coverage of the eight guideline regimens on BCBS Alabama plans than on Bright Health’s plan. BCBS Alabama not only covers all of the component drugs for the eight nationally-recommended regimens, but the insurer also categorizes all of the component drugs as Preferred Brands requiring an \$85 co-payment. Thus, people living with HIV taking any of the recommended regimens are able to predict the cost of their daily medications.

Bright Health however provides much less coverage. While the insurer also categorizes covered component drugs as Preferred Brands, requiring a slightly lower co-payment of \$80, the insurer excludes coverage of Biktarvy, Triumeq, Descovy, and Cimduo. People living with HIV taking six of the eight recommended regimens would thus find no or partial coverage of their medications. The lack of coverage is concerning as patients and providers need access to a full range of treatment options in order to address factors such as virologic efficacy, toxicity, drug-drug interaction potential, and viral resistance.²⁴ Additionally, by excluding coverage for components in these regimens, Bright Health’s product design discourages people on nationally-recommended guidelines from enrolling into their plan.

Coverage and Cost of HCV Medications

The coverage of critical HCV medications differs slightly between the two formularies. Bright Health covers four of the nine assessed direct-acting antivirals, while BCBS Alabama covers six. Both formularies exclude Daklinza, Olysio, and Zepatier, with Bright Health also excluding Mavyret and Viekira Pak.

Bright Health places all covered direct-acting antivirals on their Specialty, or high cost, Tier. This tier requires a \$650 co-payment. BCBS Alabama places five of the six covered direct-acting antivirals on their Preferred Specialty Tier, and one (Viekira Pak) on their Non-

²⁴ *Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV*, U.S. Department of Health and Human Services (October 2018), <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0>.

Preferred Specialty Tier. The HCV drugs on the Preferred Specialty Tier require a \$250 co-payment, whereas the Non-Preferred Specialty Tier requires a \$300 co-payment or 30% co-insurance, whichever is greater.²⁵

While co-payments can help make the cost of medications transparent, people living with HCV generally require several weeks of consistent treatment, making the ultimate cost of treatment prohibitive for many. For example, a person taking Harvoni would be required to either pay \$750 (BCBS Alabama) or \$1,950 (Bright Health) for the standard twelve weeks of treatment.²⁶ A person taking Mavyret would be required to either pay \$500 (BCBS Alabama) or the full cost of the drug for the standard eight weeks of treatment.²⁷

To improve coverage options for people living with HCV, both BCBS Alabama and Bright Health should not only cover all assessed HCV drugs, but place the drugs on tiers with more affordable cost-sharing amounts. When insurers limit the coverage or affordability of HCV drugs, they not only increase barriers to care, but they also perpetuate the most deadly infectious disease in the United States.²⁸

Plan and Formulary Information

The information listed in the following sections reflect common costs associated with silver-level QHPs sold on Alabama's Marketplace. The costs do not factor in the Marketplace assistance that most applicants qualify for and can apply to the cost of their health care plan. This assistance is available on a sliding scale.

The information reported in this section was drawn from machine-readable data during Open Enrollment and edited for clarity, consistency, and efficiency.²⁹ Links to each plan's Summaries of Benefit, Plan Brochures, Provider Networks, and Formularies have been listed so consumers can confirm the accuracy of information when selecting a health insurance plan. For the most up-to-date information, please contact a Navigator or Certified Application Counselor who can walk you through HealthCare.gov and answer questions about plan details.

Because insurance companies often sell multiple plans that use the same formulary, we have separated plan and formulary information in this report. At the end of each plan, we have listed the name of the associated formulary.

Plans

Please see the chart below for the page numbers associated with particular plans. The plan information listed does NOT note whether cost sharing is subject to the plan deductible being met. For this information, please confirm with the appropriate insurer.

BCBS Alabama Blue Value Silver	9
BCBS Alabama Blue Cross Select Silver	10
Bright Health Silver Perks	11

Formularies

Please see the chart below for the page numbers associated with particular formularies. The formulary information listed applies to drugs in the tablet or capsule form. If certain doses or forms incurred higher cost sharing, the costs associated with the higher-cost dose were listed. For information specific to a particular form of drugs, please contact the appropriate insurer.

Blue Cross and Blue Shield of Alabama Source+Rx 1.0 Prescription Drug List	12
2019 Bright Formulary	14

²⁵ Based on Big4 Pricing (negotiated prices offered to key government entities), a person taking Viekira Pak would be required to pay at least \$5,774 for the drug if enrolled in a BCBS Alabama plan. This represents 149% of the median monthly salary in Alabama. *Census Bureau Median Family Income by Family Size*, U.S. DEPT OF JUSTICE, available at https://www.justice.gov/ust/eo/bapcpa/20181101/bci_data/median_income_table.htm.

²⁶ *Harvoni*, Gilead, <https://www.harvoni.com/discover-harvoni/treatment-with-harvoni>.

²⁷ *Mavyret*, AbbVie, <https://www.mavyret.com>.

²⁸ Center for Health Law and Policy Innovation, *Hepatitis C: The State of Medicaid Access, 2017 National Summary Report*, October 23, 2017, https://stateofhepc.org/wp-content/uploads/2017/10/State-of-HepC_2017_FINAL.pdf.

²⁹ See *CMS Disclaimer for Machine-Readable URL Public Use File (PUF)*, Centers for Medicare & Medicaid Services, <https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/Data-Disclaimer-Machine-readable-URL-PUF.pdf> for CMS' disclaimer regarding the accuracy and integrity of the machine-readable files.

Plan Name	Blue Value Silver
Plan ID	46944AL0410001
Insurer	Blue Cross and Blue Shield of Alabama

Counties Served	Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Covington, Crenshaw, Cullman, Dale, Dallas, De Kalb, Elmore, Escambia, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Mobile, Monroe, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Russell, Saint Clair, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa, Walker, Washington, Wilcox, Winston
County Used for Calculations	Jefferson

Customer Service Phone Number	1-855-350-7437
Plan Brochure Link	http://bit.ly/2019_AL_BCBS_Brochure1
Summary of Benefits Link	http://bit.ly/2019_AL_BCBS_Summary1
Network Link	http://bit.ly/2019_AL_BCBS_Network1
Formulary Link	http://bit.ly/2019_AL_BCBS_Formulary1

	Individual	Family of 4
Monthly Premium	\$508	\$1,583
Deductible	\$2,600	\$5,200
Drug Deductible	\$0	\$0
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Primary Care Visit	\$40
Specialist Visit	\$55
Referral Required?	No
Emergency Care	\$400
Inpatient Care (Facility)	20%
Inpatient Care (Physician)	No charge
Mental Health Visit	\$55
Diagnostic Test	No charge
Notes	Cost-sharing may differ depending on which facility/specialist you visit.

Formulary	Blue Cross and Blue Shield of Alabama Source+Rx 1.0 Prescription Drug List	
Tier 1	Primarily Preferred Generics	\$20
Tier 2	Primarily Non-Preferred Generics	\$30
Tier 3	Primarily Preferred Brands	\$85
Tier 4	Primarily Non-Preferred Brands	\$150 or 50% coinsurance*
Tier 5	Primarily Preferred Specialty	\$250
Tier 6	Primarily Non-Preferred Specialty	\$300 or 30% coinsurance*
Notes	* Whichever amount is greater	

Plan Name	Blue Cross Select Silver
Plan ID	46944AL0660001
Insurer	Blue Cross and Blue Shield of Alabama

Counties Served	Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Covington, Crenshaw, Cullman, Dale, Dallas, De Kalb, Elmore, Escambia, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Mobile, Monroe, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Russell, Saint Clair, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa, Walker, Washington, Wilcox, Winston
County Used for Calculations	Jefferson

Customer Service Phone Number	1-855-350-7437
Plan Brochure Link	http://bit.ly/2019_AL_BCBS_Brochure2
Summary of Benefits Link	http://bit.ly/2019_AL_BCBS_Summary2
Network Link	http://bit.ly/2019_AL_BCBS_Network1
Formulary Link	http://bit.ly/2019_AL_BCBS_Formulary1

	Individual	Family of 4
Monthly Premium	\$466	\$1,455
Deductible	\$2,800	\$5,600
Drug Deductible	\$0	\$0
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Primary Care Visit	\$40
Specialist Visit	\$65
Referral Required?	Some
Emergency Care	\$600
Inpatient Care (Facility)	20%
Inpatient Care (Physician)	No charge after Deductible
Mental Health Visit	\$65
Diagnostic Test	No charge
Notes	Cost-sharing may differ depending on which facility/specialist you visit.

Formulary	Blue Cross and Blue Shield of Alabama Source+Rx 1.0 Prescription Drug List	
Tier 1	Primarily Preferred Generics	\$20
Tier 2	Primarily Non-Preferred Generics	\$30
Tier 3	Primarily Preferred Brands	\$85
Tier 4	Primarily Non-Preferred Brands	\$150 or 50% coinsurance*
Tier 5	Primarily Preferred Specialty	\$250
Tier 6	Primarily Non-Preferred Specialty	\$300 or 30% coinsurance*
Notes	* Whichever amount is greater	

Plan Name	Silver Perks
Plan ID	73301AL0020009
Insurer	Bright Health Insurance Company

Counties Served	Jefferson, Shelby, Walker
County Used for Calculations	Jefferson

Customer Service Phone Number	1-844-426-4086
Plan Brochure Link	http://bit.ly/2019_AL_BH_PlanBrochure1
Summary of Benefits Link	http://bit.ly/2019_AL_BH_Summary1
Network Link	http://bit.ly/2019_AL_BH_Network1
Formulary Link	http://bit.ly/2019_AL_BH_Formulary1

	Individual	Family of 4
Monthly Premium	\$443	\$1,381
Medical Deductible	\$3,200	\$6,400
Drug Deductible	Included in Medical	Included in Medical
Medical Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Primary Care Visit	\$30
Specialist Visit	\$75
Referral for Specialist Required?	No
Emergency Care	20%
Inpatient Care (Facility)	20%
Inpatient Care (Physician)	20%
Mental Health/Substance Use	\$75
Diagnostic Test (e.g. blood work)	20%

Formulary	2019 Bright Formulary	
Tier 1	No Cost Preventative Drugs	\$0
Tier 2	Generic Drugs	\$15
Tier 3	Preferred Brand Drugs	\$80
Tier 4	Non-Preferred Brand Drugs	\$180
Tier 5	Specialty Drugs	\$650

Formulary Name	Blue Cross and Blue Shield of Alabama Source+Rx 1.0 Prescription Drug List
Formulary Link	http://bit.ly/2019_AL_BCBS_Formulary1

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
abacavir	Y	Tier Two	N	N	Y
abacavir/lamivudine	Y	Tier Two	N	N	Y
Atripla	Y	Tier Three	N	N	Y
Biktarvy	Y	Tier Three	N	N	Y
Cimduo	Y	Tier Three	N	N	Y
Combivir	N	N/A	N/A	N/A	N/A
Complera	Y	Tier Four	N	N	Y
Descovy	Y	Tier Three	N	N	Y
Edurant	Y	Tier Four	N	N	Y
Epivir	N	N/A	N/A	N/A	N/A
Epzicom	N	N/A	N/A	N/A	N/A
Evotaz	Y	Tier Three	N	N	Y
Genvoya	Y	Tier Three	N	N	Y
Isentress	Y	Tier Three	N	N	Y
Isentress HD	Y	Tier Three	N	N	Y
Juluca	Y	Tier Four	N	N	Y
lamivudine	Y	Tier Two	N	N	Y*
nevirapine	Y	Tier Two*	N	N	Y
Norvir	Y	Tier Four*	N	N	Y
Odefsey	Y	Tier Three	N	N	Y
Prezcobix	Y	Tier Three	N	N	Y
Prezista	Y	Tier Three	N	N	Y
Retrovir	N	N/A	N/A	N/A	N/A
Reyataz	Y	Tier Four	N	N	Y
ritonavir	Y	Tier Two	N	N	Y
Stribild	Y	Tier Four	N	N	Y
Tivicay	Y	Tier Three	N	N	Y
Triumeq	Y	Tier Three	N	N	Y
Truvada	Y	Tier Three	N	N	Y
Viramune	Y	Tier Three	N	N	Y
Vitekta	N	N/A	N/A	N/A	N/A
Ziagen	N	N/A	N/A	N/A	N/A
zidovudine	Y	Tier Two	N	N	Y
zidovudine/lamivudine	Y	Tier Two	N	N	Y

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
Daklinza	N	N/A	N/A	N/A	N/A
Epclusa	Y	Tier Five	Y	N	N
Harvoni	Y	Tier Five	Y	N	N
Mavyret	Y	Tier Five	Y	N	N
Olysio	N	N/A	N/A	N/A	N/A
Sovaldi	Y	Tier Five	Y	N	N
Viekira Pak	Y	Tier Six	Y	N	N
Vosevi	Y	Tier Five	Y	N	N
Zepatier	N	N/A	N/A	N/A	N/A

Formulary Name	2019 Bright Formulary
Formulary Link	http://bit.ly/2019_AL_BH_Formulary1

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
abacavir	Y	Generics	N	N	Y
abacavir/lamivudine	Y	Generics	N	N	Y
Atripla	Y	Preferred-Brands	N	N	Y
Biktarvy	N	N/A	N/A	N/A	N/A
Cimduo	N	N/A	N/A	N/A	N/A
Combivir	N	N/A	N/A	N/A	N/A
Complera	Y	Preferred-Brands	N	N	Y
Descovy	N	N/A	N/A	N/A	N/A
Edurant	Y	Preferred-Brands	N	N	Y
Epivir	N	N/A	N/A	N/A	N/A
Epzicom	N	N/A	N/A	N/A	N/A
Evotaz	N	N/A	N/A	N/A	N/A
Genvoya	Y	Preferred-Brands	N	N	Y
Isentress		Preferred-Brands	N	N	Y
Isentress HD		Preferred-Brands	N	N	Y
Juluca	N	N/A	N/A	N/A	N/A
lamivudine	Y	Generics	N	N	Y*
nevirapine	Y	Generics	N	N	Y
Norvir	Y	Preferred-Brands*	N	N	Y
Odefsey	N	N/A	N/A	N/A	N/A
Prezcobix	Y	Preferred-Brands	N	N	Y
Prezista	Y	Preferred-Brands	N	N	Y
Retrovir	Y	Preferred-Brands	N	N	N
Reyataz	N	N/A	N/A	N/A	N/A
ritonavir	Y	Generics	N	N	Y
Stribild	Y	Preferred-Brands	N	N	Y
Tivicay	Y	Preferred-Brands	N	N	Y
Triumeq	N	N/A	N/A	N/A	N/A
Truvada	Y	Preferred-Brands	N	N	Y
Viramune	N	N/A	N/A	N/A	N/A
Vitekta	N	N/A	N/A	N/A	N/A
Ziagen	N	N/A	N/A	N/A	N/A
zidovudine	Y	Generics	N	N	Y
zidovudine/lamivudine	Y	Generics	N	N	Y

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
Daklinza	N	N/A	N/A	N/A	N/A
Epclusa	Y	Specialty	Y	N	Y
Harvoni	Y	Specialty	Y	N	Y
Mavyret	N	N/A	N/A	N/A	N/A
Olysio	N	N/A	N/A	N/A	N/A
Sovaldi	Y	Specialty	Y	Y	Y
Viekira Pak	N	N/A	N/A	N/A	N/A
Vosevi	Y	Specialty	Y	N	Y
Zepatier	N	N/A	N/A	N/A	N/A

Conclusion

Consumers face a variety of plan options on the Alabama Marketplace. While Advance Premium Tax Credits and Cost Sharing Reductions can make these plans more affordable for low- to middle-income individuals, people with chronic conditions face limited options when Marketplace plans fail to effectively cover medically-necessary treatments and services.

For the 2019 plan year, QHPs sold on the Alabama Marketplace have coverage and cost-sharing differences that may make certain plans ineffective at addressing HIV and HCV treatment needs. While both Marketplace insurers provide broad coverage of the HIV drugs we assessed, high cost sharing can still make the medications too expensive. Additionally, while Bright Health covers the majority of assessed HIV medications, the insurer fails to cover four drugs used in nationally-recommended initial HIV regimens.

Our assessment found even more restrictions for people living with HCV. Both insurers left key direct-acting antivirals off of their formularies, with Bright Health also placing all covered HCV medications on its highest-cost tier. This practice subjects the drugs to costs unaffordable by many people in Alabama, and severely limits their health insurance options on the Marketplace. To better address the health care needs of people living with HIV and HCV, and to ensure that plan designs do not unfairly place a higher cost-sharing burden on them, both insurers should improve coverage of key medications and lower the cost sharing required for these drugs.

Affordable access to HIV and HCV medications is crucial to both individual health and public health. Improved health outcomes not only lower long-term health care costs through fewer emergency room visits and hospitalizations, but they can also limit the spread of disease. Continuous and medically-tailored antiviral treatment for people living with HIV can lead to viral suppression which effectively eliminates a person's ability to transmit the virus. Direct-acting antivirals used to treat HCV similarly not only improve a person's health by curing the infection, but they also help prevent the further spread of HCV in vulnerable communities. By making these assessed medications more affordable to consumers, insurers can not only address present health care needs, but also help eliminate HIV and HCV in the United States.

While the coverage and cost-sharing information presented in this report underscores the limited options people have when selecting a health insurance plan, the Marketplace continues to provide more affordable and comprehensive private health insurance options for low- and middle-income Alabamians than existed prior to health reforms. The Marketplace can and should be more responsive to HIV and HCV treatment needs. Until this happens, CHLPI will continue to monitor Marketplace options across the country and use the analyses of plan benefit designs to help federal and state officials, insurance regulators, and advocates better understand the current state of HIV and HCV insurance coverage. We hope that with this knowledge, regulators will hold insurers accountable for the affordability and legality of Marketplace QHPs, and help people living with HIV and/or HCV access the care they need to live healthy lives.