

LOUISIANA 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 Louisiana. It identifies key cost-sharing and coverage information for unique silver-level QHPs sold on the Louisiana 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 Louisianans 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, 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>; 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.

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Introduction

The Louisiana Marketplace 2019 Qualified Health Plan Assessment (Assessment) provides an overview and analysis of coverage and cost-sharing information available on the Louisiana 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 CrescentCare,⁴ has evaluated all silver-level Qualified Health Plans (QHPs) sold on the Louisiana 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 Louisiana 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 CrescentCare filed an administrative complaint with the United States Department of Health and Human Services (HHS) Office for Civil Rights (OCR) to challenge this discriminatory practice, with investigation of the complaint 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, both companies still place the co-formulated drugs used in nationally-recommended initial guidelines on high cost-sharing tiers. Similarly, all assessed HCV drugs that were covered by plans sold on the Louisiana 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. CrescentCare is a leading federally qualified health center in Louisiana that provides quality care to underserved communities, including the service industry, the LGBT community, and slowly developing neighborhoods.

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

⁶ See, e.g., Section VII.A 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/LA-Humana.pdf> (explaining that Humana placed a similarly expensive drug used to treat sleep disorders on a lower cost-sharing tier 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 about a Louisiana insurer. 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 Louisiana'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 parish 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 parish 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 parish 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 *Louisiana 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/la-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

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 Louisianans 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 Louisiana Marketplace used 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 \$648 to \$201 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 Parish 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 \$10 an hour (annual income of \$20,800), 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.

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 FFMs, 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
Blue Cross Blue Shield Signature Blue 80/60 \$3400	\$341	\$3400	\$7,100	\$90	\$600	\$2,350
Blue Cross Blue Shield Blue Connect Copay 70/50 \$2200 (N)	\$393	\$2,200	\$7,900	\$142	\$500	\$2,450
Vantage Health Savings Silver 5000 Individual	\$550	\$5,000	\$5,000	\$299	\$1350	\$1,350

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 110,000 Louisianans relied on the state Marketplace to access high-quality, affordable health insurance in 2018, with 85% of enrollees using financial assistance to lower the cost of health care coverage.¹⁹ While Louisiana’s enrollment on the Marketplace had decreased by 23.49%, the Marketplace still remains an important source of coverage for people whose incomes disqualify them from the state Medicaid program.

For the 2019 plan year, three insurers are offering plans on the Louisiana Marketplace: Vantage Health Plan (Vantage Health) along with HMO Louisiana and Louisiana Health Services & Indemnity, both of whom represent Blue Cross Blue Shield of Louisiana (Blue Cross Blue Shield). No insurer has dropped out of Louisiana’s Marketplace since 2018. The Marketplace has twenty unique options, with Vantage Health offering two additional silver-level plans this year (Savings Silver 5000 Individual and Savings Silver Plus 5000 individual). Each parish has at least two QHP options.²⁰

The premiums associated with Marketplace plans have remained stable as well, with all insurers decreasing the average premiums for individual plans sold on the 2019 Louisiana 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.

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 Rachel Fehr, Cynthia Cox, & Larry Levitt, *Insurer Participation on ACA Marketplaces, 2014-2019*, available at <https://www.kff.org/health-reform/issue-brief/insurer-participation-on-aca-marketplaces-2014-2019/> (Nov. 14, 2018).

²¹ 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.

Vantage uses a single formulary, 2019 Commercial and Marketplace Formulary, for silver-level plans sold on the Louisiana Marketplace. Blue Cross Blue Shield uses two formularies, Three-Tier and Two-Tier formularies. The coverage and costs of critical HIV and HCV medications are analyzed below.

Coverage and Cost of HIV Medications

The coverage of critical HIV medications differs slightly between the three formularies. Of the thirty-four assessed HIV medications, all three formularies cover twenty-seven HIV drugs. The formularies place HIV drugs on tiers requiring a range of cost sharing. For example, a person taking lamivudine could pay a \$15 co-payment while enrolled in a Three-Tier plan (e.g., Blue POS Copay 60/40 \$3600), but could pay 30% co-insurance while enrolled in a Two-Tier plan (e.g., Signature Blue Copay 70/50 \$2200). Despite the variety of cost-sharing structures, because many HIV drugs are covered on middle- or high-cost tiers, patients may find themselves facing expensive co-insurance requirements when obtaining necessary medications.

For initial treatment regimens, Blue Cross Blue Shield’s coverage 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.

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

Regimen	BCBS Three Tier	BCBS Two Tier	Vantage
<i>Biktarvy</i>	Tier 2	Tier 2	Specialty
<i>Triumeq</i>	Tier 2	Tier 2	Preferred Brand
<i>Tivicay & Descovy</i>	Tier 2 & Tier 2	Tier 2 & Tier 2	Not Covered & Specialty
<i>Tivicay & Truvada</i>	Tier 2 & Tier 2	Tier 2 & Tier 2	Not Covered & Specialty
<i>Tivicay & Cimduo</i>	Tier 2 & Tier 2	Tier 2 & Tier 2	Not Covered & Preferred Brand
<i>Isentress & Descovy</i>	Tier 2 & Tier 2	Tier 2 & Tier 2	Specialty & Specialty
<i>Isentress & Truvada</i>	Tier 2 & Tier 2	Tier 2 & Tier 2	Specialty & Specialty
<i>Isentress & Cimduo</i>	Tier 2 & Tier 2	Tier 2 & Tier 2	Specialty & Preferred Brand

The preceding chart highlights the limited options many people living with HIV face when taking a nationally-recommended regimen. For example, people living with HIV who take any of the three regimens that include Tivicay, will be unable to find coverage of their regimens while on a Vantage Health plan. 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.²³

However, because Louisiana’s Marketplace provides more than one plan offering in each parish, people living with HIV can find a QHP that covers the recommended regimens.²⁴ Unfortunately though, 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.

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

	Regimens covered	Types of Cost Sharing Required for Covered Regimens	Analysis
<i>Blue Cross Blue Shield Three-Tier (2 plans)</i>	8	All covered drugs are listed on Tier Two and require a 30% co-insurance.	Blue Cross Blue Shield covers all component drugs of the eight nationally-recommended treatment regimens. Because Blue Cross Blue Shield places all drugs on the same tier, people living with HIV taking covered regimens will be subject to a 30% co-insurance for their prescriptions.
<i>Blue Cross Blue Shield Two-Tier (12 plans)</i>	8	All covered drugs are listed on Tier Two and require 10%-50% co-insurance (depending on the plan).	Blue Cross Blue Shield covers all component drugs of the eight nationally-recommended treatment regimens. Because Blue Cross Blue Shield places all drugs on the same tier, people living with HIV taking covered regimens will be subject to a 10%-50% co-insurance for their prescriptions.
<i>Vantage (6 plans)</i>	5	Covered drugs are listed on the Preferred Brand and Specialty Tiers. The cost sharing associated with these tiers varies dramatically, with Specialty Tiers often requiring a 50% co-insurance.	Vantage fails to cover Tivicay, severely limiting options for people living with HIV. Additionally, because Vantage places Biktarvy, Descovy, Truvada, and Isentress on the highest cost-sharing tiers, members may be required to pay up to 50% co-insurance.

While both Blue Cross Blue Shield formularies provide coverage of all co-formulated drugs used in nationally-recommended initial regimens, the cost sharing associated with regimens in all Marketplace plans can restrict the accessibility of treatment. Consumers would face similar affordability issues when enrolled in Vantage health plans.

²³ *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>.

²⁴ Rachel Fehr, Cynthia Cox, & Larry Levitt, *Insurer Participation on ACA Marketplaces, 2014-2019*, available at <https://www.kff.org/health-reform/issue-brief/insurer-participation-on-aca-marketplaces-2014-2019/> (Nov. 14, 2018).

Coverage and Cost of HCV Medications

The coverage of critical HCV medications differed slightly among the three formularies. Vantage covered four of the nine assessed drugs, whereas both Blue Cross Blue Shield formularies covered five. The restricted coverage found in all formularies could serve as an obstacle to providers who need to prescribe HCV medications based on medical appropriateness for the member's HCV genotype.

All formularies placed the covered HCV drugs on the highest cost-sharing tiers, generally subjecting these medications to 30% - 50% co-insurance.²⁵ Consider the following chart which calculates the prices of nine assessed HCV medications and how much a median wage earner with HCV in Louisiana would have to spend on the HCV cure.²⁶

The Estimated Costs of HCV Medications for Median Income Louisianans

	Big 4 Price ²⁷	30% - 50% Co-insurance Payment	% of Monthly Median Income ²⁸
Daklinza	\$15,222	\$4,567 - \$7,611	125% - 208%
Epclusa	\$8,090	\$2,427 - \$4,045	66% - 110%
Harvoni	\$21,907	\$6,572 - \$10,954 *	179% - 216%
Mavyret	\$9,695	\$2,909 - \$4,848	79% - 132%
Sovaldi	\$20,503	\$6,151 - \$10,252 *	168% - 216%
Viekira Pak	\$19,247	\$5,774 - \$9,624 *	158% - 216%
Vosevi	\$18,054	\$5,416 - \$9,027 *	148% - 216%
Zepatier	\$6,951	\$2,085 - \$3,476	57% - 95%

In most cases, enrollees on Marketplace plans earning the median income in Louisiana would spend more than their monthly incomes to obtain 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. 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

To improve coverage options for people living with HCV, all insurers on Louisiana'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

²⁵ Blue Saver 90/70 \$3,000 requires 10% co-insurance for all medications regardless of tier.

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 Louisiana is \$43,971, or a monthly income of \$3,664. *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.

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 Louisiana’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.

BCBS Blue POS Copay 60/40 \$3600	12
BCBS Blue POS 100/80 \$3500	13
BCBS POS 80/60 \$3400	14
BCBS Community Blue Copay 70/50 \$2200	15
BCBS Blue Connect Copay 70/50 \$2200 (N)	16
BCBS Blue Connect 80/60 \$3400 (N)	17
BCBS Blue Connect Copay 70/50 \$2000 (L)	18
BCBS Blue Connect 80/60 \$3400 (L)	19
BCBS Blue Connect Copay 70/50 \$2200 (S)	20
BCBS Blue Connect 80/60 \$3400 (S)	21
BCBS Signature Blue Copay 70/50 \$2200	22
BCBS Signature Blue 80/60 \$3400	23
BCBS Blue Max Copay 70/50 \$3000	24
BCBS Blue Saver 90/70 \$3000	25
Vantage Freedom Silver 3000 Individual	26
Vantage Freedom Silver Plus 3000 Individual	27
Vantage Essential Silver 3500 Individual	28
Vantage Essential Silver Plus 3500 Individual	29
Vantage Savings Silver 5000 Individual	30
Vantage Savings Silver Plus 5000 Individual	31

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. In some cases, our analyses relied on insurers’ PDF formularies.

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 Louisiana Three-Tier Covered Drug List	32
Blue Cross and Blue Shield of Louisiana Two-Tier Covered Drug List	33
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Plan Name	Blue POS Copay 60/40 \$3600
Plan ID	19636LA0220007
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-solutions-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0220007-01&Year=2019
Network Link	http://www.bcbsla.com/hmopos-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-3tier-formulary2019

Counties Served	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, Saint Bernard, Saint Charles, Saint Helena, Saint James, Saint Landry, Saint Martin, Saint Mary, Saint Tammany, St John The Baptist, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn
County Used for Calculations	East Baton Rouge

	Individual	Family of 4
Monthly Premium	\$488	\$1,634
Deductible	\$3,600	\$10,800
Drug Deductible	\$500	See Plan Brochure
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	\$60
Referral for Specialist Required?	No
Emergency Care	\$450
Inpatient Care (Facility)	40% Coinsurance after deductible
Inpatient Care (Physician)	40% Coinsurance after deductible
Mental Health/Substance Use	\$40
Diagnostic Test (e.g. blood work)	40% Coinsurance

Formulary Name	Three-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-3tier-formulary2019

Tier 1	Tier 1	\$15
Tier 2	Tier 2	20% Coinsurance
Tier 3	Tier 3	30% Coinsurance

Plan Name	Blue POS 100/80 \$3500
Plan ID	19636LA0220010
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-solutions-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0220010-01&Year=2019
Network Link	http://www.bcbsla.com/hmopos-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, Saint Bernard, Saint Charles, Saint Helena, Saint James, Saint Landry, Saint Martin, Saint Mary, Saint Tammany, St John The Baptist, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn
County Used for Calculations	East Baton Rouge

	Individual	Family of 4
Monthly Premium	\$466	\$1,561
Deductible	\$3,500	\$10,500
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

Primary Care Visit	No Charge after Deductible
Specialist Visit	No Charge after Deductible
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	No Charge
Diagnostic Test (e.g. blood work)	No Charge

Formulary Name	Two-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	No Charge
Tier 2	Brand Drugs	20% Coinsurance

Plan Name	Blue POS 80/60 \$3400
Plan ID	19636LA0220014
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-solutions-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0220014-01&Year=2019
Network Link	http://www.bcbsla.com/hmopos-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, Saint Bernard, Saint Charles, Saint Helena, Saint James, Saint Landry, Saint Martin, Saint Mary, Saint Tammany, St John The Baptist, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn
County Used for Calculations	East Baton Rouge

Primary Care Visit	20% Coinsurance after deductible
Specialist Visit	20% Coinsurance after deductible
Referral for Specialist Required?	No
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

	Individual	Family of 4
Monthly Premium	\$413	\$1,382
Deductible	\$3,400	\$10,200
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,100	\$14,200
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Two-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	20% Coinsurance
Tier 2	Brand Drugs	40% Coinsurance

Plan Name	Community Blue Copay 70/50 \$2200
Plan ID	19636LA0230003
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-communityblue-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0230003-01&Year=2019
Network Link	http://www.bcbsla.com/communityblue-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Ascension, East Baton Rouge, Livingston, West Baton Rouge
County Used for Calculations	East Baton Rouge

Primary Care Visit	\$20
Specialist Visit	\$60
Referral for Specialist Required?	No
Emergency Care	\$450
Inpatient Care (Facility)	30% Coinsurance after deductible
Inpatient Care (Physician)	30% Coinsurance after deductible
Mental Health/Substance Use	\$20
Diagnostic Test (e.g. blood work)	30% Coinsurance

	Individual	Family of 4
Monthly Premium	\$393	\$1,316
Deductible	\$2,200	\$6,600
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	Two-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	30% Coinsurance
Tier 2	Brand Drugs	50% Coinsurance

Plan Name	Blue Connect Copay 70/50 \$2200 (N)
Plan ID	19636LA0240003
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-blueconnect-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240003-01&Year=2019
Network Link	http://www.bcbsla.com/blueconnect-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Jefferson, Orleans, Plaquemines, Saint Bernard, Saint Charles, Saint Tammany, St John The Baptist
County Used for Calculations	Jefferson

Primary Care Visit	\$20
Specialist Visit	\$60
Referral for Specialist Required?	No
Emergency Care	\$450
Inpatient Care (Facility)	30% Coinsurance after deductible
Inpatient Care (Physician)	30% Coinsurance after deductible
Mental Health/Substance Use	\$20
Diagnostic Test (e.g. blood work)	30% Coinsurance

	Individual	Family of 4
Monthly Premium	\$393	\$1,317
Deductible	\$2,200	\$6,600
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	Two-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	30% Coinsurance
Tier 2	Brand Drugs	50% Coinsurance

Plan Name	Blue Connect 80/60 \$3400 (N)
Plan ID	19636LA0240007
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-blueconnect-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240007-01&Year=2019
Network Link	http://www.bcbsla.com/blueconnect-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Jefferson, Orleans, Plaquemines, Saint Bernard, Saint Charles, Saint Tammany, St John The Baptist
County Used for Calculations	Jefferson

Primary Care Visit	20% Coinsurance after deductible
Specialist Visit	20% Coinsurance after deductible
Referral for Specialist Required?	No
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

	Individual	Family of 4
Monthly Premium	\$341	\$1,141
Deductible	\$3,400	\$10,200
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,100	\$14,200
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Two-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	20% Coinsurance
Tier 2	Brand Drugs	40% Coinsurance

Plan Name	Blue Connect Copay 70/50 \$2200 (L)
Plan ID	19636LA0240009
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-blueconnect-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240009-01&Year=2019
Network Link	http://www.bcbsla.com/blueconnect-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Acadia, Evangeline, Iberia, Lafayette, Saint Landry, Saint Martin, Saint Mary, Vermilion
County Used for Calculations	Lafayette

Primary Care Visit	\$20
Specialist Visit	\$60
Referral for Specialist Required?	No
Emergency Care	\$450
Inpatient Care (Facility)	30% Coinsurance after deductible
Inpatient Care (Physician)	30% Coinsurance after deductible
Mental Health/Substance Use	\$20
Diagnostic Test (e.g. blood work)	30% Coinsurance

	Individual	Family of 4
Monthly Premium	\$438	\$1,468
Deductible	\$2,200	\$6,600
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	Two-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	30% Coinsurance
Tier 2	Brand Drugs	50% Coinsurance

Plan Name	Blue Connect 80/60 \$3400 (L)
Plan ID	19636LA0240010
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-blueconnect-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240010-01&Year=2019
Network Link	http://www.bcbsla.com/blueconnect-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Acadia, Evangeline, Iberia, Lafayette, Saint Landry, Saint Martin, Saint Mary, Vermilion
County Used for Calculations	Lafayette

Primary Care Visit	20% Coinsurance after deductible
Specialist Visit	20% Coinsurance after deductible
Referral for Specialist Required?	No
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

	Individual	Family of 4
Monthly Premium	\$380	\$1,272
Deductible	\$3,400	\$10,200
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,100	\$14,200
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Two-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	20% Coinsurance
Tier 2	Brand Drugs	40% Coinsurance

Plan Name	Blue Connect Copay 70/50 \$2200 (\$)
Plan ID	19636LA0240012
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-blueconnect-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240012-01&Year=2019
Network Link	http://www.bcbsla.com/blueconnect-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Bossier, Caddo
County Used for Calculations	Caddo

Primary Care Visit	\$20
Specialist Visit	\$60
Referral for Specialist Required?	No
Emergency Care	\$450
Inpatient Care (Facility)	30% Coinsurance after deductible
Inpatient Care (Physician)	30% Coinsurance after deductible
Mental Health/Substance Use	\$20
Diagnostic Test (e.g. blood work)	30% Coinsurance

	Individual	Family of 4
Monthly Premium	\$381	\$1,275
Deductible	\$2,200	\$6,600
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	Two-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	30% Coinsurance
Tier 2	Brand Drugs	50% Coinsurance

Plan Name	Blue Connect 80/60 \$3400 (S)
Plan ID	19636LA0240013
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-blueconnect-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0240013-01&Year=2019
Network Link	http://www.bcbsla.com/blueconnect-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Bossier, Caddo
County Used for Calculations	Caddo

Primary Care Visit	20% Coinsurance after deductible
Specialist Visit	20% Coinsurance after deductible
Referral for Specialist Required?	No
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

	Individual	Family of 4
Monthly Premium	\$330	\$1,105
Deductible	\$3,400	\$10,200
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,100	\$14,200
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Two-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	20% Coinsurance
Tier 2	Brand Drugs	40% Coinsurance

Plan Name	Signature Blue Copay 70/50 \$2200
Plan ID	19636LA0590002
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-signatureblue-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0590002-01&Year=2019
Network Link	http://www.bcbsla.com/signatureblue-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Jefferson, Orleans
County Used for Calculations	Jefferson

Primary Care Visit	\$20
Specialist Visit	\$60
Referral for Specialist Required?	No
Emergency Care	\$450
Inpatient Care (Facility)	30% Coinsurance after deductible
Inpatient Care (Physician)	30% Coinsurance after deductible
Mental Health/Substance Use	\$20
Diagnostic Test (e.g. blood work)	30% Coinsurance

	Individual	Family of 4
Monthly Premium	\$393	\$1,317
Deductible	\$2,200	\$6,600
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	Two-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	30% Coinsurance
Tier 2	Brand Drugs	50% Coinsurance

Plan Name	Signature Blue 80/60 \$3400
Plan ID	19636LA0590003
Insurer	HMO Louisiana, Inc.

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-signatureblue-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=19636LA0590003-01&Year=2019
Network Link	http://www.bcbsla.com/signatureblue-medical-vision-dental
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Jefferson, Orleans
County Used for Calculations	Jefferson

Primary Care Visit	20% Coinsurance after deductible
Specialist Visit	20% Coinsurance after deductible
Referral for Specialist Required?	No
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

	Individual	Family of 4
Monthly Premium	\$341	\$1,141
Deductible	\$3,400	\$10,200
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$7,100	\$14,200
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Two-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	20% Coinsurance
Tier 2	Brand Drugs	40% Coinsurance

Plan Name	Blue Max Copay 70/50 \$3000
Plan ID	97176LA0340010
Insurer	Louisiana Health Service & Indemnity Company

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-solutions-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=97176LA0340010-01&Year=2019
Network Link	http://www.bcbsla.com/FindCare/Pages/ppo-medical-vision-dental.aspx
Formulary Link	http://www.bcbsla.com/pharmacy-3tier-formulary2019

Counties Served	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, Saint Bernard, Saint Charles, Saint Helena, Saint James, Saint Landry, Saint Martin, Saint Mary, Saint Tammany, St John The Baptist, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn
County Used for Calculations	East Baton Rouge

Primary Care Visit	\$40
Specialist Visit	\$55
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	\$40
Diagnostic Test (e.g. blood work)	30% Coinsurance

	Individual	Family of 4
Monthly Premium	\$699	\$2,341
Deductible	\$3,000	\$9,000
Drug Deductible	\$500	See Plan Brochure
Out-of-pocket Maximum	\$7,900	\$15,800
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Three-Tier Covered Drug List
Formulary Link	http://www.bcbsla.com/pharmacy-3tier-formulary2019

Tier 1	Tier 1	\$15
Tier 2	Tier 2	20% Coinsurance
Tier 3	Tier 3	30% Coinsurance

Plan Name	Blue Saver 90/70 \$3000
Plan ID	97176LA0350003
Insurer	Louisiana Health Service & Indemnity Company

Customer Service Phone Number	1-800-392-4087
Plan Brochure Link	http://www.bcbsla.com/individual-solutions-brochure2019
Summary of Benefits Link	http://www.bcbsla.com/findaplan/pages/sbc.aspx?Source=FFM&Id=97176LA0350003-01&Year=2019
Network Link	http://www.bcbsla.com/FindCare/Pages/ppo-medical-vision-dental.aspx
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Counties Served	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Baton Rouge, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, Saint Bernard, Saint Charles, Saint Helena, Saint James, Saint Landry, Saint Martin, Saint Mary, Saint Tammany, St John The Baptist, Tangipahoa, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana, Winn
County Used for Calculations	East Baton Rouge

Primary Care Visit	10% Coinsurance after deductible
Specialist Visit	10% Coinsurance after deductible
Referral for Specialist Required?	No
Emergency Care	10% Coinsurance after deductible
Inpatient Care (Facility)	10% Coinsurance after deductible
Inpatient Care (Physician)	10% Coinsurance after deductible
Mental Health/Substance Use	10% Coinsurance
Diagnostic Test (e.g. blood work)	10% Coinsurance

	Individual	Family of 4
Monthly Premium	\$692	\$2,318
Deductible	\$3,000	\$6,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$6,650	\$13,300
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Two-Tier Covered Drugs List
Formulary Link	http://www.bcbsla.com/pharmacy-2tier-formulary2019

Tier 1	Generic Drugs	10% Coinsurance
Tier 2	Brand Drugs	10% Coinsurance

Plan Name	Freedom Silver 3000 Individual
Plan ID	67243LA0090003
Insurer	Vantage Health Plan, Inc.

Customer Service Phone Number	1-888-823-1910
Plan Brochure Link	https://www.vantagehealthplan.com/documents/Marketplace/2019MarketplaceNDPlanFinder.pdf
Summary of Benefits Link	https://www.vantagehealthplan.com/documents/Marketplace/2019NDFreedomSilver3000SummaryOfBenefitsAndCoverage.pdf
Network Link	https://www.vantagehealthplan.com/Provider/ProviderContent
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Counties Served	Allen, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Carroll, Franklin, Grant, Jackson, Jefferson, Jefferson Davis, La Salle, Lincoln, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Rapides, Red River, Richland, Sabine, Saint Bernard, Saint Charles, Saint Tammany, St John The Baptist, Tangipahoa, Tensas, Union, Vernon, Washington, Webster, West Carroll, Winn
County Used for Calculations	Jefferson

Primary Care Visit	\$40
Specialist Visit	\$75
Referral for Specialist Required?	No
Emergency Care	\$400 Copay after deductible
Inpatient Care (Facility)	\$1500 Copay per Day after deductible
Inpatient Care (Physician)	No Charge after Deductible
Mental Health/Substance Use	\$40
Diagnostic Test (e.g. blood work)	0% Coinsurance

	Individual	Family of 4
Monthly Premium	\$573	\$1,919
Deductible	\$3,000	\$9,000
Drug Deductible	\$750	\$2,250
Out-of-pocket Maximum	\$7,850	\$15,700
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Vantage Health Plan, Inc. 2019 Commercial and Marketplace Formulary
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Tier 1	Tier 1	\$10*
Tier 2	Tier 2	\$10*
Tier 3	Tier 3	\$60
Tier 4	Tier 4	\$100
Tier 5	Tier 5	50% Coinsurance

Plan Name	Freedom Silver Plus 3000 Individual
Plan ID	67243LA0090007
Insurer	Vantage Health Plan, Inc.

Customer Service Phone Number	1-888-823-1910
Plan Brochure Link	https://www.vantagehealthplan.com/documents/Marketplace/2019MarketplaceINDPlanFinder.pdf
Summary of Benefits Link	https://www.vantagehealthplan.com/documents/Marketplace/2019INDFreedomSilver3000SummaryOfBenefitsAndCoverage.pdf
Network Link	https://www.vantagehealthplan.com/Provider/ProviderContent
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Counties Served	Acadia, Ascension, Assumption, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Lafayette, Lafourche, Livingston, Pointe Coupee, Saint Helena, Saint James, Saint Landry, Saint Martin, Saint Mary, Terrebonne, Vermillion, West Baton Rouge, West Feliciana
County Used for Calculations	East Baton Rouge

Primary Care Visit	\$40
Specialist Visit	\$75
Referral for Specialist Required?	No
Emergency Care	\$400 Copay after deductible
Inpatient Care (Facility)	\$1500 Copay per Day after deductible
Inpatient Care (Physician)	No Charge after Deductible
Mental Health/Substance Use	\$40
Diagnostic Test (e.g. blood work)	0% Coinsurance

	Individual	Family of 4
Monthly Premium	\$573	\$1,918
Deductible	\$3,000	\$9,000
Drug Deductible	\$750	\$2,250
Out-of-pocket Maximum	\$7,850	\$15,700
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Vantage Health Plan, Inc. 2019 Commercial and Marketplace Formulary
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Tier 1	Tier 1	\$10
Tier 2	Tier 2	\$10
Tier 3	Tier 3	\$60
Tier 4	Tier 4	\$100
Tier 5	Tier 5	50% Coinsurance

Plan Name	Essential Silver 3500 Individual
Plan ID	67243LA0090013
Insurer	Vantage Health Plan, Inc.

Customer Service Phone Number	1-888-823-1910
Plan Brochure Link	https://www.vantagehealthplan.com/documents/Marketplace/2019MarketplaceINDPlanFinder.pdf
Summary of Benefits Link	https://www.vantagehealthplan.com/documents/Marketplace/2019INDEssentialSilver3500SummaryOfBenefitsAndCoverage.pdf
Network Link	https://www.vantagehealthplan.com/Provider/ProviderContent
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Counties Served	Allen, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Carroll, Franklin, Grant, Jackson, Jefferson, Jefferson Davis, La Salle, Lincoln, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Rapides, Red River, Richland, Sabine, Saint Bernard, Saint Charles, Saint Tammany, St John The Baptist, Tangipahoa, Tensas, Union, Vernon, Washington, Webster, West Carroll, Winn
County Used for Calculations	Jefferson

Primary Care Visit	\$40
Specialist Visit	30% Coinsurance after deductible
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	\$40
Diagnostic Test (e.g. blood work)	30% Coinsurance

	Individual	Family of 4
Monthly Premium	\$561	\$1,878
Deductible	\$3,500	\$10,500
Drug Deductible	\$750	\$2,250
Out-of-pocket Maximum	\$7,700	\$15,400
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Vantage Health Plan, Inc. 2019 Commercial and Marketplace Formulary
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Tier 1	Tier 1	\$10
Tier 2	Tier 2	\$10
Tier 3	Tier 3	50% Coinsurance
Tier 4	Tier 4	50% Coinsurance
Tier 5	Tier 5	50% Coinsurance

Plan Name	Essential Silver Plus 3500 Individual
Plan ID	67243LA0090014
Insurer	Vantage Health Plan, Inc.

Customer Service Phone Number	1-888-823-1910
Plan Brochure Link	https://www.vantagehealthplan.com/documents/Marketplace/2019Marketplace/2019Marketplace/2019MarketplaceFinder.pdf
Summary of Benefits Link	https://www.vantagehealthplan.com/documents/Marketplace/2019INDEssentialSilver3500SummaryOfBenefitsAndCoverage.pdf
Network Link	https://www.vantagehealthplan.com/Provider/ProviderContent
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Counties Served	Acadia, Ascension, Assumption, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Lafayette, Lafourche, Livingston, Pointe Coupee, Saint Helena, Saint James, Saint Landry, Saint Martin, Saint Mary, Terrebonne, Vermilion, West Baton Rouge, West Feliciana
County Used for Calculations	East Baton Rouge

Primary Care Visit	\$40
Specialist Visit	30% Coinsurance after deductible
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	\$40
Diagnostic Test (e.g. blood work)	30% Coinsurance

	Individual	Family of 4
Monthly Premium	\$561	\$1,878
Deductible	\$3,500	\$10,500
Drug Deductible	\$750	\$2,250
Out-of-pocket Maximum	\$7,700	\$15,400
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Vantage Health Plan, Inc. 2019 Commercial and Marketplace Formulary
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Tier 1	Tier 1	\$10
Tier 2	Tier 2	\$10
Tier 3	Tier 3	50% Coinsurance
Tier 4	Tier 4	50% Coinsurance
Tier 5	Tier 5	50% Coinsurance

Plan Name	Savings Silver 5000 Individual
Plan ID	67243LA0090028
Insurer	Vantage Health Plan, Inc.

Customer Service Phone Number	1-888-823-1910
Plan Brochure Link	https://www.vantagehealthplan.com/documents/Marketplace/2019MarketplaceNDPlanFinder.pdf
Summary of Benefits Link	https://www.vantagehealthplan.com/documents/Marketplace/2019INDSavingsSilver5000SummaryOfBenefitsAndCoverage.pdf
Network Link	https://www.vantagehealthplan.com/Provider/ProviderContent
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Counties Served	Allen, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Carroll, Franklin, Grant, Jackson, Jefferson, Jefferson Davis, La Salle, Lincoln, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Rapides, Red River, Richland, Sabine, Saint Bernard, Saint Charles, Saint Tammany, St John The Baptist, Tangipahoa, Tensas, Union, Vernon, Washington, Webster, West Carroll, Winn
County Used for Calculations	Jefferson

Primary Care Visit	No Charge after Deductible
Specialist Visit	No Charge after Deductible
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	0% Coinsurance
Diagnostic Test (e.g. blood work)	0% Coinsurance

	Individual	Family of 4
Monthly Premium	\$550	\$1,842
Deductible	\$5,000	\$10,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$5,000	\$10,000
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Vantage Health Plan, Inc. 2019 Commercial and Marketplace Formulary
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Tier 1	Tier 1	0% Coinsurance
Tier 2	Tier 2	0% Coinsurance
Tier 3	Tier 3	0% Coinsurance
Tier 4	Tier 4	0% Coinsurance
Tier 5	Tier 5	0% Coinsurance

Plan Name	Savings Silver Plus 5000 Individual
Plan ID	67243LA0090039
Insurer	Vantage Health Plan, Inc.

Customer Service Phone Number	1-888-823-1910
Plan Brochure Link	https://www.vantagehealthplan.com/documents/Marketplace/2019MarketplaceINDPlanFinder.pdf
Summary of Benefits Link	https://www.vantagehealthplan.com/documents/Marketplace/2019INDSavingsSilver5000SummaryOfBenefitsAndCoverage.pdf
Network Link	https://www.vantagehealthplan.com/Provider/ProviderContent
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Counties Served	Acadia, Ascension, Assumption, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Lafayette, Lafourche, Livingston, Pointe Coupee, Saint Helena, Saint James, Saint Landry, Saint Martin, Saint Mary, Terrebonne, Vermilion, West Baton Rouge, West Feliciana
County Used for Calculations	East Baton Rouge

Primary Care Visit	No Charge after Deductible
Specialist Visit	No Charge after Deductible
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	0% Coinsurance
Diagnostic Test (e.g. blood work)	0% Coinsurance

	Individual	Family of 4
Monthly Premium	\$550	\$1,842
Deductible	\$5,000	\$10,000
Drug Deductible	Included in Medical	Included in Medical
Out-of-pocket Maximum	\$5,000	\$10,000
Drug Out-of-pocket Maximum	Included in Medical	Included in Medical

Formulary Name	Vantage Health Plan, Inc. 2019 Commercial and Marketplace Formulary
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

Tier 1	Tier 1	0% Co-insurance
Tier 2	Tier 2	0% Co-insurance
Tier 3	Tier 3	0% Co-insurance
Tier 4	Tier 4	0% Co-insurance
Tier 5	Tier 5	0% Co-insurance

Formulary Name
Formulary Link

Blue Cross and Blue Shield of Louisiana Three-Tier Covered Drug List
<http://www.bcbsla.com/pharmacy-3tier-formulary2019>

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
abacavir	Y	Tier 1	N	N	N
abacavir/lamivudine	Y	Tier 2	N	N	N
Atripla	Y	Tier 2	N	N	N
Biktarvy	Y	Tier 2	N	N	Y
Cimduo	Y	Tier 2	N	N	Y
Combivir	N	N/A	N/A	N/A	N/A
Complera	Y	Tier 2	N	N	N
Descovy	Y	Tier 2	N	N	N
Edurant	Y	Tier 2	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 2	N	N	Y
Genvoya	Y	Tier 2	N	N	N
Isentress	Y	Tier 2	N	N	N
Isentress HD	Y	Tier 2	N	N	N
Juluca	Y	Tier 2	N	N	Y
lamivudine	Y	Tier 1	N	N	N
nevirapine	Y	Tier 1	N	N	N
Norvir	Y	Tier 2	N	N	N
Odefsey	Y	Tier 2	N	N	N
Prezcobix	Y	Tier 2	N	N	Y
Prezista	Y	Tier 2	N	N	N
Retrovir	N	N/A	N/A	N/A	N/A
Reyataz	Y	Tier 2	N	N	N
ritonavir	Y	Tier 2	N	N	N
Stribild	Y	Tier 2	N	N	N
Tivicay	Y	Tier 2	N	N	N
Triumeq	Y	Tier 2	N	N	N
Truvada	Y	Tier 2	N	N	N
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	Tier 1	N	N	N
zidovudine/lamivudine	Y	Tier 1	N	N	N

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
Daklinza	N	N/A	N/A	N/A	N/A
Epclusa	Y	Tier 3	Y	N	Y
Harvoni	Y	Tier 3	Y	N	Y
Mavyret	Y	Tier 3	Y	N	Y
Olysio	N	N/A	N/A	N/A	N/A
Sovaldi	Y	Tier 3	Y	N	N
Viekira Pak	N	N/A	N/A	N/A	N/A
Vosevi	Y	Tier 3	Y	N	Y
Zepatier	N	N/A	N/A	N/A	N/A

Formulary Name
Formulary Link

Blue Cross and Blue Shield of Louisiana Two-Tier Covered Drug List
<http://www.bcbsla.com/pharmacy-2tier-formulary2019>

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
abacavir	Y	Tier 1	N	N	N
abacavir/lamivudine	Y	Tier 1	N	N	N
Atripla	Y	Tier 2	N	N	N
Biktarvy	Y	Tier 2	N	N	Y
Cimduo	Y	Tier 2	N	N	Y
Combivir	N	N/A	N/A	N/A	N/A
Complera	Y	Tier 2	N	N	N
Descovy	Y	Tier 2	N	N	N
Edurant	Y	Tier 2	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 2	N	N	Y
Genvoya	Y	Tier 2	N	N	N
Isentress	Y	Tier 2	N	N	N
Isentress HD	Y	Tier 2	N	N	N
Juluca	Y	Tier 2	N	N	Y
lamivudine	Y	Tier 1	N	N	N
nevirapine	Y	Tier 1	N	N	N
Norvir	Y	Tier 2	N	N	N
Odefsey	Y	Tier 2	N	N	N
Prezcobix	Y	Tier 2	N	N	Y
Prezista	Y	Tier 2	N	N	N
Retrovir	N	N/A	N/A	N/A	N/A
Reyataz	Y	Tier 2	N	N	N
ritonavir	Y	Tier 1	N	N	N
Stribild	Y	Tier 2	N	N	N
Tivicay	Y	Tier 2	N	N	N
Triumeq	Y	Tier 2	N	N	N
Truvada	Y	Tier 2	N	N	N
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	Tier 1	N	N	N
zidovudine/lamivudine	Y	Tier 1	N	N	N

Drug	Covered?	Tier	Prior Authorization	Step Therapy	Quantity Limit
Daklinza	N	N/A	N/A	N/A	N/A
Epclusa	Y	Tier 2	Y	N	Y
Harvoni	Y	Tier 2	Y	N	Y
Mavyret	Y	Tier 2	Y	N	Y
Olysio	N	N/A	N/A	N/A	N/A
Sovaldi	Y	Tier 2	Y	N	N
Viekira Pak	N	N/A	N/A	N/A	N/A
Vosevi	Y	Tier 2	Y	N	Y
Zepatier	N	N/A	N/A	N/A	N/A

Formulary Name	Vantage Health Plan 2019 Commercial and Marketplace Formulary
Formulary Link	https://www.vantagehealthplan.com/documents/Marketplace/2019CommercialAndExchangeMemberListOfCoveredDrugs(Formulary).pdf

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

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

Conclusion

Consumers face a variety of plan options on the Louisiana 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 Louisiana 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, both insurers placed co-formulated drugs used in nationally-recommended initial HIV regimens on cost-sharing tiers that require substantial co-insurance amounts or did not cover them at all. Our assessment found even more restrictions for people living with HCV. Insurers covered about half of the assessed HCV medications, and placed these drugs 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 Louisiana. 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, 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 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 Louisianans 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.