

# ACA Insurance Enrollment for People living with HIV in North Carolina 2018

In spite of continued efforts in Washington, D.C. to repeal or undermine the Affordable Care Act, marketplace insurance plans will continue to be available in 2018 in all 100 counties. Premiums and deductibles are rising in 2018, but with tax credits and cost sharing assistance, people who are eligible for subsidies will continue to find affordable coverage. The new **Premium and Copay Assistance Program** offered through the HIV Medication Assistance Program (HMAP) will make coverage more accessible to people with incomes between 100% and 300% of the federal poverty level (\$12,060 – \$36,180 for a single individual).

## 2018 Open Enrollment Overview

Open enrollment for 2018 will run at a breakneck pace, with a short enrollment window from November 1 through December 15, 2017. People who are enrolled for 2017 coverage will be automatically enrolled in the same plan for 2018, if it is still being offered, or transitioned to a comparable plan. But due to increasing costs and changes in subsidies, EVERYONE should return to healthcare.gov to determine what is the best deal for 2018.

## Financial Assistance

The state of North Carolina's HIV Medication Assistance Program (HMAP) now offers two programs to assist consumers with insurance costs: **PCAP** (Premium & Copay Assistance Program), and **ICAP** (Insurance Copay Assistance Program). See below for program details.

The **Patient Advocate Foundation** offers help with drug copays via grants of up to \$7500 per year for people with annual income under 400% FPL (\$48,240).

## Rules & Regulations:

The Trump Administration has worked hard to undermine the ACA in various ways, including shortening the open enrollment period, tightening up requirements for special

enrollment periods, slashing navigator funding and advertising, proposing rules that would weaken requirements for the quality of benefits, allowing substandard plans to again be sold, and allowing insurers to require past balances to be paid before a consumer can enroll for 2018.

**Individual Mandate/Tax Penalties:** The tax penalty for not having insurance in 2018 is \$695 or 2.5% of income. However, the tax cut bill in Congress (December 2017) is likely to eliminate the individual mandate tax penalty effective 2019. So, for 2018, the requirement to have insurance will continue, and penalties will apply. The penalty for not having insurance in 2018 would be paid on taxes filed in 2019. Assuming the individual mandate repeal is passed, the change would go into effect for 2019, meaning an individual could forego insurance without penalty in 2019.

## Exemptions

Exemptions from the coverage requirement will continue in 2018. Some of the many exemptions include:

- People with incomes under 138% FPL, who would be eligible for Medicaid if North Carolina had expanded.
- People who can't afford insurance – that is, the cost of the cheapest bronze plan is more than 8.05% of gross income.
- People who are under the tax filing threshold (about \$10,000 for a single person).

## Ryan White & Insurance

Ryan White clients who don't enroll in insurance can continue to receive medical care and HMAP, but grantees are required to "vigorously pursue" enrollment in insurance. With PCAP going into effect, it is more reasonable to expect that PCAP-eligible clients enroll in insurance. Clients who do enroll will no longer be able to use Ryan White/HMAP for care or medications that are covered by insurance. However, Ryan White funds *can* be used to help with insurance costs, and many regions have been doing so. Clients can continue to receive services such as dental care, transportation, and case management that are not covered by insurance.

## 2018 Plan Offerings

As in 2018, consumers are limited to Blue Cross Blue Shield (BCBS), which has plans in all 100 counties, and Cigna, which operates in only 5 counties. See Table 1 for Plans by County. Tables 3 – 9 list plans and cost sharing for all metal levels.

### Blue Cross Blue Shield:

Blue Cross Blue Shield continues to offer five "products" in the North Carolina marketplace, and plans at the Gold, Silver, Bronze, and Catastrophic metal levels. It continues to slim down its offerings, this year eliminating one Bronze plan.

All BCBS plans cover the same medications, on a 6-tier drug formulary, with HIV medications on tier 5. Drug cost sharing is the same for all of its plans at the same metal level, in most cases 25% coinsurance. There are few differences between plans at the same metal level other than deductibles, out of pocket maximums, and, most importantly, provider networks.

- **Blue Advantage** – Offered in 84 counties. This is the Blue Cross plan with the widest provider network, and is the most expensive of its plans at each metal level. It is not available to consumers who live in the major

metro areas of the Triangle or Charlotte. Blue Advantage plans will switch to a limited pharmacy network in 2018, but that network is still quite comprehensive, including major retailers and some independent pharmacies.

- **Blue Select** – Offered in the same 84 counties as Blue Advantage. It tends to be slightly less expensive. It offers a two-tier provider network.
- **Blue Value** – Offered in 32 counties. This is one of the least expensive Blue Cross plans, offering a narrow network that excludes Duke. The Blue Value network and coverage area are expanding in the Gastonia region. It now includes CaroMont Health, and now covers Cleveland, Gaston, and Lincoln counties.
- **Blue Local Carolinas HealthCare System** – Offers a narrow network in 9 counties in the Charlotte area, connected with the Carolinas Health System.
- **Blue Local Duke Health/Wake Med** – Offers a narrow, Duke-based network that is expanding from 9 to 12 counties, adding Alamance, Franklin, Lee, Granville, and Vance. This gives additional choices for Alamance, Franklin, and Lee counties, which currently have only Blue Value. The Blue Local network excludes UNC.

### Cigna:

Cigna offers plans at Bronze, Silver, and Gold. It has also slimmed offerings and offers only three Cigna Connect Silver Plans for 2018. Cigna plans continue to be offered only in Chatham, Johnston, Nash, Orange, and Wake counties. All plans employ the same 5-tier drug formulary.

Cigna is an HMO plan with a network focused on UNC. Consumers must have a primary care provider and a referral is required for specialist care. Cigna is expanding its primary care telemedicine options for 2018.

## Medication Access & Cost

In North Carolina's 2018 marketplace, both insurers cover almost every HIV antiretroviral medication, including single tablet regimens. Neither BCBS nor Cigna imposes prior authorization or other barriers to accessing HIV drugs. The cost sharing for drugs can be high in many plans, but this impact should be limited to those who are not eligible for PCAP or ICAP. Check Table 2 for drug coverage details.

### **Drug Tiers:**

Drugs are priced based on the "tier" on which they fall. Lower tier drugs, which include generics and preferred brand name drugs, are less expensive and in many plans are available with a fixed copay. Copay drugs are usually available without meeting the deductible. Higher tier drugs are usually subject to coinsurance, which is a percentage of the drug's cost. For drugs with coinsurance, the consumer has to meet the deductible before the drugs are covered.

### **Blue Cross Blue Shield:**

Most HIV drugs are on tier 5, which for all Silver and Gold plans charge 25% coinsurance. There is a drug deductible of \$200-\$300, so a consumer doesn't have to meet the full deductible before drug coverage begins.

### **Cigna:**

Cigna places HIV drugs on tier 3. On standard Silver plans, the HIV drug copay is \$60 per drug. For cost sharing reduction plans for lower incomes, the copay is \$25-\$30. Oddly, the copay is \$50 on Cigna's gold plan.

**Hepatitis C drugs:** Both Cigna and BCBS provide coverage for HCV drugs, though Cigna covers fewer. Both insurers require prior authorization for all HCV medications. HCV medications require coinsurance ranging from 25% for BCBS, to 30-50% for Cigna.

## Provider Networks

We did not search provider networks for this year's report. We are not aware of major shifts in provider networks, other than the addition of CaroMont to the Blue Value network. Nonetheless, consumers should search to make sure their providers are in network. Healthcare.gov now includes a provider search. This is a good start, but if a provider does not show up under a particular plan, a consumer should also check the insurer's online provider directory.

Searching for a provider in an insurer's directory can be challenging. Online directories are not completely accurate or updated. Spellings of names may vary. Often, physician extenders such as nurse practitioners and physician's assistants are not listed in the provider directory, though this is improving. If a provider is not found by name, try searching by the name of the medical practice or clinic. If necessary, contact the insurance company or medical practice directly.

Make sure the provider is in the *specific plan* the consumer selects. This is particularly important for BCBS. Blue Cross offers many plans, both on and off the marketplace. Often, providers are included only in certain BCBS plans, but they may not know which. Verify the provider's participation in the specific plan.

**Multi-Tier Plans:** Note that Blue Select has more than one tier of providers. In multi-tier plans, providers who are in tier 1 will be cheaper for consumers than tier 2 providers.

**Specialist Referrals:** Cigna plans require a referral to a specialist. Blue Cross Blue Shield plans do not.

## Third party help with drug costs:

Consumers eligible for HMAP can get help with insurance costs through **ICAP** and **PCAP**. Those with income under 400% FPL (\$48,240) can get drug copay help from the **Patient Advocate Foundation**.

### Premium/Copay Assistance Program (PCAP)

Starting in 2018, this program will pay premiums and all drug cost sharing for HMAP clients who purchase a qualified health plan in the marketplace. Consumers must qualify for HMAP and have income between 100% and 300% FPL.

Consumers should purchase a plan on the marketplace and claim their advance tax credit so it will reduce monthly premium payments throughout the year. They must pay the “binder” (first month premium) on their own. Insurers may require that any past due balance be paid before enrollment. PCAP *cannot* pay past balances. After the consumer enrolls, the case manager/HMAP counselor should send insurance information to the HMAP office. HMAP will start paying insurance premiums directly to the insurance company in 2018. When consumers buy drugs, they will use an additional insurance card provided by HMAP to cover drug copays.

**Services other than drugs:** Because PCAP does not cover cost sharing for services other than drugs, the consumer will need to be ready to cover cost sharing for doctor visits, labs, etc. Some Ryan White programs may offer assistance with these costs. It should be remembered that most consumers will quickly reach the **out of pocket maximum** for cost sharing, based on drug purchases covered by HMAP. *Once the out of pocket maximum is reached, there will be no further cost sharing for the remainder of the year.*

#### PCAP Plan Selection:

- PCAP consumers **must** purchase an **individual** plan, not a family plan.

- Any metal level is allowed, but a Silver plan will enable most consumers to obtain reduced costs for medical services such as labs and doctor visits.
- The consumer has to pay the first month’s premium, so a lower cost plan may be best.
- Always check the provider network.
- The lower drug cost sharing on Cigna Silver and Gold plans makes them ineffective in enabling the consumer to reach the out of pocket maximum. Cigna Bronze will work.

### Insurance Copay Assistance Program (ICAP)

Consumers with incomes under 100% FPL who don’t qualify for PCAP can buy insurance and rely on ICAP to pay drug cost sharing. Under ICAP --

- The consumer pays the monthly premium.
- The consumer pays cost sharing for medical services.
- ICAP pays deductibles and cost sharing for *all drugs covered by the plan*.

Drug cost sharing payments made by ICAP will enable the consumer to quickly reach the deductible and out-of-pocket maximum. Consumers continue to pay their own premiums.

#### ICAP Plan Selection:

- Consumers can choose either an individual or family plan, but an individual plan will have a lower deductible and out of pocket maximum.
- Most consumers should choose the cheapest premium, regardless of metal level. Try to hold off on medical visits/tests until after the out of pocket maximum has been met. BCBS Bronze plans all have lower out of pocket maximums (\$6650) than unsubsidized Silver plans (\$7350). But with Silver plans, doctor visits are available with a copay, even before the deductible is met.
- Cigna plans low premiums, but are not recommended because they have low drug copays that will not help consumers reach their out of pocket maximum. Cigna Bronze

plans are cheapest. They offer no services until after the deductible is met, but with 50% drug coinsurance, most consumers will meet the out of pocket maximum no later than halfway through the year.

### **Patient Advocate Foundation**

<https://www.copays.org/diseases/hiv-aids-and-prevention>

The Patient Advocate Foundation offers help with drug copays via grants of up to \$7500 per year for people with annual income under 400% FPL (\$48,240). Consumers should apply online.

#### *Patient Advocate Foundation Plan Selection:*

- Consider shopping for the lowest premium, which is likely be Bronze (or Catastrophic for those under 30). All plans have an out of pocket maximum of \$7350 or less, so the \$7500 grant will cover the year's HIV drug costs, and bring the consumer past the out of pocket maximum.

### **Help with cost sharing for medical services:**

None of the above programs pay cost sharing for medical services such as doctor visits or labs. But Ryan White funds *can* be used to pay for deductibles, copays, and coinsurance for these services. For most patients, PCAP, ICAP or PAF payments for drug cost sharing will quickly bring the patient to the out of pocket maximum.

### **Applying for ICAP and PCAP**

Consumers should be enrolled in HMAP. Choose a plan on [healthcare.gov](http://healthcare.gov), pay the binder (first month premium), and provide insurance documentation to the HMAP office, via the case manager or other HMAP application counselor.

### **Consumers who are not eligible for any financial assistance**

Those who don't qualify for financial assistance through PCAP, ICAP, or Patient Advocate Foundation can still take advantage of copay cards that can help pay for HIV drugs. The copay card assistance does have limits, and the drug costs covered by the cards will probably not count toward the deductible or out of pocket

maximum. So consumers relying on copay cards should check out plans that have a lower deductible and out of pocket maximum. Unfortunately, for 2018, there are no unsubsidized plans with a low out of pocket maximum. Out of pocket maximums in unsubsidized plans range from \$6650 in the BCBS Bronze plans to \$7350 in most other plans, even Gold. Consumers may want to consider a Bronze plan with an HSA (Health Savings Account) option. This enables consumers to put aside pre-tax income toward medical costs. All BCBS Bronze plans offer an HSA option.

**Calculating costs:** Consumers should start by projecting what medical services and drugs they will need in the plan year. For many consumers, the main expense will be drugs. To compare plans, determine the total annual cost for each plan being considered. The total annual cost will be the sum of a year's premiums and estimated out-of-pocket expenses. Most HIV positive consumers can expect to meet their out-of-pocket maximum at some point in the year, unless they have few medical visits and tests, and make extensive use of copay cards.

## **GLOSSARY**

**Premium Tax Credit:** Financial help with the cost of the monthly premium. The tax credit lowers the monthly premium payment.

**Cost Sharing:** What the consumer pays toward drugs and services. This can be a deductible, copay and/or coinsurance.

**Cost Sharing Reduction Plans:** Special Silver plans available to consumers with incomes between 100% and 250% of the federal poverty level. These plans have lower deductibles, out-of-pocket maximums, and better cost sharing.

**Premium:** The amount the consumer pays every month for insurance. Missed payments can lead to cancellation of insurance.

**Deductible:** The amount the consumer pays out of pocket before insurance starts paying. *Most Silver plans cover some services before the deductible is met.* This includes primary care and specialist visits, as well as generic and some other drugs. Check individual plan details.

**Drug Deductible/Medical Deductible:** Some plans have separate deductibles for drugs and medical services. When this is the case, the consumer must meet both. Expenses for drugs count only to the drug deductible and vice versa.

**Copay:** A fixed dollar amount the consumer pays toward a drug or service. Many copay services are available before the deductible is met.

**Coinsurance:** A percentage of the total cost for drugs or services paid by the consumer, after the deductible is met.

**Out-of-Pocket Maximum:** The maximum amount the consumer has to pay for drugs or services during the year. After the consumer has spent this amount out of pocket for covered services, he or she doesn't pay anything more for covered services for the rest of the calendar year. (Premiums are still owed.)

**Summary of Benefit & Coverage:** For each insurance plan, the company must provide a standardized plan summary, called a "summary of benefits and coverage," or "SBC." The SBC is linked from healthcare.gov. The SBC includes more details about the plan than can be found on healthcare.gov.

**Formulary:** A list of the drugs covered by the plan. The list shows which "tier" or cost level each drug is on. The formulary also includes any special requirements such as prior authorization, step therapy, and quantity limits. The formulary is linked from healthcare.gov

**Provider Network:** A list of doctors, hospitals, labs, pharmacies, etc. that are covered by the plan. If a consumer uses a provider that is not in the network, that service will not be covered, or

will be charged at a higher rate. The provider network is linked from Healthcare.gov.

**Special Enrollment Period:** An opportunity to sign up for insurance outside the open enrollment period. Available when a consumer experiences certain events, including marriage, birth, move, loss of employer insurance. Consumers who miss the open enrollment deadline of December 15, 2017 can still enroll if they are eligible for a special enrollment period.

## Resources

### North Carolina HMAP:

HMAP Client Hotline, 877-466-2232, in state (toll free); 919-733-9161 (out of state)  
<http://epi.publichealth.nc.gov/cd/hiv/HMAP.html>

### Patient Advocate Foundation:

<https://www.copays.org/diseases/hiv-aids-and-prevention>

### NC Enrollment Assistance:

<https://connector.getcoveredamerica.org/en-us/widget/?original=/connector/>  
1-855-733-3711

### Healthcare.gov:

<https://www.healthcare.gov/>  
800-318-2596

### Blue Cross Blue Shield:

#### Drug Formulary:

[https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HIM/2018/2018\\_NC\\_6T\\_HealthInsuranceMarketplace.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HIM/2018/2018_NC_6T_HealthInsuranceMarketplace.pdf)

#### Provider Search

<http://www.bcbsnc.com/content/providersearch/index.htm#/individual-group>

### Cigna:

#### Drug Formulary

<http://www.cigna.com/ifp-drug-list>

#### Provider Search:

<http://www.cigna.com/ifp-providers>

**Table 1**  
**2018 NC Marketplace Qualified Health Plans**  
**County Availability**

County	Blue Advantage	Blue Value	Blue Select	Blue Local Carolinas Health System	Blue Local Duke-Wake Med	Cigna Connect
	84 counties	36 counties	84 counties	9 counties	12 counties	5 counties
Alamance		X			X	
Alexander	X	X	X			
Allegheny	X		X			
Anson		X		X		
Ashe	X		X			
Avery	X		X			
Beaufort	X		X			
Bertie	X		X			
Bladen	X		X			
Brunswick	X	X	X			
Buncombe	X		X			
Burke	X	X	X			
Cabarrus		X		X		
Caldwell	X	X	X			
Camden	X		X			
Carteret	X		X			
Caswell		X			X	
Catawba	X	X	X			
Chatham		X			X	X
Cherokee	X		X			
Chowan	X		X			
Clay	X		X			
Cleveland	X	X	X	Y		
Columbus	X	X	X			
Craven	X		X			
Cumberland	X		X			
Currituck	X		X			
Dare	X		X			
Davidson	X	X	X			
Davie	X	X	X			
Duplin	X	X	X			
Durham		X			X	
Edgecombe	X		X			
Forsyth	X	X	X			
Franklin		X			X	
Gaston	X	X	X	X		
Gates	X		X			
Graham	X		X			
Granville	X		X		Y	
Greene	X		X			
Guilford	X		X			
Halifax	X		X			
Harnett	X		X			
Haywood	X		X			
Henderson	X		X			
Hertford	X		X			
Hoke	X		X			
Hyde	X		X			
Iredell	X	X	X			
Jackson	X		X			
Johnston		X			X	X

**Table 1**  
**2018 NC Marketplace Qualified Health Plans**  
**County Availability**

County	Blue Advantage	Blue Value	Blue Select	Blue Local Carolinas Health System	Blue Local Duke-Wake Med	Cigna Connect
Jones	X		X			
Lee		X			Y	
Lenoir	X		X			
Lincoln	X	X	X	Y		
Macon	X		X			
Madison	X		X			
Martin	X		X			
McDowell	X		X			
Mecklenburg		X		X		
Mitchell	X		X			
Montgomery	X		X			
Moore	X		X			
Nash	X		X			X
New Hanover	X	X	X			
Northampton	X		X			
Onslow	X	X	X			
Orange		X			X	X
Pamlico	X		X			
Pasquotank	X		X			
Pender	X	X	X			
Perquimans	X		X			
Person		X			X	
Pitt	X		X			
Polk	X		X			
Randolph	X		X			
Richmond	X		X			
Robeson	X		X			
Rockingham	X		X			
Rowan		X		X		
Rutherford	X		X			
Sampson	X		X			
Scotland	X		X			
Stanly		X		X		
Stokes	X	X	X			
Surry	X	X	X			
Swain	X		X			
Transylvania	X		X			
Tyrell	X		X			
Union		X		X		
Vance	X		X		X	
Wake		X			X	X
Warren	X		X			
Washington	X		X			
Watauga	X		X			
Wayne	X		X			
Wilkes	X		X			
Wilson	X		X			
Yadkin	X	X	X			
Yancey	X		X			



**Table 2**  
**2018 NC Marketplace Qualified Health Plans**  
**HIV and HCV Drug Coverage**

	Blue Cross Blue Shield NC				Cigna			
	On formulary?	Tier	Restrictions	Comments	On formulary?	Tier	Restrictions	Comments
<b>HIV Drugs</b>								
abacavir/lamivudine	Yes	5			Yes	2		
Aptivus (Tipranavir)	Yes	5			Yes	3		
Atripla (Efavirenz, Emtricitabine, Tenofovir)	Yes	5			Yes	3		
Combivir (Lamivudine, Zidovudine)	Yes	6			No			
Complera (Emtricitabine, Rilpivirine, Tenofovir)	Yes	5			Yes	3		
Crixivan (Indinavir)	Yes	5			Yes	3		
Descovy (Emtricitabine, Tenofovir Alafenamide)	Yes	5			Yes	3		
Edurant (Rilpivirine)	Yes	5			Yes	3		
Emtriva (Emtricitabine)	Yes	5			Yes	3		
Epivir (Lamivudine 3Tc)	Yes	6		Solution- tier 5	No			only Epivir HBV
Epzicom (Abacavir, Lamivudine)	Yes	6			Yes	3		
Evotaz (cobicistat, Atazanavir)	Yes	5			Yes	3		
Fuzeon	Yes	5			Yes	5		
Genvoya (Cobicistat, Elvitegravir, Emtricitabine, Tenofovir Alafenamide)	Yes	5			Yes	3		
Intelence (Etravirine)	Yes	5			Yes	3		
Invirase (Saquinavir)	Yes	5			No			
Isentress (Raltegravir)	Yes	5			Yes	3		
Isentress HD	Yes	5			Yes	3		
Kaletra (Lopinavir, Ritonavir)	Yes	5			Yes	3		
lamivudine	Yes	2		HBV tier 5	Yes	2		
Lexiva (fosamprenavir)	Yes	5			Yes	3		
nevirapine	Yes	1		ER tier 5	Yes	2		
Norvir (ritonavir)	Yes	5			Yes	3		
Odefsey (Emtricitabine, Rilpivirine, Tenofovir Alafenamide)	Yes	5			Yes	3		
Prezcobix (Cobicistat, Darunavir)	Yes	5			Yes	3		
Prezista (Darunavir)	Yes	5			Yes	3		
Rescriptor (Delaviridine)	Yes	5			No			
Retrovir (zidovudine)	Yes	6			Generic only	2		
Reyataz (Atazanavir Sulfate)	Yes	5			Yes	3		
ritonavir	No				No			
Selzentry (Maraviroc)	Yes	5			No			



**Table 3**  
**2018 NC Marketplace Qualified Health Plans**  
**Gold Plans**

Plan:	Overall Deductible	Drug Deductible	Out of Pocket Limit:	Primary Care	Specialist	Diagnostic Test	Hospital	Emergency Room	Mental Health/ Substance Abuse Office	Drug Tier 1	Drug Tier 2	Drug Tier 3	Drug Tier 4	Drug Tier 5	Drug Tier 6
Blue Advantage Gold 2500	\$2,500	\$200	\$7,350	\$5	\$30	10%	10%	\$500	\$30	\$4	\$10	\$35	\$80	25%	35%
Blue Local Gold 2500 (Duke Health and WakeMed)	\$2,500	\$200	\$7,350	\$5	\$30	10%	10%	\$500	\$30	\$4	\$10	\$35	\$80	25%	35%
Blue Local Gold 2500 (Carolinas HealthCare System)	\$2,500	\$200	\$7,350	\$5	\$30	10%	10%	\$500	\$30	\$4	\$10	\$35	\$80	25%	35%
Blue Select Gold 2500	\$2,500	\$200	\$7,350	\$5	\$30	10%	10%	\$500	\$30	\$4	\$10	\$35	\$80	25%	35%
Blue Value Gold 2500	\$2,500	\$200	\$7,350	\$5	\$30	10%	10%	\$500	\$30	\$4	\$10	\$35	\$80	25%	35%
Cigna Connect 1200	\$1,200	None	\$7,000	\$15	\$40	15%	15%	15%	\$40	\$8	\$15	\$50	50%	30%	NA

**Table 4**  
**2018 NC Marketplace Qualified Health Plans**  
**Silver Plans**

Plan:	Overall Deductible	Drug Deductible	Out of Pocket Limit:	Primary Care	Specialist	Diagnostic Test	Hospital	Emergency Room	Mental Health/ Substance Abuse Office Visit	Drug Tier 1	Drug Tier 2	Drug Tier 3	Drug Tier 4	Drug Tier 5	Drug Tier 6
Blue Advantage 4000	\$4,000	\$200	\$7,350	\$10	\$40	30%	30%	\$600	\$40	\$10	\$25	\$40	\$80	25%	35%
Blue Advantage 7000	\$7,000	\$400	\$7,350	\$25	\$75	30%	30%	\$1,000	\$75	\$10	\$25	\$40	\$80	25%	35%
Blue Local 4000 (Carolinas HealthCare System)	\$4,000	\$200	\$7,350	\$10	\$40	30%	30%	\$600	\$40	\$10	\$25	\$40	\$80	25%	35%
Blue Local 4000 (Duke Health and WakeMed)	\$4,000	\$200	\$7,350	\$10	\$40	30%	30%	\$600	\$40	\$10	\$25	\$40	\$80	25%	35%
Blue Local 7000 (Carolinas HealthCare System)	\$7,000	\$400	\$7,350	\$25	\$75	30%	30%	\$1,000	\$75	\$10	\$25	\$40	\$80	25%	35%
Blue Local 7000 (Duke Health and WakeMed)	\$7,000	\$400	\$7,350	\$25	\$75	30%	30%	\$1,000	\$75	\$10	\$25	\$40	\$80	25%	35%
Blue Select 7000	\$7,000	\$400	\$7,350	\$25	\$75	30%	30%	\$1,000	\$75	\$10	\$25	\$40	\$80	25%	35%
Blue Value 4000	\$4,000	\$200	\$7,350	\$10	\$40	30%	30%	\$600	\$40	\$10	\$25	\$40	\$80	25%	35%
Blue Value 7000	\$7,000	\$400	\$7,350	\$25	\$75	30%	30%	\$1,000	\$75	\$10	\$25	\$40	\$80	25%	35%
Cigna Connect 3750	\$3,750	None	\$7,350	\$30	\$80	20%	20%	20%	\$80	\$10	\$25	\$60	50%	40%	NA
Cigna Connect 4000	\$4,000	None	\$7,350	\$20	15%	15%	15%	\$600	15%	\$10	\$25	\$60	50%	30%	NA
Cigna Connect 5500	\$5,500	None	\$7,350	\$15	40%	40%	40%	\$750	40%	\$10	\$25	\$60	50%	40%	NA

**Table 5**  
**2018 NC Marketplace Qualified Health Plans**  
**Silver Cost Sharing Reduction Plans**  
**for Incomes 100-150% FPL / \$12,060 - \$18,090**

Plan:	Overall Deductible	Drug Deductible	Out of Pocket Limit:	Primary Care	Specialist	Diagnostic Test	Hospital	Emergency Room	Mental Health/ Substance Abuse Office Visit	Drug Tier 1	Drug Tier 2	Drug Tier 3	Drug Tier 4	Drug Tier 5	Drug Tier 6
Blue Advantage Silver Enhanced 300	\$300	None	\$700	\$5	\$20	30%	30%	\$300	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Advantage Silver Enhanced 400	\$400	None	\$800	\$5	\$20	30%	30%	\$300	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Local Silver Enhanced 300 (Carolinas HealthCare System)	\$300	None	\$700	\$5	\$20	30%	30%	\$300	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Local Silver Enhanced 300 (Duke Health and WakeMed)	\$300	None	\$700	\$5	\$20	30%	30%	\$300	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Local Silver Enhanced 400 (Carolinas HealthCare System)	\$400	None	\$800	\$5	\$20	30%	30%	\$300	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Local Silver Enhanced 400 (Duke Health and WakeMed)	\$400	None	\$800	\$5	\$20	30%	30%	\$300	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Select Silver Enhanced 400	\$400	None	\$800	\$5	\$20	30%	30%	\$300	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Value Silver Enhanced 300	\$300	None	\$700	\$5	\$20	30%	30%	\$300	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Value Silver Enhanced 400	\$400	None	\$800	\$5	\$20	30%	30%	\$300	\$20	\$4	\$10	\$20	\$80	25%	35%
Cigna Connect 100	\$100	None	\$1,250	\$5	\$25	10%	10%	10%	\$25	\$5	\$10	\$25	30%	50%	30%
Cigna Connect 125	\$125	None	\$1,250	\$5	5%	5%	5%	\$150	5%	\$5	\$10	\$30	30%	50%	30%
Cigna Connect 150	\$150	None	\$1,250	\$5	5%	5%	5%	\$200	5%	\$5	\$10	\$25	30%	50%	30%

**Table 6**  
**2018 NC Marketplace Qualified Health Plans**  
**Silver Cost Sharing Reduction Plans**  
**for Incomes 150-200% FPL / \$18,090 - \$24,120**

Plan:	Overall Deductible	Drug Deductible	Out of Pocket Limit:	Primary Care	Specialist	Diagnostic Test	Hospital	Emergency Room	Mental Health/ Substance Abuse Office Visit	Drug Tier 1	Drug Tier 2	Drug Tier 3	Drug Tier 4	Drug Tier 5	Drug Tier 6
Blue Advantage Silver Enhanced 600	\$600	None	\$2,450	\$5	\$20	30%	30%	\$500	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Advantage Silver Enhanced 800	\$800	None	\$2,450	\$5	\$20	30%	30%	\$500	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Local Silver Enhanced 600 (Carolinas HealthCare System)	\$600	None	\$2,450	\$5	\$20	30%	30%	\$500	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Local Silver Enhanced 600 (Duke Health and WakeMed)	\$600	None	\$2,450	\$5	\$20	30%	30%	\$500	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Local Silver Enhanced 800 (Carolinas HealthCare System)	\$800	None	\$2,450	\$5	\$20	30%	30%	\$500	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Local Silver Enhanced 800 (Duke Health and WakeMed)	\$800	None	\$2,450	\$5	\$20	30%	30%	\$500	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Select Silver Enhanced 800	\$800	None	\$2,450	\$5	\$20	30%	30%	\$500	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Value Silver Enhanced 600	\$600	None	\$2,450	\$5	\$20	30%	30%	\$500	\$20	\$4	\$10	\$20	\$80	25%	35%
Blue Value Silver Enhanced 800	\$800	None	\$2,450	\$5	\$20	30%	30%	\$500	\$20	\$4	\$10	\$20	\$80	25%	35%
Cigna Connect 825-3	\$825	None	\$2,450	\$10	10%	10%	10%	\$300	10%	\$5	\$10	\$30	50%	30%	NA
Cigna Connect 825-3a	\$825	None	\$2,450	\$10	10%	10%	10%	\$250	10%	\$5	\$10	\$30	50%	30%	NA
Cigna Connect 900	\$900	None	\$2,450	\$10	\$30	15%	15%	15%	\$30	\$5	\$10	\$30	50%	30%	NA

**Table 7**  
**2018 NC Marketplace Qualified Health Plans**  
**Silver Cost Sharing Reduction Plans**  
**for Incomes 200-250% FPL / \$24,120 - \$30,150**

Plan:	Overall Deductible	Drug Deductible	Out of Pocket Limit:	Primary Care	Specialist	Diagnostic Test	Hospital	Emergency Room	Mental Health/ Substance Abuse Office Visit	Drug Tier 1	Drug Tier 2	Drug Tier 3	Drug Tier 4	Drug Tier 5	Drug Tier 6
Blue Advantage Silver Enhanced 3600	\$3,600	\$200	\$5,850	\$10	\$40	30%	30%	\$600	\$40	\$10	\$25	\$40	\$80	25%	35%
Blue Advantage Silver Enhanced 3900	\$3,900	\$200	\$5,850	\$10	\$40	30%	30%	\$600	\$40	\$10	\$25	\$40	\$80	25%	35%
Blue Local Silver Enhanced 3600 (Carolinas HealthCare System)	\$3,600	\$200	\$5,850	\$10	\$40	30%	30%	\$600	\$40	\$10	\$25	\$40	\$80	25%	35%
Blue Local Silver Enhanced 3600 (Duke Health and WakeMed)	\$3,600	\$200	\$5,850	\$10	\$10	30%	30%	\$600	\$10	\$10	\$25	\$40	\$80	25%	35%
Blue Local Silver Enhanced 3900 (Carolinas HealthCare System)	\$3,900	\$200	\$5,850	\$10	\$40	30%	30%	\$600	\$40	\$10	\$25	\$40	\$80	25%	35%
Blue Local Silver Enhanced 3900 (Duke Health and WakeMed)	\$3,900	\$200	\$5,850	\$10	\$10	30%	30%	\$600	\$10	\$10	\$25	\$40	\$80	25%	35%
Blue Select Silver Enhanced 3900	\$3,900	\$200	\$5,850	\$10	\$40	30%	30%	\$600	\$40	\$10	\$25	\$40	\$80	25%	35%
Blue Value Silver Enhanced 3600	\$3,600	\$200	\$5,850	\$10	\$40	30%	30%	\$600	\$40	\$10	\$25	\$40	\$80	25%	35%
Blue Value Silver Enhanced 3900	\$3,900	\$200	\$5,850	\$10	\$40	30%	30%	\$600	\$40	\$10	\$25	\$40	\$80	25%	35%
Cigna Connect 2500	\$2,500	None	\$5,850	\$20	15%	15%	15%	\$600	15%	\$10	\$25	\$60	50%	30%	NA
Cigna Connect 2700	\$2,700	None	\$5,850	\$15	20%	20%	20%	\$500	20%	\$10	\$25	\$60	50%	40%	NA
Cigna Connect 2750	\$2,750	None	\$5,850	\$30	\$80	20%	20%	20%	\$80	\$10	\$25	\$60	50%	40%	NA





