

GEORGIA MARKETPLACE



2019 QHP Assessment

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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 Georgia. It identifies key cost-sharing and coverage information for unique silver-level QHPs sold on the Georgia 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 85% of Georgians 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 Georgia, call the Health Initiative at (404) 688-2524, then press 1 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 Georgia Marketplace 2019 Qualified Health Plan Assessment (Assessment) provides an overview and analysis of coverage and cost-sharing information available on the Georgia 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 the AIDS Research Consortium of Atlanta (ARCA),⁴ has evaluated all silver-level Qualified Health Plans (QHPs) sold on the Georgia 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 Georgia have shown that many insurers were able to provide guideline-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 ARCA filed administrative complaints with the United States Department of Health and Human Services (HHS) Office for Civil Rights (OCR) to challenge these discriminatory practices, with investigations of these complaints still pending.⁷

For the 2019 plan year, we have found that in general QHPs sold on the Marketplace provide limited access to HIV and HCV medications. While insurers generally cover a broad range of HIV medications, most companies still place the co-formulated drugs used in nationally-recommended initial guidelines on the highest cost-sharing tiers. Similarly, all assessed HCV drugs that were covered by plans sold on the Georgia Marketplace were placed on the highest cost-sharing tiers. 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. ARCA is a leading non-profit center for HIV treatment and prevention research, education, and free HIV/STD testing services.

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

⁶ See Section VII.B in Discrimination Complaint, Center for Health Law and Policy Innovation (U.S. Dep't of Health and Human Services, Complaint), <https://www.chlpi.org/wp-content/uploads/2013/12/GA-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 two complaints about Georgia insurers. 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 Georgia’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*,

⁸ For example, an individual in Fulton County can purchase Ambetter Balanced Care 2, Ambetter Balanced Care 2 + Vision, or Ambetter Balanced Care 2 + Vision + Adult Dental. All three plans have different plan IDs and premiums, but share the same cost-sharing and coverage. In this report, those three plans are combined into one analysis and listed under Ambetter Balanced Care 2.

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 *Georgia Geographic Rating Areas: Including State Specific Geographic Divisions*, Centers for Medicare and Medicaid Services, <https://go.cms.gov/2RMLVVX>.

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.”

*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.

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 Georgians who enroll into an insurance plan on the Marketplace are eligible for financial help. As stated previously, in 2018, about 85% of people who enrolled into QHPs on the Georgia 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 \$621 to \$120 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 Fulton County, Georgia 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.

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).

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&DLEntries=10&DLSort=0&DLSortDir=descending>.

¹⁸ *Id.*

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
Ambetter Balanced Care 11	\$421	\$6,000	\$7,900	\$47	\$0	\$1,000
Anthem Silver Pathway X Guided Access HMO 6000 30	\$419	\$6,000	\$7,900	\$45	\$200	\$700
Kaiser Permanente Signature Silver 4700/35	\$505	\$4,700	\$7,350	\$125	\$150	\$1,000

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 half a million Georgians rely on the state Marketplace to access high-quality, affordable health insurance. In 2018, nearly 481,000 Georgians selected a Marketplace plan, with 85% of enrollees using financial assistance to lower the cost of health care coverage.¹⁹ While Georgia's enrollment on the Marketplace decreased by 2.63% last year, Georgia's enrollment numbers have remained steadier than HealthCare.gov's nationwide enrollment. Georgia also has one of the steadiest state enrollments in the Deep South.²⁰

For the 2019 plan year, four insurers are offering plans on the Georgia Marketplace: Ambetter of Peach State (Ambetter), Blue Cross Blue Shield of Georgia (Anthem²¹), Kaiser Permanente (Kaiser), and Alliant Health Plans (Alliant). While no insurer has dropped out of Georgia's Marketplace since 2018, insurers are offering seven fewer silver-level plans, leaving consumers twenty-seven unique plan designs. Despite fewer plans, the Marketplace offers coverage in every county.

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 Georgia's enrollment into plans sold on the Marketplace dropped 2.63% from 2017 to 2018. HealthCare.gov saw a 4.98% decrease. Alabama, Mississippi, and Louisiana saw a 4.6%, 5.46%, and 23.49% 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/MarketplaceProducts/Plan_Selection_ZIP.html.

²¹ Beginning January 1, 2019, Blue Cross Blue Shield of Georgia will be operating under the name Anthem Blue Cross and Blue Shield. Andy Miller, Georgia Health News, *Blue Cross and Blue Shield of Georgia Changing Its Name*, WABE (Aug. 23, 2018), <https://www.wabe.org/blue-cross-of-georgia-changing-its-name/>.

The premiums associated with Marketplace plans have remained relatively stable as well, with Anthem and Alliant decreasing their average premiums for plans sold in the 2019 Marketplace.²² 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.²³ 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 Georgia Marketplace. The coverage and costs of critical HIV and HCV medications for the four insurers are analyzed below.

Coverage and Cost of HIV Medications

The coverage of critical HIV medications differed among the four formularies. Ambetter and Kaiser covered many more of the assessed medications than Anthem and Alliant. Of the forty-three assessed HIV medications, Ambetter covered a total of thirty-four drugs, placing the medications on different tiers (with none listed on the specialty, or highest cost, tier). Kaiser covered thirty-six drugs, placing eight on the generic tier, one on the non-preferred brand tier, and the remaining twenty-seven on the specialty tier.

Anthem and Alliant however were much more particular in their coverage. Anthem only covered seventeen of the assessed medications, with four listed on the preferred brand and non-preferred generic tier and the remaining thirteen listed on the specialty tier. Alliant placed all twenty-two of the covered HIV medications on the specialty tier.

Ambetter's broad coverage of assessed HIV medications and division of drugs across multiple tiers allow some medications to be more affordable than others. Overall, members have greater flexibility finding a regimen that works for them. While Kaiser also provides broad coverage, because most of the covered drugs are on the specialty tier, members enrolled in Kaiser's plans would face a 50% co-insurance payment when taking the covered medication. Kaiser's tiering thus puts them in line with Anthem and Alliant, who also put most if not all covered drugs on the highest cost-sharing tier.

For initial treatment regimens, Ambetter's broader coverage and diverse tiering 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.

²² In 2017, all four insurers requested significant premium increases, between 41% and 53%. This year, while all four insurers had initially requested modest increases, between 2% to 15%, Anthem and Alliant agreed to rate decreases of -0.33% and -9.97% respectively. Rate review information can be found in HealthCare.gov's Rate Review portal, <https://ratereview.healthcare.gov>.

²³ 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.

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

Regimen	Ambetter	Anthem	Kaiser	Alliant
<i>Biktarvy</i>	Non-preferred	Tier Four	Specialty	Not Covered
<i>Triumeq</i>	Non-preferred	Tier Four	Specialty	Specialty
<i>Tivicay & Descovy</i>	Non-preferred & Preferred	Tier Four & Not Covered	Specialty & Specialty	Specialty & Specialty
<i>Tivicay & Truvada</i>	Non-preferred & Preferred	Tier Four & Tier Four	Specialty & Specialty	Specialty & Specialty
<i>Tivicay & Cimduo</i>	Non-preferred & Preferred	Tier Four & Not Covered	Specialty & Specialty	Specialty & Not Covered
<i>Isentress & Descovy</i>	Preferred & Preferred	Tier Four & Not Covered	Specialty & Specialty	Specialty & Specialty
<i>Isentress & Truvada</i>	Preferred & Preferred	Tier Four & Tier Four	Specialty & Specialty	Specialty & Specialty
<i>Isentress & Cimduo</i>	Preferred & Preferred	Tier Four & Not Covered	Specialty & Specialty	Specialty & Not Covered

The preceding chart (updated on January 23, 2019 to reflect recent changes to plan formularies as informed by HealthCare.gov) highlights the limited options many people living with HIV face when taking a nationally-recommended regimen. For example, people living with HIV who take either of the two regimens including Cimduo would only find coverage of their regimens on Ambetter or Kaiser plans.

Because Ambetter and Kaiser’s combined coverage areas do not span the entire state, people living with HIV in counties such as Banks, Hancock, and Warren will not find coverage of these regimens in any silver-level QHPs available to them on the Marketplace. 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 Anthem and Alliant’s drug coverage leaves patients in certain parts of the state with restricted treatment access.

Unfortunately, coverage is only the first step to accessing medically-appropriate regimens. Patients must also be able to afford the cost-sharing requirements of their treatment. Consider the following chart.

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>.

Coverage and Cost Sharing for Recommended Initial Regimens for Most People Living with HIV on the 2019 Georgia Marketplace

Regimens covered	Types of Cost Sharing Required for Covered Regimens	Analysis
<i>Ambetter</i> (5 plans)	8 All preferred-brand drugs require a \$50 co-payment. All non-preferred drugs require either a 20-40% co-insurance amount or are covered in full once the deductible is met.	Ambetter covers all co-formulated component drugs of the eight nationally-recommended treatment regimens. Because Ambetter places the drugs on tiers using different cost-sharing structures, the affordability of the regimens varies per plan and per regimen.
<i>Anthem</i> (14 plans)	4 All covered drugs are listed on Tier Four (Specialty tier) and require 50% co-insurance.	Anthem does not cover Descovy or Cimduo, severely limiting recommended options for people living with HIV. Furthermore, because the co-formulated drugs Anthem does cover are all listed on the Specialty tier, people living with HIV taking covered regimens will be subject to a 50% co-insurance payment for their prescriptions.
<i>Kaiser</i> (6 plans)	8 All covered drugs are listed on the Specialty tier and require 50% co-insurance.	Kaiser covers all co-formulated component drugs of the recommended regimens in its formulary. However all of the drugs are placed on the Specialty tier and are subject to a 50% co-insurance payment in all silver-level Kaiser plans.
<i>Alliant</i> (2 plans)	5 All covered drugs are listed on the Specialty tier and require either a \$250 co-payment or 50% co-insurance.	Alliant does not include Biktarvy or Cimduo on their formulary. People living with HIV who take three of the eight recommended regimens would thus bear the full cost of these medications if they enrolled in an Alliant plan.

While Ambetter and Kaiser both provided coverage of all co-formulated drugs used in nationally-recommended initial regimens, the cost sharing associated with the regimens can restrict the accessibility of treatment. Ambetter not only covers all component drugs of the recommended regimens, but the component drugs of three regimens are covered as preferred drugs and require a \$50 co-payment per drug. Kaiser, on the other hand, lists all of their component drugs with a 50% co-insurance payment, making treatment costs unpredictable and likely far more expensive.

Coverage and Cost of HCV Medications

The coverage of critical HCV medications differed among the four formularies. Kaiser provided the best coverage, including all nine assessed direct-acting antivirals on its formulary. Ambetter included five of the assessed HCV drugs, while Anthem only included one. Alliant presented conflicting coverage information for HCV medications. Alliant's machine-readable files, at time of data collection during Open Enrollment, indicated that they do not cover any of the assessed HCV drugs. Their PDF formulary, as posted on their website,²⁵ includes coverage of all nine. Alliant did not

²⁵ SoloCare Summary of Benefits and Coverage Plans: Individual/Family, Alliant, <http://alliantplans.com/solocare-sbc-2-2/>.

respond to requests for clarification. This report proceeds under the assumption that the machine-readable file downloaded during Open Enrollment is correct.

Kaiser’s broad coverage of assessed HCV medications allows providers to prescribe based on medical appropriateness of a member’s HCV genotype. However, because Kaiser places all of the assessed HCV drugs on the specialty tier, an enrollee of any Kaiser QHP will face 50% co-insurance payments if treated for HCV. Similarly, Anthem places its only covered HCV drug on the specialty tier, providing consumers with a 50% co-insurance payment as their only option under the Anthem plan. Consider the following chart which calculates the prices of nine assessed HCV medications and how much a median wage earner with HCV in Georgia would have to spend on the HCV cure.²⁶

The Estimated Costs of HCV Medications for Median Income Georgians

	Big 4 Price ²⁷	50% Co-insurance Payment	% of Monthly Median Income ²⁸
Daklinza	\$15,222	\$7,611	202%
Epclusa	\$8,090	\$4,045	107%
Harvoni	\$21,907	\$10,954 *	209%
Mavyret	\$9,695	\$4,848	129%
Sovaldi	\$20,503	\$10,252 *	209%
Viekira Pak	\$19,247	\$9,624 *	209%
Vosevi	\$18,054	\$9,027 *	209%
Zepatier	\$6,951	\$3,476	92%

In most cases, Kaiser and Anthem enrollees earning the median income in Georgia would spend more than twice their monthly incomes to obtain HCV treatment. In the instances starred in the previous chart, the projected co-insurance amount would exceed the federal 2019 Maximum Out-of-Pocket cap for individuals (\$7,900).²⁹

Ambetter’s plans offer a variety of cost-sharing requirements for specialty drugs, ranging from 20% to 40% co-insurance or providing full coverage of drugs once the plan deductible is met. Even at 20% co-insurance however, median income members will still spend, on average, 80% of their monthly income on HCV treatment. Additionally, because most direct-acting antiviral agents require a minimum of eight weeks of treatment, even members who pay lower co-insurance amounts will find themselves reaching their maximum out-of-pocket limit quickly.

To improve coverage options for people living with HCV, all insurers on Georgia’s Marketplace 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.³⁰

²⁶ Drug pricing can be found using the Pharmaceutical Catalog Search (<https://www.va.gov/nac/Pharma/List>). Olysio was omitted from the table since the drug was not listed in the Catalog Search.

²⁷ Big 4 Pricing represents negotiated prices available to the Department of Veterans Affairs, the Department of Defense, the Coast Guard, and the Bureau of Indian Affairs. The price listed is for a package of 28 pills, except Mavyret (a package of 84), Technivie (two packages of 28), and Viekira Pak (four packages of 28).

²⁸ The median income in Georgia is \$45,142, or a monthly income of \$3,762. *Census Bureau Median Family Income by Family Size*, U.S. DEP’T OF JUSTICE, available at https://www.justice.gov/ust/eo/bapcpa/20171101/bci_data/median_income_table.htm.

²⁹ Some issuers set lower Maximum Out-of-Pocket limits than the federal standard.

³⁰ 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.

Plan and Formulary Information

The information listed in the following sections reflect common costs associated with silver-level QHPs sold on Georgia’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.³¹ 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.

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³¹ 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.

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.

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Plan Name	Ambetter Balanced Care 1 (2019)
Plan ID	70893GA0010002
Insurer	Ambetter of Peach State Inc.

Counties Served	Butts, Catoosa, Cherokee, Clayton, Cobb, Dade, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gordon, Gwinnett, Henry, Murray, Newton, Paulding, Rockdale, Spalding, Walker, Walton, Whitfield
County Used for Calculations	Fulton

Customer Service Phone Number	1-877-687-1180
Plan Brochure Link	https://api.centene.com/Brochures/2019/70893GA0010002-01.pdf
Summary of Benefits Link	https://api.centene.com/SBC/2019/70893GA0010002-01.pdf
Network Link	http://ambetter.pshpgeorgia.com/findadoc
Formulary Link	https://ambetter.pshpgeorgia.com/resources/pharmacy-resources.html

	Individual	Family of 4
Monthly Premium	\$427	\$1,430
Deductible	\$5,500	\$11,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$6,500	\$13,000
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Prescription Drug List	
Tier 1	Generic Drugs	\$10
Tier 2	Preferred Brand Drugs	\$50
Tier 3	Non-Preferred Brand Drugs	20%
Tier 4	Specialty Drugs	20%

Primary Care Visit	\$30
Specialist Visit	\$60
Referral for Specialist Required?	No
Emergency Care	20%
Inpatient Care (Facility)	20%
Inpatient Care (Physician)	20%
Mental Health/Substance Use	\$30
Diagnostic Test (e.g. blood work)	20%

Plan Name	Ambetter Balanced Care 2 (2019)
Plan ID	70893GA0010003
Insurer	Ambetter of Peach State Inc.

Customer Service Phone Number	1-877-687-1180
Plan Brochure Link	https://api.centene.com/Brochures/2019/70893GA0010003-01.pdf
Summary of Benefits Link	https://api.centene.com/SBC/2019/70893GA0010003-01.pdf
Network Link	http://ambetter.pshpgeorgia.com/findadoc
Formulary Link	https://ambetter.pshpgeorgia.com/resources/pharmacy-resources.html

Counties Served	Butts, Catoosa, Cherokee, Clayton, Cobb, Dade, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gordon, Gwinnett, Henry, Murray, Newton, Paulding, Rockdale, Spalding, Walker, Walton, Whitfield
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$422	\$1,413
Deductible	\$6,500	\$13,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$6,500	\$13,000
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Prescription Drug List	
Tier 1	Generic Drugs	\$15
Tier 2	Preferred Brand Drugs	\$50
Tier 3	Non-Preferred Brand Drugs	No Charge after deductible
Tier 4	Specialty Drugs	No Charge after deductible

Primary Care Visit	\$30
Specialist Visit	\$60
Referral for Specialist Required?	No
Emergency Care	No Charge after Deductible
Inpatient Care (Facility)	No Charge after Deductible
Inpatient Care (Physician)	No Charge after Deductible
Mental Health/Substance Use	\$30
Diagnostic Test (e.g. blood work)	No charge after Deductible

Plan Name	Ambetter Balanced Care 3 (2019)
Plan ID	70893GA0010013
Insurer	Ambetter of Peach State Inc.

Customer Service Phone Number	1-877-687-1180
Plan Brochure Link	https://api.centene.com/Brochures/2019/70893GA0010013-01.pdf
Summary of Benefits Link	https://api.centene.com/SBC/2019/70893GA0010013-01.pdf
Network Link	http://ambetter.pshpgeorgia.com/findadoc
Formulary Link	https://ambetter.pshpgeorgia.com/resources/pharmacy-resources.html

Counties Served	Appling, Bacon, Baker, Barrow, Ben Hill, Bibb, Bleckley, Brantley, Bryan, Bulloch, Butts, Calhoun, Camden, Candler, Catoosa, Chatham, Chattahoochee, Cherokee, Clarke, Clay, Clayton, Cobb, Coffee, Crisp, Dade, DeKalb, Dodge, Dooly, Dougherty, Douglas, Effingham, Elbert, Evans, Fayette, Forsyth, Fulton, Glynn, Gordon, Greene, Gwinnett, Harris, Henry, Houston, Irwin, Jackson, Jeff Davis, Jones, Lee, Liberty, Long, Macon, Madison, Marion, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Murray, Muscogee, Newton, Oconee, Paulding, Peach, Pierce, Pulaski, Putnam, Quitman, Randolph, Rockdale, Schley, Screven, Spalding, Stewart, Sumter, Talbot, Tattnall, Taylor, Telfair, Terrell, Toombs, Treutlen, Troup, Twiggs, Walker, Walton, Wayne, Webster, Wheeler, Whitfield, Wilcox, Worth
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$448	\$1,500
Deductible	\$3,000	\$6,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$6,750	\$13,500
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Prescription Drug List	
Tier 1	Generic Drugs	\$25
Tier 2	Preferred Brand Drugs	\$50
Tier 3	Non-Preferred Brand Drugs	30%
Tier 4	Specialty Drugs	30%

Primary Care Visit	\$30
Specialist Visit	\$60
Referral for Specialist Required?	No
Emergency Care	\$600
Inpatient Care (Facility)	\$750/day
Inpatient Care (Physician)	\$250
Mental Health/Substance Use	\$30
Diagnostic Test (e.g. blood work)	30%

Plan Name	Ambetter Balanced Care 4 (2019)
Plan ID	70893GA0010009
Insurer	Ambetter of Peach State Inc.

Customer Service Phone Number	1-877-687-1180
Plan Brochure Link	https://api.centene.com/Brochures/2019/70893GA0010009-01.pdf
Summary of Benefits Link	https://api.centene.com/SBC/2019/70893GA0010009-01.pdf
Network Link	http://ambetter.pshpgeorgia.com/findadoc
Formulary Link	https://ambetter.pshpgeorgia.com/resources/pharmacy-resources.html

Counties Served	Butts, Catoosa, Cherokee, Clayton, Cobb, Dade, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gordon, Gwinnett, Henry, Murray, Newton, Paulding, Rockdale, Spalding, Walker, Walton, Whitfield
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$411	\$1,375
Deductible	\$7,050	\$14,100
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,050	\$14,100
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Prescription Drug List	
Tier 1	Generic Drugs	\$15
Tier 2	Preferred Brand Drugs	\$50
Tier 3	Non-Preferred Brand Drugs	No charge after deductible
Tier 4	Specialty Drugs	No charge after deductible

Primary Care Visit	\$30
Specialist Visit	\$60
Referral for Specialist Required?	No
Emergency Care	No Charge after Deductible
Inpatient Care (Facility)	No Charge after Deductible
Inpatient Care (Physician)	No Charge after Deductible
Mental Health/Substance Use	\$30
Diagnostic Test (e.g. blood work)	No charge after Deductible

Plan Name	Ambetter Balanced Care 11 (2019)
Plan ID	70893GA0010017
Insurer	Ambetter of Peach State Inc.

Customer Service Phone Number	1-877-687-1180
Plan Brochure Link	https://api.centene.com/Brochures/2019/70893GA0010017-01.pdf
Summary of Benefits Link	https://api.centene.com/SBC/2019/70893GA0010017-01.pdf
Network Link	http://ambetter.pshpgeorgia.com/findadoc
Formulary Link	https://ambetter.pshpgeorgia.com/resources/pharmacy-resources.html

Counties Served	Butts, Catoosa, Cherokee, Clayton, Cobb, Dade, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gordon, Gwinnett, Henry, Murray, Newton, Paulding, Rockdale, Spalding, Walker, Walton, Whitfield, Appling, Bacon, Baker, Barrow, Ben Hill, Bibb, Bleckley, Brantley, Bryan, Bulloch, Calhoun, Camden, Candler, Chatham, Chattahoochee, Clarke, Clay, Coffee, Crisp, Dodge, Dooly, Dougherty, Effingham, Elbert, Evans, Glynn, Greene, Harris, Houston, Irwin, Jackson, Jeff Davis, Jones, Lee, Liberty, Long, Macon, Madison, Marion, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Muscogee, Oconee, Peach, Pierce, Pulaski, Putnam, Quitman, Randolph, Schley, Screven, Stewart, Sumter, Talbot, Tattnall, Taylor, Telfair, Terrell, Toombs, Treutlen, Troup, Twiggs, Wayne, Webster, Wheeler, Wilcox, Worth
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$391	\$1,308
Deductible	\$6,000	\$12,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Prescription Drug List	
Tier 1	Generic Drugs	\$20
Tier 2	Preferred Brand Drugs	\$50
Tier 3	Non-Preferred Brand Drugs	40%
Tier 4	Specialty Drugs	40%

Primary Care Visit	\$30
Specialist Visit	\$60
Referral for Specialist Required?	No
Emergency Care	40%
Inpatient Care (Facility)	40%
Inpatient Care (Physician)	40%
Mental Health/Substance Use	\$30
Diagnostic Test (e.g. blood work)	\$30

Plan Name	Anthem Silver Pathway X Guided Access HMO 2000
Plan ID	49046GA0410031
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37TU
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=GAP
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Cherokee, Cobb, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$437	\$1,462
Deductible	\$2,000	\$4,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	35% Coinsurance
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	35% Coinsurance
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$35
Specialist Visit	\$70
Referral for Specialist Required?	Yes
Emergency Care	\$500 Copay then 25% Coinsurance after deductible
Inpatient Care (Facility)	\$500 Copay then 50% Coinsurance after deductible
Inpatient Care (Physician)	25% Coinsurance after deductible
Mental Health/Substance Use	25% coinsurance
Diagnostic Test (e.g. blood work)	25% coinsurance

Plan Name	Anthem Silver Pathway X Guided Access HMO 2100 Online Plus
Plan ID	49046GA0410124
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37VY
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=GAP
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Cherokee, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Richmond
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$467	\$1,562
Deductible	\$2,100	\$4,200
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$30
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$60
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$25
Specialist Visit	20% Coinsurance after deductible
Referral for Specialist Required?	Yes
Emergency Care	\$500 Copay then 20% Coinsurance after deductible
Inpatient Care (Facility)	20% Coinsurance after deductible
Inpatient Care (Physician)	20% Coinsurance after deductible
Mental Health/Substance Use	20% Coinsurance
Diagnostic Test (e.g. blood work)	20% Coinsurance

Plan Name	Anthem Silver Pathway X Guided Access HMO 3000
Plan ID	49046GA0410038
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37UJ
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=GAP
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Cherokee, Cobb, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$441	\$1,476
Deductible	\$3,000	\$6,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$20
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$50
Tier 3	Non-Preferred Brand	50% coinsurance
Tier 4	Specialty (brand and generic)	50% coinsurance

Primary Care Visit	\$40 Copay (first 3 visits) then 10% Coinsurance
Specialist Visit	\$75 Copay (first 3 visits) then 10% Coinsurance
Referral for Specialist Required?	Yes
Emergency Care	\$500 Copay then 10% Coinsurance after deductible
Inpatient Care (Facility)	\$500 Copay then 50% Coinsurance after deductible
Inpatient Care (Physician)	10% Coinsurance after deductible
Mental Health/Substance Use	10% Coinsurance
Diagnostic Test (e.g. blood work)	10% Coinsurance

Plan Name	Anthem Silver Pathway X Guided Access HMO 4950
Plan ID	49046GA0410086
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37UW
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=GAP
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Cherokee, Cobb, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$412	\$1,380
Deductible	\$4,950	\$9,900
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$6,500	\$13,000
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$15
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$50
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$35
Specialist Visit	35% Coinsurance after deductible
Referral for Specialist Required?	Yes
Emergency Care	\$500 Copay then 35% Coinsurance after deductible
Inpatient Care (Facility)	\$500 Copay then 50% Coinsurance after deductible
Inpatient Care (Physician)	35% Coinsurance after deductible
Mental Health/Substance Use	35% Coinsurance
Diagnostic Test (e.g. blood work)	35% Coinsurance

Plan Name	Anthem Silver Pathway X Guided Access HMO 5300
Plan ID	49046GA0410034
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37UC
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=GAP
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Cherokee, Cobb, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$395	\$1,322
Deductible	\$5,300	\$10,600
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$20
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$50
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$35
Specialist Visit	25% Coinsurance after deductible
Referral for Specialist Required?	Yes
Emergency Care	\$500 Copay then 25% Coinsurance after deductible
Inpatient Care (Facility)	50% Coinsurance after deductible
Inpatient Care (Physician)	25% Coinsurance after deductible
Mental Health/Substance Use	25% Coinsurance
Diagnostic Test (e.g. blood work)	25% Coinsurance

Plan Name	Anthem Silver Pathway X Guided Access HMO 6000
Plan ID	49046GA0410109
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37V8
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=GAP
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Richmond
County Used for Calculations	Richmond

	Individual	Family of 4
Monthly Premium	\$421	\$1,408
Deductible	\$6,000	\$12,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$20
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$50
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$40
Specialist Visit	30% Coinsurance after deductible
Referral for Specialist Required?	Yes
Emergency Care	\$500 Copay then 30% Coinsurance after deductible
Inpatient Care (Facility)	\$500 Copay then 50% Coinsurance after deductible
Inpatient Care (Physician)	30% Coinsurance after deductible
Mental Health/Substance Use	30% Coinsurance
Diagnostic Test (e.g. blood work)	30% Coinsurance

Plan Name	Anthem Silver Pathway X Guided Access HMO 6000 30%
Plan ID	49046GA0410128
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37WA
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=GAP
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Cherokee, Cobb, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$389	\$1,303
Deductible	\$6,000	\$12,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$20
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$50
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$40
Specialist Visit	30% Coinsurance after deductible
Referral for Specialist Required?	Yes
Emergency Care	\$500 Copay then 30% Coinsurance after deductible
Inpatient Care (Facility)	\$500 Copay then 50% Coinsurance after deductible
Inpatient Care (Physician)	30% Coinsurance after deductible
Mental Health/Substance Use	30% Coinsurance
Diagnostic Test (e.g. blood work)	30% Coinsurance

Plan Name	Anthem Silver Pathway X HMO 2000
Plan ID	49046GA0410023
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37TN
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=1620
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Banks, Bartow, Chattooga, Coweta, Dawson, Fannin, Floyd, Franklin, Gilmer, Habersham, Hall, Hart, Lamar, Lumpkin, Pickens, Pike, Polk, Rabun, Stephens, Towns, Union, White
County Used for Calculations	Hall

	Individual	Family of 4
Monthly Premium	\$634	\$2,122
Deductible	\$2,000	\$4,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	35% Coinsurance
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	35% Coinsurance
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$35
Specialist Visit	\$70
Referral for Specialist Required?	No
Emergency Care	\$500 Copay then 25% Coinsurance after deductible
Inpatient Care (Facility)	\$500 Copay then 50% Coinsurance after deductible
Inpatient Care (Physician)	25% Coinsurance after deductible
Mental Health/Substance Use	25% Coinsurance
Diagnostic Test (e.g. blood work)	25% Coinsurance

Plan Name	Anthem Silver Pathway X HMO 2100 Online Plus
Plan ID	49046GA0410116
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37VS
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=1620
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Atkinson, Baldwin, Banks, Bartow, Berrien, Brooks, Burke, Carroll, Charlton, Chattooga, Clinch, Colquitt, Columbia, Cook, Coweta, Crawford, Dawson, Decatur, Early, Echols, Emanuel, Fannin, Floyd, Franklin, Gilmer, Glascock, Grady, Habersham, Hall, Hancock, Haralson, Hart, Heard, Jasper, Jefferson, Jenkins, Johnson, Lamar, Lanier, Laurens, Lincoln, Lowndes, Lumpkin, Mcduffie, Morgan, Oglethorpe, Pickens, Pike, Polk, Rabun, Seminole, Stephens, Taliaferro, Thomas, Tift, Towns, Turner, Union, Upson, Ware, Warren, Washington, White, Wilkes, Wilkinson
County Used for Calculations	Hall

	Individual	Family of 4
Monthly Premium	\$677	\$2,267
Deductible	\$2,100	\$4,200
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$30
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$60
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$25
Specialist Visit	20% Coinsurance after deductible
Referral for Specialist Required?	No
Emergency Care	\$500 Copay then 20% Coinsurance after deductible
Inpatient Care (Facility)	20% Coinsurance after deductible
Inpatient Care (Physician)	20% Coinsurance after deductible
Mental Health/Substance Use	20% Coinsurance
Diagnostic Test (e.g. blood work)	20% Coinsurance

Plan Name	Anthem Silver Pathway X HMO 3000
Plan ID	49046GA0410020
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37TG
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=1620
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Banks, Bartow, Chattooga, Coweta, Dawson, Fannin, Floyd, Franklin, Gilmer, Habersham, Hall, Hart, Lamar, Lumpkin, Pickens, Pike, Polk, Rabun, Stephens, Towns, Union, White
County Used for Calculations	Hall

	Individual	Family of 4
Monthly Premium	\$640	\$2,142
Deductible	\$3,000	\$6,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$20
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$50
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$40 Copay (first 3 visits) then 10% Coinsurance
Specialist Visit	\$75 Copay (first 3 visits) then 10% Coinsurance
Referral for Specialist Required?	No
Emergency Care	\$500 Copay then 10% Coinsurance after deductible
Inpatient Care (Facility)	\$500 Copay then 50% Coinsurance after deductible
Inpatient Care (Physician)	10% Coinsurance after deductible
Mental Health/Substance Use	10% Coinsurance
Diagnostic Test (e.g. blood work)	10% Coinsurance

Plan Name	Anthem Silver Pathway X HMO 4950
Plan ID	49046GA0410085
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37UQ
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=1620
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Banks, Bartow, Chattooga, Coweta, Dawson, Fannin, Floyd, Franklin, Gilmer, Habersham, Hall, Hart, Lamar, Lumpkin, Pickens, Pike, Polk, Rabun, Stephens, Towns, Union, White
County Used for Calculations	Hall

	Individual	Family of 4
Monthly Premium	\$598	\$2,003
Deductible	\$4,950	\$9,900
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$6,500	\$13,000
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$15
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$50
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$35
Specialist Visit	35% Coinsurance after deductible
Referral for Specialist Required?	No
Emergency Care	\$500 Copay then 35% Coinsurance after deductible
Inpatient Care (Facility)	\$500 Copay then 50% Coinsurance after deductible
Inpatient Care (Physician)	35% Coinsurance after deductible
Mental Health/Substance Use	35% Coinsurance
Diagnostic Test (e.g. blood work)	35% Coinsurance

Plan Name	Anthem Silver Pathway X HMO 5300
Plan ID	49046GA0410032
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37U0
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=1620
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Banks, Bartow, Chattooga, Coweta, Dawson, Fannin, Floyd, Franklin, Gilmer, Habersham, Hall, Hart, Lamar, Lumpkin, Pickens, Pike, Polk, Rabun, Stephens, Towns, Union, White
County Used for Calculations	Hall

	Individual	Family of 4
Monthly Premium	\$573	\$1,919
Deductible	\$5,300	\$10,600
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$20
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$50
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$35
Specialist Visit	25% Coinsurance after deductible
Referral for Specialist Required?	No
Emergency Care	\$500 Copay then 25% Coinsurance after deductible
Inpatient Care (Facility)	50% Coinsurance after deductible
Inpatient Care (Physician)	25% Coinsurance after deductible
Mental Health/Substance Use	25% Coinsurance
Diagnostic Test (e.g. blood work)	25% Coinsurance

Plan Name	Anthem Silver Pathway X HMO 6000
Plan ID	49046GA0410088
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37V2
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=1620
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Atkinson, Baldwin, Berrien, Brooks, Burke, Carroll, Charlton, Clinch, Colquitt, Columbia, Cook, Crawford, Decatur, Early, Echols, Emanuel, Glascock, Grady, Hancock, Haralson, Heard, Jasper, Jefferson, Jenkins, Johnson, Lanier, Laurens, Lincoln, Lowndes, Mcduffie, Morgan, Oglethorpe, Seminole, Taliaferro, Thomas, Tift, Turner, Upson, Ware, Warren, Washington, Wilkes, Wilkinson
County Used for Calculations	Columbia

	Individual	Family of 4
Monthly Premium	\$435	\$1,457
Deductible	\$6,000	\$12,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$20
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$50
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$40
Specialist Visit	30% Coinsurance after deductible
Referral for Specialist Required?	No
Emergency Care	\$500 Copay then 30% Coinsurance after deductible
Inpatient Care (Facility)	\$500 Copay then 50% Coinsurance after deductible
Inpatient Care (Physician)	30% Coinsurance after deductible
Mental Health/Substance Use	30% Coinsurance
Diagnostic Test (e.g. blood work)	30% Coinsurance

Plan Name	Anthem Silver Pathway X HMO 6000 30%
Plan ID	49046GA0410118
Insurer	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Customer Service Phone Number	1-855-738-6652
Plan Brochure Link	http://editiondigital.net/view/IU65/2019/ON_HIX_GA_KIT_2019
Summary of Benefits Link	https://www.sbc.anthem.com/dps/ccd37W4
Network Link	https://www.bcbsga.com/health-insurance/provider-directory/searchcriteria?alphaprefix=1620
Formulary Link	https://www.bcbsga.com/GASelectdrugtier4

Counties Served	Banks, Bartow, Chattooga, Coweta, Dawson, Fannin, Floyd, Franklin, Gilmer, Habersham, Hall, Hart, Lamar, Lumpkin, Pickens, Pike, Polk, Rabun, Stephens, Towns, Union, White
County Used for Calculations	Hall

	Individual	Family of 4
Monthly Premium	\$565	\$1,891
Deductible	\$6,000	\$12,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	2019 Georgia Select Drug List	
Tier 1	Generic	\$20
Tier 2	Preferred Brand and Non-Preferred Generic Drugs	\$50
Tier 3	Non-Preferred Brand	50% Coinsurance
Tier 4	Specialty (brand and generic)	50% Coinsurance

Primary Care Visit	\$40
Specialist Visit	30% Coinsurance after deductible
Referral for Specialist Required?	No
Emergency Care	\$500 Copay then 30% Coinsurance after deductible
Inpatient Care (Facility)	\$500 Copay then 50% Coinsurance after deductible
Inpatient Care (Physician)	30% Coinsurance after deductible
Mental Health/Substance Use	30% Coinsurance
Diagnostic Test (e.g. blood work)	30% Coinsurance

Plan Name	KP GA Signature Silver 3000/30
Plan ID	89942GA0050017
Insurer	Kaiser Foundation Health Plan of Georgia

Customer Service Phone Number	1-800-494-5314
Plan Brochure Link	http://info.kaiserpermanente.org/healthplans/planbrochures/2019/ga2019planbrochure.pdf
Summary of Benefits Link	http://info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/2019-ON-Exchange/KP_GA_Signature_Silver_3000_30.pdf
Network Link	https://kp.org/gaprovider
Formulary Link	https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/ga/ga_2019_Stierformulary_04.18.pdf

Counties Served	Clayton, Cobb, Dekalb, Fulton, Gwinnett, Henry
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$506	\$1,695
Deductible	\$3,000	\$6,000
Drug Deductible	\$500	\$1,000
Out-of-pocket Maximum	\$7,150	\$14,300
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Kaiser Permanente of Georgia 2019 5 Tier Formulary Benefit	
Tier 1	Preventative Generic	(lower cost share)
Tier 2	Preferred Generic	\$15
Tier 3	Preferred Brand	\$45
Tier 4	Non-Preferred Drugs	50% Coinsurance
Tier 5	Specialty	50% Coinsurance

Primary Care Visit	\$30
Specialist Visit	\$60
Referral for Specialist Required?	Yes
Emergency Care	35% Coinsurance after deductible
Inpatient Care (Facility)	35% Coinsurance after deductible
Inpatient Care (Physician)	35% Coinsurance after deductible
Mental Health/Substance Use	\$60
Diagnostic Test (e.g. blood work)	35% Coinsurance

Plan Name	KP GA Signature Silver 3200/20% HSA
Plan ID	89942GA0050018
Insurer	Kaiser Foundation Health Plan of Georgia

Customer Service Phone Number	1-800-494-5314
Plan Brochure Link	http://info.kaiserpermanente.org/healthplans/planbrochures/2019/ga2019planbrochure.pdf
Summary of Benefits Link	http://info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/2019-ON-Exchange/KP_GA_Signature_Silver_3200_20_HSA.pdf
Network Link	https://kp.org/gaprovider
Formulary Link	https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/ga/ga_2019_5tierformulary_04.18.pdf

Counties Served	Clayton, Cobb, DeKalb, Fulton, Gwinnett, Henry
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$484	\$1,620
Deductible	\$3,200	\$6,400
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$6,000	\$12,000
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Kaiser Permanente of Georgia 2019 5 Tier Formulary Benefit	
Tier 1	Preventative Generic	(lower cost share)
Tier 2	Preferred Generic	\$15
Tier 3	Preferred Brand	\$45
Tier 4	Non-Preferred Drugs	50% Coinsurance
Tier 5	Specialty	50% Coinsurance

Primary Care Visit	20% Coinsurance after deductible
Specialist Visit	20% Coinsurance after deductible
Referral for Specialist Required?	Yes
Emergency Care	20% Coinsurance after deductible
Inpatient Care (Facility)	20% Coinsurance after deductible
Inpatient Care (Physician)	20% Coinsurance after deductible
Mental Health/Substance Use	20% Coinsurance
Diagnostic Test (e.g. blood work)	20% Coinsurance

Plan Name	KP GA Signature Silver 4700/35
Plan ID	89942GA0050025
Insurer	Kaiser Foundation Health Plan of Georgia

Customer Service Phone Number	1-800-494-5314
Plan Brochure Link	http://info.kaiserpermanente.org/healthplans/planbrochures/2019/ga2019planbrochure.pdf
Summary of Benefits Link	http://info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/2019-ON-Exchange/KP_GA_Signature_Silver_4700_35.pdf
Network Link	https://kp.org/gaprovider
Formulary Link	https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/ga/ga_2019_5tierformulary_04.18.pdf

Counties Served	Clayton, Cobb, Dekalb, Fulton, Gwinnett, Henry
County Used for Calculations	Fulton

	Individual	Family of 4
Monthly Premium	\$469	\$1,572
Deductible	\$4,700	\$9,400
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,350	\$14,700
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Kaiser Permanente of Georgia 2019 5 Tier Formulary Benefit	
Tier 1	Preventative Generic	(lower cost share)
Tier 2	Preferred Generic	\$15
Tier 3	Preferred Brand	\$45
Tier 4	Non-Preferred Drugs	50% Coinsurance
Tier 5	Specialty	50% Coinsurance

Primary Care Visit	\$35
Specialist Visit	\$65
Referral for Specialist Required?	Yes
Emergency Care	35% Coinsurance after deductible
Inpatient Care (Facility)	35% Coinsurance after deductible
Inpatient Care (Physician)	35% Coinsurance after deductible
Mental Health/Substance Use	\$65
Diagnostic Test (e.g. blood work)	35% Coinsurance

Plan Name	KP GA Silver 3000/30
Plan ID	89942GA0050005
Insurer	Kaiser Foundation Health Plan of Georgia

Customer Service Phone Number	1-800-494-5314
Plan Brochure Link	http://info.kaiserpermanente.org/healthplans/planbrochures/2019/ga2019planbrochure.pdf
Summary of Benefits Link	http://info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/2019-ON-Exchange/KP_GA_Silver_3000_30.pdf
Network Link	https://kp.org/gaprovider
Formulary Link	https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/ga/ga_2019_Stierformulary_04.18.pdf

Counties Served	Bartow, Butts, Cherokee, Coweta, Douglas, Fayette, Forsyth, Lamar, Newton, Paulding, Pike, Rockdale, Spalding, Walton
County Used for Calculations	Cherokee

	Individual	Family of 4
Monthly Premium	\$556	\$1,863
Deductible	\$3,000	\$6,000
Drug Deductible	\$500	\$1,000
Out-of-pocket Maximum	\$7,150	\$14,300
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Kaiser Permanente of Georgia 2019 5 Tier Formulary Benefit	
Tier 1	Preventative Generic	(lower cost share)
Tier 2	Preferred Generic	\$15
Tier 3	Preferred Brand	\$45
Tier 4	Non-Preferred Drugs	50% Coinsurance
Tier 5	Specialty	50% Coinsurance

Primary Care Visit	\$30
Specialist Visit	\$60
Referral for Specialist Required?	Yes
Emergency Care	35% Coinsurance after deductible
Inpatient Care (Facility)	35% Coinsurance after deductible
Inpatient Care (Physician)	35% Coinsurance after deductible
Mental Health/Substance Use	\$60
Diagnostic Test (e.g. blood work)	35% Coinsurance

Plan Name	KP GA Silver 3200/20% HSA
Plan ID	89942GA0050006
Insurer	Kaiser Foundation Health Plan of Georgia

Customer Service Phone Number	1-800-494-5314
Plan Brochure Link	http://info.kaiserpermanente.org/healthplans/planbrochures/2019/ga2019planbrochure.pdf
Summary of Benefits Link	http://info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/2019-ON-Exchange/KP_GA_Silver_3200_20_HSA.pdf
Network Link	https://kp.org/gaprovider
Formulary Link	https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/ga/ga_2019_5tierformulary_04.18.pdf

Counties Served	Bartow, Butts, Cherokee, Coweta, Douglas, Fayette, Forsyth, Lamar, Newton, Paulding, Pike, Rockdale, Spalding, Walton
County Used for Calculations	Cherokee

	Individual	Family of 4
Monthly Premium	\$532	\$1,781
Deductible	\$3,200	\$6,400
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$6,000	\$12,000
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Kaiser Permanente of Georgia 2019 5 Tier Formulary Benefit	
Tier 1	Preventative Generic	(lower cost share)
Tier 2	Preferred Generic	\$15
Tier 3	Preferred Brand	\$45
Tier 4	Non-Preferred Drugs	50%

Primary Care Visit	20% Coinsurance after deductible
Specialist Visit	20% Coinsurance after deductible
Referral for Specialist Required?	Yes
Emergency Care	20% Coinsurance after deductible
Inpatient Care (Facility)	20% Coinsurance after deductible
Inpatient Care (Physician)	20% Coinsurance after deductible
Mental Health/Substance Use	20% Coinsurance
Diagnostic Test (e.g. blood work)	20% Coinsurance

Plan Name	KP GA Silver 4700/35
Plan ID	89942GA0050024
Insurer	Kaiser Foundation Health Plan of Georgia

Customer Service Phone Number	1-800-494-5314
Plan Brochure Link	http://info.kaiserpermanente.org/healthplans/planbrochures/2019/ga2019planbrochure.pdf
Summary of Benefits Link	http://info.kaiserpermanente.org/healthplans/georgia/individual/pdfs/2019-ON-Exchange/KP_GA_Silver_4700_35.pdf
Network Link	https://kp.org/gaprovider
Formulary Link	https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/ga/ga_2019_5tierformulary_04.18.pdf

Counties Served	Bartow, Butts, Cherokee, Coweta, Douglas, Fayette, Forsyth, Lamar, Newton, Paulding, Pike, Rockdale, Spalding, Walton
County Used for Calculations	Cherokee

	Individual	Family of 4
Monthly Premium	\$516	\$1,727
Deductible	\$4,700	\$9,400
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,350	\$14,700
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Kaiser Permanente of Georgia 2019 5 Tier Formulary Benefit	
Tier 1	Preventative Generic	(lower cost share)
Tier 2	Preferred Generic	\$15
Tier 3	Preferred Brand	\$45
Tier 4	Non-Preferred Drugs	50% Coinsurance
Tier 5	Specialty	50% Coinsurance

Primary Care Visit	\$35
Specialist Visit	\$65
Referral for Specialist Required?	Yes
Emergency Care	35% Coinsurance after deductible
Inpatient Care (Facility)	35% Coinsurance after deductible
Inpatient Care (Physician)	35% Coinsurance after deductible
Mental Health/Substance Use	\$65
Diagnostic Test (e.g. blood work)	35% Coinsurance

Plan Name	SoloCare Silver Copay
Plan ID	83761GA0040232
Insurer	Alliant Health Plans

Customer Service Phone Number	1-800-811-4793
Plan Brochure Link	http://www.alliantplans.com/2019/brochures/solocare-2019-brochure/
Summary of Benefits Link	http://www.alliantplans.com/2019/solocare/silvercopay_01.pdf
Network Link	http://alliantplans.com/find-a-provider/
Formulary Link	https://magellan.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhbIBkZIR5cGutMiEw

Counties Served	Banks, Barrow, Dawson, Fannin, Floyd, Franklin, Gilmer, Gordon, Habersham, Hall, Hart, Lumpkin, Murray, Pickens, Polk, Rabun, Stephens, Towns, Union, White, Whitfield
County Used for Calculations	Hall

	Individual	Family of 4
Monthly Premium	\$626	\$2,097
Deductible	\$0	\$0
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Alliant Precision Formulary	
Tier 1	Generic Drugs	\$25
Tier 2	Preferred Brand Drugs	\$50
Tier 3	Non-Preferred Brand Drugs	\$75
Tier 4	Specialty Drugs	\$250

Primary Care Visit	\$45
Specialist Visit	\$75
Referral for Specialist Required?	No
Emergency Care	\$750
Inpatient Care (Facility)	\$500 Copay per Day
Inpatient Care (Physician)	No Charge
Mental Health/Substance Use	\$45
Diagnostic Test (e.g. blood work)	\$250 Copayment

Plan Name	SoloCare Silver PPO 40017
Plan ID	83761GA0040017
Insurer	Alliant Health Plans

Customer Service Phone Number	1-800-811-4793
Plan Brochure Link	http://www.alliantplans.com/2019/brochures/solocare-2019-brochure/
Summary of Benefits Link	http://www.alliantplans.com/2019/solocare/40017_01.pdf
Network Link	http://alliantplans.com/find-a-provider/
Formulary Link	https://magellan.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhblBkZlR5cGUtMjEw

Counties Served	Banks, Barrow, Dawson, Fannin, Floyd, Franklin, Gilmer, Gordon, Habersham, Hall, Hart, Lumpkin, Murray, Pickens, Polk, Rabun, Stephens, Towns, Union, White, Whitfield
County Used for Calculations	Hall

	Individual	Family of 4
Monthly Premium	\$546	\$1,830
Deductible	\$7,000	\$14,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Alliant Precision Formulary	
Tier 1	Generic Drugs	\$20
Tier 2	Preferred Brand Drugs	\$65
Tier 3	Non-Preferred Brand Drugs	\$165
Tier 4	Specialty Drugs	50% Coinsurance

Primary Care Visit	\$85
Specialist Visit	\$120
Referral for Specialist Required?	No
Emergency Care	30% Coinsurance after deductible
Inpatient Care (Facility)	30% Coinsurance after deductible
Inpatient Care (Physician)	30% Coinsurance after deductible
Mental Health/Substance Use	\$85
Diagnostic Test (e.g. blood work)	30% Coinsurance

Formulary Name	2019 Prescription Drug List
Formulary Link	https://ambetter.pshggeorgia.com/resources/pharmacy-resources.html

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
abacavir	Y	Preferred Generic	N	N	Y
abacavir/lamivudine	Y	Preferred Generic	N	N	Y
Atripla	Y	Non-Preferred Brand	N	N	Y
Biktarvy	Y	Non-Preferred Brand	N	N	Y
Cimduo	Y	Preferred-Brand	N	N	Y
Combivir	N	N/A	N/A	N/A	N/A
Complera	Y	Non-Preferred Brand	N	N	Y
Delstrigo	N	N/A	N/A	N/A	N/A
Descovy	Y	Preferred-Brand	N	N	Y
Edurant	Y	Preferred-Brand	N	N	Y
efavirenz	Y	Preferred Generic	N	N	Y
Epivir	Y	Non-Preferred Brand	N	N	Y
Epzicom	Y	Preferred-Brand	N	N	Y
Evotaz	N	N/A	N/A	N/A	N/A
Genvoya	Y	Non-Preferred Brand	N	N	Y
Isentress	Y	Preferred-Brand	N	N	Y*
Isentress HD	Y	Preferred-Brand	N	N	Y
Juluca	Y	Non-Preferred Brand	N	N	Y
lamivudine	Y	Preferred Generic	N	N	Y
nevirapine	Y	Preferred Generic	N	N	Y
nevirapine ER	Y	Preferred Generic	N	N	Y
Norvir	Y	Preferred-Brand	N	N	Y
Odefsey	Y	Non-Preferred Brand	N	N	Y
Pifeltro	N	N/A	N/A	N/A	N/A
Prezcobix	Y	Preferred-Brand	N	N	Y
Prezista	Y	Preferred-Brand	N	N	Y
Retrovir	N	N/A	N/A	N/A	N/A
Reyataz	Y	Preferred-Brand	N	N	Y
ritonavir	Y	Preferred Generic	N	N	Y
Stribild	Y	Non-Preferred Brand	N	N	Y
Symfi	Y	Preferred-Brand	N	N	Y
Symfi Lo	Y	Preferred-Brand	N	N	Y
Symtuza	N	N/A	N/A	N/A	N/A
Tivicay	Y	Non-Preferred Brand	N	N	Y*
Triumeq	Y	Non-Preferred Brand	N	N	Y
Trogarzo	N	N/A	N/A	N/A	N/A
Truvada	Y	Preferred-Brand	Y	N	Y
Viramune	N	N/A	N/A	N/A	N/A
Viramune XR	Y	Preferred-Brand	N	N	Y
Vitekta	Y	Non-Preferred Brand	N	N	N
Ziagen	N	N/A	N/A	N/A	N/A
zidovudine	Y	Preferred Generic	N	N	Y
zidovudine/lamivudine	Y	Preferred Generic	N	N	Y

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

Formulary Name	2019 Georgia Select Drug List
Formulary Link	https://fm.formularynavigator.com/FBO/143/2019_Select_4_Tier_GA_IND.pdf

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
abacavir	Y	Tier Two	N	N	N
abacavir/lamivudine	Y	Tier Four	N	N	N
Atripla	N	N/A	N/A	N/A	N/A
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	N	N/A	N/A	N/A	N/A
Delstrigo	N	N/A	N/A	N/A	N/A
Descovy	N	N/A	N/A	N/A	N/A
Edurant	Y	Tier Four	N	N	N
efavirenz	Y	Tier Four	N	N	N
Epivir	N	N/A	N/A	N/A	N/A
Epzicom	N	N/A	N/A	N/A	N/A
Evotaz	Y	Tier Four	N	N	N
Genvoya	Y	Tier Four	N	N	N
Isentress	Y	Tier Four	N	N	N
Isentress HD	N	N/A	N/A	N/A	N/A
Juluca	N	N/A	N/A	N/A	N/A
lamivudine	Y	Tier Two	N	N	N
nevirapine	Y	Tier Two	N	N	N
nevirapine ER	N	N/A	N/A	N/A	N/A
Norvir	Y	Tier Four	N	N	N
Odefsey	N	N/A	N/A	N/A	N/A
Pifeltro	N	N/A	N/A	N/A	N/A
Prezcobix	N	N/A	N/A	N/A	N/A
Prezista	Y	Tier Four	N	N	N
Retrovir	N	N/A	N/A	N/A	N/A
Reyataz	N	N/A	N/A	N/A	N/A
ritonavir	Y	Tier Four	N	N	N
Stribild	Y	N/A	N/A	N/A	N/A
Symfi	N	N/A	N/A	N/A	N/A
Symfi Lo	N	N/A	N/A	N/A	N/A
Symtuza	N	N/A	N/A	N/A	N/A
Tivicay	Y	Tier Four	N	N	N
Triumeq	Y	Tier Four	N	N	N
Trogarzo	N	N/A	N/A	N/A	N/A
Truvada	Y	Tier Four	N	N	N
Viramune	N	N/A	N/A	N/A	N/A
Viramune XR	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	Tier Two	N	N	N
zidovudine/lamivudine	Y	Tier Four	N	N	N

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

Formulary Name	Alliant Precision Formulary
Formulary Link	https://magellan.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhbIbKZIR5cGUtMjEw

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
abacavir	Y	Specialty	N	N	N
abacavir/lamivudine	N	N/A	N/A	N/A	N/A
Atripla	Y	Specialty	N	N	N
Biktarvy	N	N/A	N/A	N/A	N/A
Cimduo	N	N/A	N/A	N/A	N/A
Combivir	Y	Specialty	N	N	N
Complera	Y	Specialty	N	N	N
Delstrigo	N	N/A	N/A	N/A	N/A
Descovy	N	N/A	N/A	N/A	N/A
Edurant	Y	Specialty	N	N	N
efavirenz	N	N/A	N/A	N/A	N/A
Epivir	Y	Specialty	N	N	N
Epzicom	Y	Specialty	N	N	N
Evotaz	N	N/A	N/A	N/A	N/A
Genvoya	N	N/A	N/A	N/A	N/A
Isentress	Y	Specialty	N	N	N
Isentress HD	N	N/A	N/A	N/A	N/A
Juluca	N	N/A	N/A	N/A	N/A
lamivudine	Y	Specialty	N	N	N
nevirapine	Y	Specialty	N	N	N
nevirapine ER	N	N/A	N/A	N/A	N/A
Norvir	Y	Specialty	N	N	N
Odefsey	N	N/A	N/A	N/A	N/A
Pifeltro	N	N/A	N/A	N/A	N/A
Prezcobix	N	N/A	N/A	N/A	N/A
Prezista	Y	Specialty	N	N	N
Retrovir	Y	Specialty	N	N	N
Reyataz	Y	Specialty	N	N	N
ritonavir	N	N/A	N/A	N/A	N/A
Stribild	Y	Specialty	N	N	N
Symfi	N	N/A	N/A	N/A	N/A
Symfi Lo	N	N/A	N/A	N/A	N/A
Symtuza	N	N/A	N/A	N/A	N/A
Tivicay	Y	Specialty	N	N	N
Triumeq	N	N/A	N/A	N/A	N/A
Trogarzo	N	N/A	N/A	N/A	N/A
Truvada	Y	Specialty	N	N	N
Viramune	Y	Specialty	N	N	N
Viramune XR	Y	Specialty	N	N	N
Vitekta	N	N/A	N/A	N/A	N/A
Ziagen	Y	Specialty	N	N	N
zidovudine	Y	Specialty	N	N	N
zidovudine/lamivudine	Y	Specialty	N	N	N

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

NOTE: At time of data collection, Alliant's machine-readable data reported NO coverage of assessed HCV medications. This information matched the search tool on Healthcare.gov. However, Alliant's PDF formulary reports coverage of some drugs. Please call Alliant's customer service to ensure the drugs you need are covered by the option you are selecting.

Formulary Name
Formulary Link

2019 5 Tier Formulary Benefit
https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/ga/ga_2019_5tierformulary_04.18.pdf

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
abacavir	Y	Preferred Generic	N	N	Y
abacavir/lamivudine	Y	Preferred Generic	N	N	N
Atripla	Y	Specialty	N	N	Y
Biktarvy	Y	Specialty	N	N	N
Cimduo	Y	Specialty	N	N	N
Combivir	Y	Specialty	N	N	Y
Complera	Y	Specialty	N	N	N
Delstrigo	N	N/A	N/A	N/A	N/A
Descovy	Y	Specialty	N	N	N
Edurant	Y	Specialty	N	N	Y
efavirenz	Y	Preferred Generic	N	N	Y
Epivir	Y	Specialty	N	N	Y
Epzicom	Y	Specialty	N	N	Y
Evotaz	Y	Specialty	N	N	N
Genvoya	Y	Specialty	N	N	N
Isentress	Y	Specialty	N	N	N
Isentress HD	Y	Specialty	N	N	N
Juluca	N	N/A	N/A	N/A	N/A
lamivudine	Y	Preferred Generic	N	N	Y
nevirapine	Y	Preferred Generic	N	N	Y
nevirapine ER	N	N/A	N/A	N/A	N/A
Norvir	Y	Specialty	N	N	Y
Odefsey	Y	Specialty	N	N	N
Pifeltro	N	N/A	N/A	N/A	N/A
Prezcobix	Y	Specialty	N	N	N
Prezista	Y	Specialty	N	N	Y*
Retrovir	N	N/A	N/A	N/A	N/A
Reyataz	Y	Specialty	N	N	Y
ritonavir	Y	Preferred Generic	N	N	N
Stribild	Y	Specialty	N	N	N
Symfi	Y	Specialty	N	N	N
Symfi Lo	Y	Specialty	N	N	N
Symtuza	N	N/A	N/A	N/A	N/A
Tivicay	Y	Specialty	N	N	N
Triumeq	Y	Specialty	N	N	N
Trogarzo	N	N/A	N/A	N/A	N/A
Truvada	Y	Specialty	N	N	Y
Viramune	Y	Specialty	N	N	Y
Viramune XR	Y	Specialty	N	N	Y
Vitekta	Y	Non-Preferred	N	N	N
Ziagen	Y	Specialty	N	N	N
zidovudine	Y	Preferred Generic	N	N	Y
zidovudine/lamivudine	Y	Preferred Generic	N	N	Y

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

Conclusion

Consumers face a variety of plan options on the Georgia 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 Georgia Marketplace have coverage and cost-sharing differences that make certain plans ineffective at addressing HIV and HCV treatment needs. While Marketplace insurers provide broad coverage of the HIV medications we assessed, high cost sharing can make drugs too expensive. For example, three of the four insurers offering QHPs place all co-formulated drugs used in nationally-recommended initial HIV regimens on the most expensive cost-sharing tiers or did not cover them at all. Our assessment found even more restrictions for people living with HCV. Only two insurers cover half of the assessed HCV medications, and all four insurers placed the assessed drugs they did cover on the highest cost-sharing tiers. This practice subjects the drugs to co-insurance costs equal to more than half of the monthly median salary in Georgia. This practice of adverse tiering makes covered regimens unaffordable for people living with HIV and HCV, 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, all four 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 show a grim picture for access to important medications, overall the Marketplace continues to provide more affordable and comprehensive private health insurance options for low- and middle-income Georgians 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.