

# ACA Insurance for People Living with HIV in North Carolina 2021

## Open Enrollment Overview

ACA Open Enrollment for 2021 runs from November 1, 2020 through December 15, 2020. In North Carolina, there are more plan options for 2021 than in any previous year. Two new insurers have entered the market, and two have greatly expanded their geographic reach. People living with HIV can get help with costs through HMAP's **Premium and Copay Assistance Program (PCAP)**, which has been expanded to all HMAP clients who are lawfully present in the US. This is a great opportunity for HMAP clients to consider enrolling in a Qualified Health Plan.

Clients who have insurance in 2020 will be re-enrolled in the same plan for 2021, if it's still available, or transitioned to a comparable plan. Everyone should return to [healthcare.gov](https://healthcare.gov) to check out options. There are new plans, and some old plans have been discontinued.

### New Insurers & Territories:

This year, a new insurer will offer plans in 9 counties around Asheville -- **Oscar**. In addition, **United Healthcare** is returning for 2021. Several companies will be expanding their territory, including **Ambetter**, **Bright Health**, and **Cigna**. As a result, many rural and urban counties will have new options.

## ACA Updates

### Legal Challenges to the ACA:

A recurring theme with the Affordable Care Act has been perpetual legal challenges. The most recent challenge was heard in the Supreme Court on November 10. Legal experts are cautiously optimistic that the Supreme Court will not strike down the entire ACA and that marketplace insurance is on solid ground.

### Continued Expansion of Non-ACA-complaint plans

The Trump administration has continued to push non-ACA complaint plans, such as short term limited

duration plans that do not have to meet ACA requirements for covered benefits and coverage of pre-existing conditions. These plans are not appropriate for people living with HIV or other pre-existing conditions. To find a comprehensive plan, people should enroll through [healthcare.gov](https://healthcare.gov).

### Higher Out-of-Pocket Maximums:

For 2021, the cap for the out-of-pocket maximum for ACA plans is \$8550 and most plans of all metal levels are going with this maximum, even most Gold plans. However, lower out-of-pocket maximums are available on cost sharing reduction plans.

## Ryan White & Insurance

As a reminder, Ryan White clients who don't enroll in insurance can continue to receive medical care and HMAP, but grantees are required to "vigorously pursue" client enrollment in insurance. Those 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 are available to help with deductibles and medical costs that aren't covered by HMAP's insurance assistance programs. Clients can continue to receive services such as dental care, transportation, and case management that are not covered by insurance.

## Getting Ready to Enroll

### Overview

**Six companies are offering plans in North Carolina in 2021: Ambetter, Blue Cross Blue Shield NC, Bright Health, Cigna, Oscar, and United Healthcare.** Each offers plans at various metal levels, but options will vary from county to county. See Table 1 for comparisons of key plan features. All plans cover **essential health benefits** and pre-existing conditions, as required by the ACA. This includes mental health and substance use disorder services, which in most plans are covered at the same cost as primary care services.

Each insurer covers the same services and drugs for all its plans, regardless of metal level. However, the insurers offer various “products,” that have different provider networks and cost sharing -- deductibles, copays, coinsurance, and maximum out-of-pocket. Not all products are offered in every county in which the insurer is operating. See Table 2 for Plans by County. Tables 4-9 list plans and cost sharing for all metal levels. Check details in [healthcare.gov](http://healthcare.gov).

In 2021, most plans allow for at least a few primary care visits before the deductible is met, even in some bronze plans. Many plans also have copay access to specialists and urgent care. Telehealth options are widely offered, often at no or low cost. Ambetter is also offering some plans with **adult dental and vision** services. Some insurers offer incentives to choose a primary care doctor or engage in healthy behaviors, and some tout their app or online services. Check insurance company websites for these details.

As always, consumers with incomes under 400% of the federal poverty level (\$51,040 for a single individual) are eligible for a **premium tax credit**, which reduces the monthly premium. Consumers with incomes between 100 and 250% of the poverty level (\$12,760 to \$31,900) are also eligible for a **cost sharing reduction** (“CSR”) plan. CSR plans are special Silver plans that have lower deductibles, cost sharing, and out-of-pocket maximums.

### 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 is the sum of a year’s premiums and estimated out-of-pocket expenses. Most PLWH can expect to meet their out-of-pocket maximum at some point in the year based solely on drug costs, unless they have few medical visits and tests, and make extensive use of copay cards. Under most plans, HIV drug costs will meet the annual out-of-pocket maximum, usually early in the year. So the total annual cost will be at most:

$$\begin{array}{r} \text{Premium x 12 months} \\ + \\ \text{Plan's out-of-pocket maximum} \end{array}$$

For consumers who are eligible for HMAP assistance, the only costs they will be responsible for are non-drug cost sharing until the out-of-pocket maximum is met. As discussed below, the Ryan White program can assist with those costs. So there should be little or no cost to consumers receiving HMAP assistance.

### Finding information about a health plan:

This report includes some detailed information about the health plans offered in the ACA marketplace for 2021. To find learn more about the plans, search these resources:

- **Healthcare.gov** – Search here for premiums, cost sharing and other plan details. There is also a built-in drug and provider search, as well as links to plan documents, including the Summary of Benefits & Coverage.
- **Summary of Benefits & Coverage (SBC):** This is a standardized summary that is available for every plan. It shows deductibles, cost sharing for various services and drugs, and other important plan details.
- **Certificate of Coverage:** This is the official insurance booklet for a plan. It provides detailed information and addresses many topics that are not covered in the SBC, [healthcare.gov](http://healthcare.gov), or insurance company marketing materials. It can take some digging to find the Certificate of Coverage. The SBC should include a link to the document or a phone number to call to request it.
- **Insurance Company web sites:** You can find a lot of plan information on the web, including online **provider networks, drug formularies, pharmacy information**, etc. Note that insurers may make mid-year changes to formularies and provider networks, so the online search tools on the company’s website will be the most up-to-date.
- **Insurance Company Customer Service number:** You can call the insurance company directly to ask questions, but you may end up on hold for a long time. If you aren’t already a customer, you’ll be directed to the sales department. Be persistent and ask your questions.

## Medication Access & Cost:

Each insurance company has one drug list, called a “**formulary**,” for all its ACA plans. The formulary is available online and through [healthcare.gov](https://www.healthcare.gov). The formulary shows whether the drug is covered, what “**tier**” it’s on, and what limitations might apply, such as prior authorization, step therapy, quantity limits, etc. Drugs that are not covered can be requested through an “exceptions” process, but it would be unwise to enroll in a plan that doesn’t cover a needed medication on the hope that an exception would be granted.

All of the NC plans provide a good number of common HIV drugs, including a selection of single tablet regimens. Blue Cross Blue Shield has the most extensive list of covered HIV drugs. Most insurers have few or no restrictions on access to covered drugs, such as prior authorization or step therapy. The insurer with the most restrictions is Ambetter.

To access drugs, the consumer will pay either a copay – a fixed amount – or coinsurance – a percentage of the cost of the drug. In most cases, drugs that have a copay are covered without first meeting the deductible. For drugs with coinsurance, the insurer doesn’t start paying until after the consumer has met the deductible.

To figure out how much a drug will cost, one needs to check in two different places. First check the formulary to make sure the drug is covered and find out what tier it’s on. Table 3 shows each company’s coverage and tier assignment for HIV drugs, as of November 2020. After checking for coverage and tier, look at the plan cost sharing details to find out the cost for the tier the drug is on. The cost for particular drug tiers is shown in Tables 4-9 and in the **Summary of Benefits and Coverage** for the particular plan. Note that [healthcare.gov](https://www.healthcare.gov)’s display of drug tier prices is usually incomplete.

Most insurers place HIV drugs on high (i.e. expensive) drug tiers. Higher tier drugs are almost always subject to coinsurance. It can be next to impossible to predict exactly how much a consumer will pay for a drug with coinsurance, because the total drug price to which coinsurance is applied is not public. Table 3 shows each company’s coverage and tier assignment for HIV drugs.

**For 2021, HIV drug costs will be higher than in previous years on many plans.** Most HIV drugs are on tiers with coinsurance, and the coinsurance percentage has increased for many plans, notably **Blue Cross Blue Shield**. BCBS now has all single tablet regimens on tier 5, which is 50% coinsurance on all plans. **Bright Health** places all of its HIV drugs on tier 5, with 40-50% coinsurance on standard silver plans, 10-40% on cost sharing reduction plans. **United Healthcare** places its HIV drugs on tier 4, with coinsurance on all plans, ranging from 40% for standard Silver plans to 5-30% on cost sharing reduction plans.

An exception to coinsurance is the new insurer, **Oscar**, which has many plans where HIV drugs are at copay prices. **Ambetter** and **Cigna** have a few plans with copays for HIV drugs, but most plans will require coinsurance.

As discussed in more detail below, for people who are enrolled in the State’s Premium and Copay Assistance Program (PCAP), the state will cover all drug costs, so the higher HIV drug costs will not be a barrier. In fact, the higher drug costs will help consumers reach the out-of-pocket maximum more quickly. After reaching that milestone, consumers will have no further cost sharing for any covered services for the rest of the year.

Clients who are not eligible for PCAP will need to watch out for plans that use a **copay accumulator**. With a copay accumulator, if a consumer uses a copay card for drug costs, the amount covered by the copay card will not apply toward the deductible or out-of-pocket maximum. That will increase the person’s out-of-pocket costs because it will take longer for them to meet the deductible and out-of-pocket maximum. Our research indicates that **copay accumulators are used by Ambetter, United Healthcare and Oscar**.

## Provider Networks

Many of the plans offered in NC, especially in urban areas, are centered around particular health systems. This is especially true for those in urban areas with more than one major health system, e.g., Charlotte, Winston-Salem, and the Triangle. Most plans are limited to one health system or the other. In Charlotte, there are Novant plans and Atrium plans; in the Triangle, UNC and Duke/Wake Med plans; in the Triad, most plans divide up between

Novant, Wake Forest, and Cone. Many of the Asheville plans are centered around Mission Health. In the Triangle, the expansion of Bright Health and Cigna have provided new options for Duke Health patients, including those in Durham County who had been limited to Ambetter. Duke continues to be excluded from BCBS Affordable Care Act networks in Wake and Durham Counties.

A provider network search is available through [healthcare.gov](https://www.healthcare.gov), and there is also a link from [healthcare.gov](https://www.healthcare.gov) to the plan's website for a provider search. The [healthcare.gov](https://www.healthcare.gov) provider search has vastly improved over the years, but it's still worth double-checking on the insurance company's website.

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. 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. In choosing a plan, consumers should search all their providers to make sure they find a plan that includes most if not all of them.

**Specialist Referrals:** United Healthcare plans require a referral for a specialist visit. The other insurers do not require a referral.

## 2021 Plan Offerings & Changes

### Ambetter:

Ambetter is adding 21 new counties for a total of 35 counties concentrated mostly in central North Carolina, from Wilkes to Robeson counties. (See Table 2). Ambetter's provider network is the same for all plans, and includes Duke, Cone Health, Duke Lifepoint. It offers Gold ("Secure Care"), Silver ("Balanced Care") and Bronze ("Essential Care") plans. Ambetter is the only insurer in NC offering some plans with **adult dental and vision services**.

Ambetter premiums are generally among the highest in the NC marketplace, even with subsidies. But for those enrolled in PCAP, that difference in premium will not be an issue. Some Ambetter silver plans offer copay visits to primary care and specialist providers before the deductible is met.

### Ambetter Drug Coverage:

Ambetter plans use a 4-tier formulary. Single tablet regimens are covered, generally at tier 2 or 3. Tier 3 is 50% coinsurance on most silver plans, including cost sharing reduction plans. With few exceptions, Ambetter plans do not have a separate drug deductible. Some plans do cover some lower cost drugs before the deductible is met. As mentioned above, Ambetter plans use a copay accumulator, so they are not the best option for people who rely on copay cards for their medications.

### Blue Cross Blue Shield:

Blue Cross Blue Shield offers Gold, Silver, Bronze, and Catastrophic plans. It has several different provider networks. There is one wide-network plan, **Blue Advantage**, which is offered in 81 counties, mostly outside major urban areas. Other BCBS plans have narrow provider networks that are limited to a particular health system. These plans are marketed as "**Blue Home**" and "**Blue Local**" There are plans centered around UNC (Triangle area), Novant (Charlotte and Winston-Salem areas), Atrium (Charlotte), and Wake Forest Baptist (Winston-Salem/Triad). One narrow network plan is not tied to a particular health system: **Blue Value**. Blue Value is offered in 26 counties, mostly outside major urban areas. As in the past two years, there is *no BCBS plan that includes Duke that is available for residents of Alamance, Chatham, Durham, Franklin, Johnston, Orange, Wake, or other Triangle counties*.

Most BCBS plans for 2021 are "copay" plans. This means many services are available with a copay, before the deductible is met. This includes copay access to primary care, specialists and mental health/substance use disorder providers. Services such as emergency, in-patient hospital, and imaging have a deductible and co-insurance.

Although Silver plans are usually the best option, *BCBS has priced its Gold plans lower than Silver for 2021*. For consumers who are not eligible for cost sharing reduction plans, a Gold plan is likely to have a lower premium and cheaper cost sharing.

### **Blue Cross Blue Shield Drug Coverage:**

BCBS has the most comprehensive formulary for HIV drugs, covering most single tablet regimens. All are designated as specialty drugs, on tier 5. For 2021, the coinsurance for tier 5 has increased to 50% on all Silver and Gold plans. There is a separate, lower drug deductible for a number of plans, which means drugs are covered (with coinsurance) before the full deductible is met. Many plans have an “**integrated deductible,**” which means that there is one larger deductible. For clients on PCAP, an integrated deductible is preferable, because HMAP’s payments toward drug costs will be applied to the one deductible and help the consumer more quickly meet the deductible for non-drug services.

Based on review of plan documents, BCBS does not appear to employ a copay accumulator, so costs covered by copay cards will count toward the deductible and out-of-pocket maximum.

### **BCBS Plans for 2021:**

**Blue Advantage** – Offered in 81 counties, it has the most extensive provider network and is the most expensive BCBS plan at each metal level. It is not available to consumers who live in the major metro areas of the Triangle or Charlotte.

**Blue Value** – Offered in 26 counties. This is a narrow network plan at lower cost. In the Charlotte area, the network is limited to Novant.

**Blue Local with Atrium or Blue Local with Wake Forest Baptist** – Blue Local is offered in two regions, with narrow networks focused on one health system. In the Charlotte area, Blue Local is in 9 counties, focused on Atrium Health. Novant providers are out of network. In Winston-Salem, Blue Local is in 8 counties, focused on the Wake Forest Baptist Health network.

**Blue Home with UNC Health Alliance** (Formerly Blue Local-UNC) and **Blue Home with Novant**. The UNC plan is offered in 11 counties in the Triangle. The Novant plan is offered in 8 counties between Charlotte and Winston-Salem.

### **Bright Health:**

Bright Health entered the North Carolina market in 2020 with plans in 10 counties in the Charlotte and

Winston-Salem areas, where it partners with Novant (Atrium is out of network). For 2021 Bright Health it is expanding into 23 new counties for a total of 33. New regions include Asheville, Greensboro, and Raleigh/Durham. Its network includes Duke Health, WakeMed, Cone Health, Novant, Mission, and Triad Health. Atrium and Wake Forest Baptist are out of network. Bright Health also includes many independent medical practices that are participating in their “clinically integrated network.” Bright Health will be an additional option for Duke patients living in the Triangle.

Bright Health includes copay access to primary care and specialists on its Silver and Gold plans, and primary care visits before the deductible on some Bronze plans. There are rewards for healthy behaviors, including choosing a primary care provider, taking a health survey, etc. Telemedicine is included in all plans.

### **Bright Health Drug Coverage:**

Bright Health has some gaps in its coverage of HIV medications. It does not cover Biktarvy, Cimduo, Descovy, Odefsey, Symfi, Symtuza or Triumeq, to name a few. A consumer would need to request an exception to use these excluded drugs. Bright Health uses a 5-tier formulary, and for 2021, all the single tablet regimens it covers are on tier 5, which is 40% coinsurance on Silver plans (20-40% coinsurance on cost sharing reduction plans).

### **Cigna:**

In 2021, Cigna is making a major expansion in North Carolina, increasing from 12 to 68 counties. The original Triangle-focused network is adding several counties and bringing Duke and WakeMed into that network. Cigna’s Connect product is now being offered in several rural regions in the eastern and western parts of the state. Many of these counties have previously had only Blue Cross options in the past.

Cigna’s hospital partners include Mission, Vidant, and Duke LifePoint. The networks for each of the three networks (Triangle, Rural West, and Rural East) are not connected, so a consumer enrolled in the Cigna plan in Buncombe County won’t be able to use providers in the Raleigh/Durham network, and vice versa. Cigna offers plans at the Bronze, Silver, and Gold levels. This year, they are offering a specialty Diabetes Care Plan.

Cigna's Connect plans are HMOs. Primary care visits are available before the deductible is met. Some plans also offer pre-deductible specialist visits. A referral to a specialist is not required. It is difficult to determine from plan materials whether mental health/substance use disorder office visits are treated as primary care or specialist visits for purposes of cost sharing. Consumers who use these services should verify cost with Cigna before enrolling.

Cigna has free telehealth visits that are available before the deductible is met. It has no out-of-network or out of state coverage.

#### **Cigna Drug Coverage:**

Cigna plans use a 5-tier drug formulary. It covers many, but not all, single tablet regimens. All STRs are on tier 3. Some silver plans have copay access on tier 3 at \$55-75 per drug. Tier 1 and 2 drugs have copays. Cigna waives the deductible for copay drugs.

### **Oscar**

Oscar is a new insurer for 2021, a start-up company that focuses on technology. They have extensive virtual primary care and virtual urgent care, and an app that is a hub. Oscar is offering coverage in 9 counties around Asheville, partnering with Mission Health. With Oscar's focus on technology, it seems suited to a younger, more tech-savvy clientele with good internet access. Among the app's features is a linkage with Fitbit where customers can earn a \$1/day premium each day they meet their step goal (up to \$100 maximum).

Oscar is offering plans at the Bronze, Silver, and Gold, and Catastrophic levels. They have some plans with pre-deductible primary care visits with copay, even at the Bronze level. There is no requirement to a referral to a specialist.

#### **Oscar Drug Coverage:**

Oscar's drug formulary covers most single table regimens, placing them on tier 2, which provides copay access before the deductible is met in 3 of their 4 Silver plans. Silver copays are \$75 or \$100 for tier 2 (lower for cost sharing reduction plans). Because HIV drug costs are relatively low in Oscar plans, consumers who enroll in one will not likely meet the out-of-pocket maximum and deductible based on drug costs. For that reason, Oscar plans may not be a good option for people on PCAP, but

could work well for consumers who are responsible for their own out-of-pocket costs.

### **United Healthcare**

United Healthcare is returning to the North Carolina Affordable Care market for 2021, after having offered plans for several years and then pulling out. United is again offering its "Compass" plans, this time in fewer counties. For 2021, UHC plans will be available in 32 counties in the Southeast, West, Guilford area, Orange and Wake counties.

UHC's HIV drug coverage is less extensive than some other plans. A number of single table regimens are excluded, including Atripla, Biktarvy, Cimduo, Descovy, Symfi, Symtuza, and Triumeq. STRs are on tier 4, which is 30% coinsurance on Silver plans (5-20% on CSR plans).

UHC plans are HMOs, and each member must have a primary care provider. For specialist visits, a referral from the PCP is required. The provider network includes many major hospitals, including Catawba Valley Medical Center, First Health, High Point Regional Health System, Mission, Moses Cone, Rex, Scotland Memorial, Southeastern Regional, and UNC. Coverage is limited to providers in the plan's service area.

### **Third party help with drug costs:**

Consumers eligible for and enrolled in HMAP can get help with insurance costs through two insurance assistance programs: The **Premium and Copay Assistance Program (PCAP)** and the **Insurance Copay Assistance Program (ICAP)**. The PCAP program pays both premiums and drug deductibles/cost sharing. ICAP pays drug deductibles and cost sharing, but not premiums.

Those who don't qualify for HMAP, but have income under 400% FPL (\$49,960) can get drug copay help from the Patient Advocate Foundation.

#### **Premium and Copay Assistance Program (PCAP) – Expansion!**

The PCAP program was launched effective January 1, 2018, building upon the ICAP Program. The big news is that the PCAP program is now being offered to all HMAP clients who are lawfully present in the US. Previously PCAP was limited to clients with incomes of at least 100% FPL. The PCAP program will pay all

monthly premiums and drug cost sharing (including applicable deductibles). PCAP doesn't pay for medical services like office visits or labs, but Ryan White Programs have funds budgeted to assist with those costs.

Consumers must purchase an individual (not family) plan on the marketplace and claim their advance premium tax credit so it will reduce monthly premium payments throughout the year. Insurers may require that any past due balance be paid before enrollment, and HMAP cannot pay those past due balances. Family plans can only be covered on a case-by-case basis, if everyone on the plan is also on HMAP.

After the consumer enrolls, the case manager/HMAP counselor should send insurance information to the HMAP office, including proof that the consumer applied for the premium tax credit up front. HMAP will pay the "binder fee" after insurance paperwork is received. The HMAP Manual provides detailed instructions for PCAP enrollment.

<https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html>

Once enrolled, the consumer will receive a special pharmacy insurance card that is used along with the ACA insurance card. Drugs must be obtained from a pharmacy that is in network for both PCAP/ICAP and the ACA insurance plan.

**Services other than drugs:** Because PCAP does not cover cost sharing for services other than drugs, the consumer will be responsible for cost sharing for medical services such as doctor visits, labs, etc. If help is needed with those costs, Ryan White programs can assist. It should be pointed out that most consumers will quickly reach the plan's out-of-pocket maximum based on drug purchases covered by HMAP. Once the out-of-pocket maximum is reached, there will be no further cost sharing for covered services for the remainder of the year.

#### **PCAP Plan Selection:**

PCAP does not place any limits on plan choice, other than requiring an individual, not family plan. Clients should make sure their drugs and providers are covered by the plan they choose.

For most consumers, a Silver plan will be a good choice. Those with incomes between 100% and 250% of the federal poverty level (\$12,760 - \$31,900) can buy a Silver cost sharing reduction plan

(CSR) that will have lower a out-of-pocket maximum, deductible, and copay/coinsurance. For clients who are not eligible for cost sharing reduction plans, the best choice is probably a Gold plan. This will come with lower copays for medical services. The premiums for Blue Cross Blue Shield Gold plans are actually cheaper than Silver this year, so those plans will save money for HMAP, too.

PCAP clients should try to choose a plan that does not have a separate drug deductible. With one "integrated deductible" that covers both drugs and medical services, payments for drug costs will be applied to the one deductible, speeding the client toward the out-of-pocket maximum.

#### **Insurance Copay Assistance Program (ICAP)**

The ICAP program still exists, but it makes much more sense for consumers to switch to the PCAP program so they can help not only with copays, but also with premiums.

#### **Assistance for people over income for HMAP**

People with incomes over 300% FPL (\$38,280) do not qualify for HMAP's insurance assistance programs. This leaves consumers with high deductibles and drug cost sharing. There are two possible ways to deal with this barrier: 1) drug copay cards and 2) Patient Advocate Foundation grants.

**Drug copay cards** are widely used to help meet high drug cost sharing. However, as discussed above, some insurance companies are now employing copay accumulators where by amounts paid via copay cards will not count toward the deductible and out-of-pocket maximum. (See discussion on p.3). *Therefore, people who rely on copay cards should try to avoid plans offered by these companies (Ambetter, Cigna, and Oscar).*

Another possibility for assistance is the **Patient Advocate Foundation**, which offers help with drug copays via grants of up to \$7500 per year for people with annual income under 400% FPL (\$51,040). Consumers should apply online.

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

Consumers receiving Patient Advocate Foundation are limited to assistance of \$7500 (but can reapply for more). This assistance will not cover the typical

out-of-pocket maximum of \$8550, but when combined with copay cards, may be workable in helping to reach the out-of-pocket maximum. Consumers eligible for Ryan White (under 400% FPL/\$51,040) can seek assistance with medical copays until the out-of-pocket maximum is met.

## Consumers who are not eligible for any financial assistance

Those who don't qualify for financial assistance through PCAP, ICAP, or Patient Advocate Foundation may still be able to take advantage of copay cards that can help pay for HIV drugs, but as discussed above, consumers who expect to rely on copay cards should avoid Ambetter, Cigna and Oscar plans because of copay accumulators.

Consumers relying solely on copay cards should consider plans that have a lower premium and deductible. It's best to choose a plan with an "integrated" deductible, where drug costs will count toward the deductible. Those without assistance should also look closely at plans that offer HIV drugs with copays, rather than coinsurance, such as Oscar.

In previous years, we advised searching for a lower out-of-pocket maximum, but for 2021, almost all plans have an out-of-pocket maximum of \$8550. The Bright Health Silver 5000 plan is the only exception, with a \$7500 out-of-pocket maximum, and no copay accumulator. For consumers living in the Bright Health Service area, this plan is a little better on costs and includes copay access to primary and specialists, before the deductible is met. Consumers can also consider a Bronze plan with an HSA (Health Savings Account) option.

This enables consumers to put aside pre-tax income toward drug and medical costs. Several Bronze HSA plans have out-of-pocket maximums around \$7000.

## A note about PrEP Coverage

Under the ACA, qualified health plans are required to cover, at no cost, preventive care that has an A or B grade recommendation from the U.S. Preventive Services Task Force. As of 2019, the USPSTF has given an A grade to PrEP for persons at high risk for HIV. This means that a plan must offer \$0 coverage for an approved PrEP agent (currently Truvada, generic Truvada, and Descovy).

It can be very difficult to ascertain from published plan materials and drug formularies that this free coverage is available. Only one insurer, Blue Cross Blue Shield, clearly marks Truvada as an ACA-required preventive at \$0 cost sharing. On United Healthcare's formulary, Truvada is listed as tier 4, but if a user clicks on a link, additional material indicates that Truvada is a \$0 copay preventive with prior authorization. Our search of other formularies did not locate any reference to Truvada for PrEP, but legally, it must be covered.

## GLOSSARY

**Certificate of Coverage:** The full insurance plan booklet that provides full plan details. This is the insurance "contract." It is usually at least 100 pages long.

**Copay:** A fixed dollar amount the consumer pays toward a drug or service. Most plans offer some services before the deductible is met, usually including primary visits, sometimes also specialists, labs, or urgent care. Copays do not count toward the deductible, but do count toward the out-of-pocket maximum.

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

**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.

**Copay Accumulator:** An insurance company policy whereby the value of drug copay cards are not counted toward the deductible or out-of-pocket maximum. These increase costs for consumers. In 2021, Ambetter, Cigna, and United Healthcare use copay accumulators.

**Deductible:** The amount the consumer pays out-of-pocket before insurance starts paying. Most Silver plans cover some services with a copay before the deductible is met. This may include primary care and specialist visits, as well as generic and some other



drugs. Copays generally do not count toward the deductible.

**Drug Deductible/Medical Deductible/Integrated Deductible:** Some plans have separate deductibles for drugs and medical services. When there is a separate drug deductible, the consumer can start accessing drugs, with coinsurance, before the higher medical deductible is met. Expenses for drugs count only to the drug deductible and not the higher medical deductible. With an “integrated deductible,” medical and drug coinsurance count toward the same, higher deductible. This is advantageous for people who have assistance with drug costs via PCAP or the Patient Assistance Foundation, because payments for drug costs count toward the integrated deductible.

**Formulary:** A list of the drugs covered by the plan. The list shows which “tier” 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](https://www.healthcare.gov).

**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 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.)

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

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

**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](https://www.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 can still enroll if they are eligible for a special enrollment period.

**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](https://www.healthcare.gov) and includes additional details about the plan.

## Acknowledgements:

*This report was prepared by Allison Rice, Duke Health Justice Clinic, with assistance from NC AIDS Action Network. Special thanks to Kevin Siebs, Duke Law '21, for preparing the tables with plan details. Thanks also to Donte Prayer, NCAAN, for compiling drug coverage information.*



## Resources & Contacts

<b>North Carolina HMAP:</b> HMAP Client Hotline, 877-466-2232, in state (toll free) <a href="http://epi.publichealth.nc.gov/cd/hiv/HMAP.html">http://epi.publichealth.nc.gov/cd/hiv/HMAP.html</a>	<b>Patient Advocate Foundation:</b> <a href="https://copays.org/funds/hiv-aids-and-prevention/">https://copays.org/funds/hiv-aids-and-prevention/</a>
<b>NC Enrollment Assistance:</b> <a href="https://widget.getcoveredamerica.org/connector">https://widget.getcoveredamerica.org/connector</a> 1-855-733-3711	<b>Healthcare.gov:</b> <a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a> 800-318-2596

	<b>Ambetter</b>
<b>Customer Service Phone</b>	1-833-863-1310
<b>Formulary</b>	<a href="https://www.ambetterofnorthcarolina.com/resources/pharmacy-resources.html">https://www.ambetterofnorthcarolina.com/resources/pharmacy-resources.html</a>
<b>Provider Network</b>	<a href="https://www.ambetterofnorthcarolina.com/findadoc">https://www.ambetterofnorthcarolina.com/findadoc</a>

	<b>Blue Cross Blue Shield NC</b>
<b>Customer Service Phone</b>	1-800-324-4973
<b>Formulary</b>	<a href="https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HIM/2021/2021_NC_6T_HealthInsuranceMarketplace.pdf">https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HIM/2021/2021_NC_6T_HealthInsuranceMarketplace.pdf</a>
<b>Provider Network</b>	<a href="https://healthnav.bcbsnc.com/?ci=COMMERCIAL&amp;network_id=3">https://healthnav.bcbsnc.com/?ci=COMMERCIAL&amp;network_id=3</a>

	<b>Bright Health</b>
<b>Customer Service Phone</b>	1-855-521-9349
<b>Formulary</b>	<a href="https://brighthouseplan.com/drug-search/ifp">https://brighthouseplan.com/drug-search/ifp</a>
<b>Provider Network</b>	<a href="https://brighthouseplan.com/search?lob=haslfp">https://brighthouseplan.com/search?lob=haslfp</a>

	<b>Cigna</b>
<b>Customer Service Phone</b>	1-877-900-1237
<b>Formulary</b>	<a href="http://www.cigna.com/ifp-drug-list">http://www.cigna.com/ifp-drug-list</a>
<b>Provider Network</b>	<a href="http://www.cigna.com/ifp-providers">http://www.cigna.com/ifp-providers</a>

	<b>Oscar</b>
<b>Customer Service Phone</b>	<b>1-855-672-2755</b>
<b>Formulary</b>	<a href="https://www.hioscar.com/search/?networkId=043&amp;year=2021">https://www.hioscar.com/search/?networkId=043&amp;year=2021</a>
<b>Provider Network</b>	<a href="https://www.hioscar.com/search/?networkId=043&amp;year=2021">https://www.hioscar.com/search/?networkId=043&amp;year=2021</a>

	<b>United Healthcare</b>
<b>Customer Service Phone</b>	1-800-980-5357
<b>Formulary</b>	<a href="https://www.uhc.com/xncdruglist2021">https://www.uhc.com/xncdruglist2021</a>
<b>Provider Network</b>	<a href="https://www.uhc.com/xncdocfind2021">https://www.uhc.com/xncdocfind2021</a>

**Table 1**  
**North Carolina Insurer Comparison**  
**2021**

	<b>Ambetter</b>	<b>Blue Cross Blue Shield</b>	<b>Bright Health</b>	<b>Cigna</b>	<b>Oscar</b>	<b>United Healthcare</b>
<b>Number of counties</b>	35	100 (not all plans in all counties)	33	68 (speaker said 61)	9	32
<b>Markets offered</b>	Central part of state, north to south	Plans throughout state.	Asheville, Charlotte, Greensboro, Triangle, Winston-Salem	-Triangle (expanded from 5 to 12 counties) -East Rural & West Rural	Asheville area	-Wake, Orange, Franklin & Southeast; -Rockingham/Guilford Randolph -Western NC
<b>Metal Levels Offered</b>	Gold, silver, bronze	Gold, silver, bronze, catastrophic	Gold, silver, bronze, catastrophic	Gold, silver, bronze	Gold, silver, bronze, catastrophic	Gold, silver, bronze
<b>Provider Networks</b>	Narrow network Duke, WakeMed, Cone Health, Duke LifePoint, Cape Fear Valley, etc	One broad network plan (Advantage); -Several narrow networks. -Some networks limited to one health system, e.g. UNC, Novant, Atrium, Wake Forest Baptist	Narrow (HMO) -Duke/WakeMed (Triangle) -Novant (Charlotte & Winston-Salem) -Cone Health, Triad Healthcare (Triad) -Mission & Duke LifePoint (Asheville)  -Can use any care provider in Bright Health Network in NC	<i>Cigna Connect</i> – Narrow (HMO) -Duke/WakeMed (Triangle)  <i>Cigna Connect Broad</i> : Mission, Vidant, Duke Lifestpoint, 40+ hospitals  Networks aren't connected (can only access the Cigna network in which enrolled)	Narrow (HMO)  Mission Health	Narrow (HMO)  NC Compass HMO network  Hospitals include: MH Mission, Cone, Catawba Valley Medical Center, First Health, Cape Fear Valley Med Ctr, New Hanover Regional, SE Regional, Scotland Memorial, UNC
<b>Primary Care provider required?</b>	No	No	No	No	No	Yes
<b>Specialist referral required?</b>	No	No	No	No	No	Yes. Prior authorization required
<b>Services before deductible met</b>	-Some access to primary care and specialist by copay	-for all silver & gold, 1 <sup>st</sup> 3 primary care visits are \$0 copay; some specialist visits by copay	Pre-deductible copays for primary care & specialist on many plans	-Copay access to primary care on many plans; many silver plans have copay access to specialist	-Copay access to primary care provider on silver & gold, and some bronze. Copay access to specialists on silver & gold plans	3 Pre-deductible \$0 copay primary care & virtual visits on most plans; One silver and gold plan have copay access to specialist
<b>HIV Drug Coverage</b>	4-tier formulary; covers substantially all ARVs, 50% coinsurance for most STRs.	6-tier formulary Covers substantially all ARVs, with high cost sharing -- 50% coinsurance!	5-tier formulary Less extensive coverage of ARVs; many newer drugs not covered; -STRs are 40% coinsurance on Silver	5-tier formulary -STRs mostly tier 3; copay access on some plans; copay on all Gold. -ARVs available with copay, after deductible, except on bronze.	4-tier formulary -STRs on tier 2, which is \$75-\$100 on Silver plans	5-tier formulary; -some STRs excluded; -30% coinsurance on Silver plans (5-20% coinsurance on CSR plans)

**Table 1**  
**North Carolina Insurer Comparison**  
**2021**

	<b>Ambetter</b>	<b>Blue Cross Blue Shield</b>	<b>Bright Health</b>	<b>Cigna</b>	<b>Oscar</b>	<b>United Healthcare</b>
<b>Separate drug deductible or integrated?</b>	Integrated	Some plans have drug deductibles, including all Gold	No drug deductible on Silver or Gold	Integrated deductible on most	Integrated deductible on most	Integrated
<b>Copay accumulator (cards not counted toward deductible/Out of pocket max)</b>	Yes	No	No	No	Yes	Yes
<b>Mental Health/Substance Use Disorder</b>	Office visits at primary care cost	Office visits at primary care cost	Office visits at primary care cost	Office visits at primary care cost	Office visits at primary care costs	Office visits at <b>specialist</b> cost

**Table 2**  
**2020 NC Marketplace Qualified Health Plans**  
**County Availability**

County	Ambetter	BCBS Blue Advantage	BCBS Blue Home with Novant Health	BCBS Blue Home with UNC Health Alliance	BCBS Blue Local with Atrium Health	BCBS Blue Local with Wake Forest Baptist Health	BCBS Blue Value	Bright Health	Cigna	Oscar	United Healthcare
<b>Total Counties</b>	<b>35</b>	<b>81</b>	<b>8</b>	<b>11</b>	<b>9</b>	<b>8</b>	<b>26</b>	<b>33</b>	<b>68</b>	<b>10</b>	<b>31</b>
Alamance	x			x				x	x		
Alexander	x	x					x				x
Alleghany	x	x									
Anson					x		x				
Ashe		x									
Avery		x							x		
Beaufort		x							x		
Bertie		x							x		
Bladen	x	x							x		x
Brunswick		x					x				x
Buncombe		x						x	x	x	x
Burke		x					x				x
Cabarrus			x		x		x	x			
Caldwell		x					x				x
Camden		x							x		
Carteret		x							x		
Caswell	x			x							
Catawba		x					x				x
Chatham	x			x				x	x		
Cherokee		x							x		
Chowan		x							x		
Clay		x							x		
Cleveland					x		x				
Columbus		x					x				x
Craven		x							x		
Cumberland	x	x							x		x
Currituck		x							x		
Dare		x							x		
Davidson	x	x	x			x	x	x			
Davie	x	x				x	x	x			
Duplin		x					x		x		x
Durham	x			x				x	x		
Edgecombe		x							x		
Forsyth	x	x	x			x	x	x			
Franklin	x			x				x	x		x
Gaston					x		x	x			
Gates		x							x		
Graham		x						x	x		
Granville	x	x							x		
Greene		x							x		
Guilford	x	x				x		x			x
Halifax		x							x		
Harnett	x	x							x		x
Haywood		x						x	x	x	x
Henderson		x							x	x	x
Hertford		x							x		
Hoke	x	x							x		x
Hyde		x							x		
Iredell	x	x					x				x
Jackson		x						x	x	x	x
Johnston	x			x				x	x		x
Jones		x							x		
Lee	x			x				x	x		

**Table 1**  
**2020 NC Marketplace Qualified Health Plans**  
**County Availability**

County	Ambetter	BCBS Blue Advantage	BCBS Blue Home with Novant Health	BCBS Blue Home with UNC Health Alliance	BCBS Blue Local with Atrium Health	BCBS Blue Local with Wake Forest Baptist Health	BCBS Blue Value	Bright Health	Cigna	Oscar	United Healthcare
Lenoir		x							x		
Lincoln					x		x				
Macon		x						x	x	x	
Madison		x						x	x	x	
Martin		x							x		
Mcdowell		x						x	x	x	x
Mecklenburg			x		x		x	x			
Mitchell		x						x	x		
Montgomery	x	x							x		
Moore	x	x							x		
Nash		x		x					x		
New Hanover		x					x				x
Northampton		x							x		
Onslow		x					x		x		
Orange	x			x				x	x		x
Pamlico		x							x		
Pasquotank		x							x		
Pender		x					x				x
Perquimans		x							x		
Person	x			x				x	x		
Pitt		x							x		
Polk		x							x	x	
Randolph	x	x				x		x			x
Richmond	x	x							x		
Robeson	x	x							x		x
Rockingham	x	x						x			x
Rowan			x		x		x	x			
Rutherford		x							x		x
Sampson	x	x							x		x
Scotland	x	x							x		x
Stanly					x		x				
Stokes	x	x	x			x	x	x			
Surry		x					x				
Swain		x						x	x		
Transylvania		x						x	x	x	x
Tyrrell		x							x		
Union			x		x		x	x			
Vance	x	x							x		
Wake	x			x				x	x		x
Warren	x	x							x		
Washington		x							x		
Watauga		x									
Wayne		x							x		
Wilkes	x	x				x					
Wilson		x							x		
Yadkin	x	x	x			x	x	x			
Yancey		x						x	x	x	

**Table 3  
2021 NC Marketplace Qualified Health Plans**

	Ambetter			Blue Cross NC			Bright Health			Cigna			Oscar			United Healthcare		
	4 tier formulary			6 tier formulary			5 tier formulary			5 tier formulary			4 tier formulary			5 tier formulary		
	On Formulary	Tier	Restrictions	On Formulary	Tier	Restrictions	On Formulary	Tier	Restrictions	On Formulary	Tier	Restrictions	On Formulary	Tier	Restrictions	On Formulary	Tier	Restrictions
<b>Atazanavir</b>	Yes	1	QL	Yes	4	SP	Yes	5	QL	Yes	2		Yes	1B	QL	Yes	4	QL
<b>Atripla</b> (efavirenz, emtricitabine, tenofovir disoproxil fumarate)	Yes	3	QL	Yes	5	SP	generic	5	QL	No			No			No		
<b>Biktarvy</b> (bictegravir, emtricitabine, tenofovir alafenamide)	Yes	3	QL	Yes	5	SP	No			Yes	3		Yes	2	QL	No		
<b>Cimduo</b> (lamivudine, tenofovir disoproxil fumarate)	Yes	2	ST, QL	Yes	5	SP	No			No			Yes	2	QL	No		
<b>Combivir</b> (lamivudine, zidovudine)	generic	1	QL	generic	2	SP	generic	2	QL	generic	2		generic	1B	QL	Yes	3	QL
<b>Complera</b> (emtricitabine, rilpivirine, tenofovir disoproxil fumarate)	Yes	3	ST, QL	Yes	5	SP	Yes	3	5 QL	Yes	3		No			Yes	4	QL
<b>Delstrigo</b> (doravirine, lamivudine, tenofovir disoproxil fumarate)	Yes	3	ST, QL	Yes	5	SP	No			No			NL			No		
<b>Descovy</b> (emtricitabine, tenofovir alafenamide)	Yes	2	PA, QL	Yes	5	SP	No			Yes	3		Yes	2	QL	No		
<b>Dovato</b> (dolutegravir, lamivudine)	Yes	2	QL	Yes	5	SP	No			No			Yes	2	QL	No		
<b>Edurant</b> (rilpivirine)	Yes	2	QL	Yes	6	SP	Yes	5	QL	Yes	3		Yes	2	QL	Yes	4	QL
<b>Sustiva</b> (efavirenz)	Yes	1	QL	Yes	4	SP	Yes	5	QL	Yes	2		Yes	1B	QL	No		
<b>Emtriva</b> (emtricitabine)	Yes	1	QL	Yes	6	SP	Yes	3	QL, PA	Yes	2		Yes	3	QL	No		
<b>Epivir</b> (lamivudine)	generic	1	QL, SP	Yes	6	SP	Yes	4	QL, SP	No			Yes	2	QL	Yes	2	QL
<b>Epzicom</b> (abacavir, lamivudine)	generic	1	QL	generic	4	SP	No			No			No			Yes	3	QL
<b>Votaz</b> (atazanavir/cobicistat)	No			Yes	5	SP	No			Yes	3		Yes	2	QL	No		
<b>Genvoya</b> (elvitegravir, cobicistat, emtricitabine, and tenofovir alafenamide)	Yes	3	QL	Yes	5	SP	Yes	5	QL, SP	Yes	3		Yes	2	QL	Yes	4	QL
<b>Intelence</b> (etravirine)	Yes	2	QL	Yes	5	SP	Yes	5	QL	Yes	3		No			Yes	4	QL
<b>Isentress</b> (raltegravir)	Yes	2	QL	Yes	5	SP	Yes	5	QL	Yes	3		Yes	2	QL	Yes	4	QL
<b>Juluca</b> (dolutegravir, rilpivirine)	Yes	3	QL	Yes	6	SP	No			Yes	4		No			No		
<b>Nevirapine</b>	Yes	1	QL	Yes	4	SP	Yes	2	QL	Yes	2		Yes	1B	QL	Yes	2	QL
<b>Norvir</b> (ritonavir)	Yes	2	QL	Yes	4	SP	Yes	5	QL	Yes	2		Yes	1B	QL	Yes	4	QL
<b>Odefsey</b> (emtricitabine, rilpivirine, tenofovir alafenamide)	Yes	3	QL	Yes	5	SP	No			Yes	3		Yes	2	QL	Yes	4	QL
<b>Pifeltro</b> (doravirine)	Yes	2	QL	No			No			NL			No			No		
<b>Prezcobix</b> (darunavir and cobicistat)	Yes	2	QL	Yes	5	SP	Yes	5	QL	Yes	3		Yes	2	QL	No		
<b>Prezista</b> (darunavir)	Yes	2	QL	Yes	5	SP	Yes	5	QL	Yes	3		Yes	2	QL	Yes	4	QL
<b>Stribild</b> (cobicistat, elvitegravir, emtricitabine, tenofovir disoproxil fumarate)	Yes	3	QL	Yes	5	SP	Yes	5	QL	Yes	3		Yes	3	QL	Yes	4	QL
<b>Symfi/Symfi Lo</b> (efavirenz, lamivudine, tenofovir disoproxil fumarate)	Yes	2	QL	Yes	5	SP	No			No			Yes	2	QL	No		





**Table 4**  
**2021 NC Marketplace Qualified Health Plans**  
**Standard Silver Plans**

Plan Marketing Name	Medical Deductible - Individual	Drug Deductible - Individual	Max Out Of Pocket	Primary Care Physician	Specialist	Emergency Room	Inpatient Facility	Drug - Tier 1	Drug - Tier 2	Drug - Tier 3	Drug - Tier 4	Drug - Tier 5	Drug - Tier 6
Ambetter Balanced Care 11 (2021)	\$6,000	Integ	\$8,500	\$30	\$60	40%	40%	\$20	\$55	50%	50%	N/A	N/A
Ambetter Balanced Care 12 (2021)	\$6,500	Integ	\$8,400	\$35	\$70	40%	40%	\$35	\$60	50%	50%	N/A	N/A
Ambetter Balanced Care 25 HSA (2021)	\$4,800	Integ	\$4,800	0%	0%	0%	0%	0%	0%	0%	0%	N/A	N/A
Ambetter Balanced Care 27 (2021)	\$2,750	Integ	\$6,500	\$35	35%	35%	35%	\$25	35%	50%	50%	N/A	N/A
Ambetter Balanced Care 28 (2021)	\$0	\$1,500	\$8,200	\$50	\$90	50%	50%	\$30	50%	50%	50%	N/A	N/A
Ambetter Balanced Care 29 (2021)	\$5,450	Integ	\$8,400	\$20	35%	35%	35%	\$35	\$75	50%	50%	N/A	N/A
Blue Advantage Silver 4000 (broad network)	\$4,000	\$350	\$8,550	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Advantage Silver 6300 (broad network)	\$6,300	\$550	\$8,550	\$50	\$150	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Silver 4000 (Novant Health)	\$4,000	\$350	\$8,550	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Silver 4000 (UNC Health Alliance)	\$4,000	\$350	\$8,550	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Silver 6300 (Novant Health)	\$6,300	\$550	\$8,550	\$50	\$150	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Silver 6300 (UNC Health Alliance)	\$6,300	\$550	\$8,550	\$50	\$150	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Silver 4000 (Atrium Health)	\$4,000	\$350	\$8,550	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Silver 4000 (Wake Forest Baptist Health)	\$4,000	\$350	\$8,550	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Silver 6300 (Atrium Health)	\$6,300	\$550	\$8,550	\$50	\$150	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Silver 6300 (Wake Forest Baptist Health)	\$6,300	\$550	\$8,550	\$50	\$150	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Blue Value Silver 4000 (limited network)	\$4,000	\$350	\$8,550	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Value Silver 6300 (limited network)	\$6,300	\$550	\$8,550	\$50	\$150	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Bright Health Silver \$0 Deductible	\$2,500	Integ	\$8,550	\$0	\$40	\$500	20%	\$0	\$25	\$125	40%	50%	N/A
Bright Health Silver \$0 Primary Care	\$0	Integ	\$8,550	\$30	\$60	\$750	40%	\$0	\$0	\$75	\$150	40%	N/A
Bright Health Silver 3000	\$6,700	Integ	\$8,550	\$0	\$60	40%	40%	\$0	\$30	\$150	\$250	40%	N/A
Bright Health Silver 5000	\$3,000	Integ	\$7,500	\$35	\$70	40%	40%	\$0	\$30	\$150	\$250	40%	N/A
Cigna Connect 3500	\$3,500	Integ	\$8,550	\$25	\$75	40%	\$500/day	\$5	\$20	\$75	50%	40%	N/A
Cigna Connect 3500 (Duke Health and WakeMed)	\$3,500	Integ	\$8,550	\$20	25%	\$1000 *	25%	\$10	\$25	\$60	50%	40%	N/A
Cigna Connect 3500 Diabetes Care	\$3,500	Integ	\$8,550	\$10	30%	50%	30%	\$5	\$20	\$70	50%	40%	N/A
Cigna Connect 3500 Diabetes Care (Duke Health and WakeMed)	\$3,500	Integ	\$8,550	\$10	30%	50%	30%	\$5	\$20	\$70	50%	40%	N/A
Cigna Connect 4250 (Duke Health and WakeMed)	\$4,250	\$1,500	\$8,550	\$25	40%	\$1000 *	40%	\$10	\$25	\$55	50%	40%	N/A
Cigna Connect 5000	\$5,000	Integ	\$8,550	\$20	\$75	\$700 *	50%	\$10	\$30	50%	50%	50%	N/A
Cigna Connect 5500	\$5,500	Integ	\$8,550	\$20	\$75	50%	50%	\$8	\$25	50%	50%	50%	N/A
Cigna Connect 5500 (Duke Health and WakeMed)	\$5,500	Integ	\$8,550	\$20	\$75	50%	50%	\$8	\$25	50%	50%	50%	N/A
Oscar Silver Classic	\$5,000	Integ	\$8,550	\$50	\$80	50%	50%	\$3	\$75	50%	50%	N/A	N/A
Oscar Silver Classic \$0 Ded	\$0	\$4,000	\$8,550	\$25	\$80	\$1,000	\$2500/cap	\$3	\$100	50%	50%	N/A	N/A
Oscar Silver Classic Copay	\$7,000	Integ	\$8,200	\$30	\$75	\$650 *	\$500/day	\$3	\$75	50%	50%	N/A	N/A
Oscar Silver Saver 2	\$6,200	Integ	\$8,550	\$40	\$40	50%	50%	\$3	\$75 *	50%	50%	N/A	N/A
UnitedHealthcare Balance Plus Silver 3 Free Visits	\$4,500	Integ	\$8,550	\$25	30%	\$750 *	30%	\$15	\$25	\$50	30%	40%	N/A

**Table 5**  
**2021 NC Marketplace Qualified Health Plans**  
**Silver Cost Sharing Reduction Plans (94 AV) for incomes**  
**100-150% FPL - \$12,760 - \$19,140 (individual)**

Plan Marketing Name	Medical Deductible - Individual	Drug Deductible - Individual	Max Out Of Pocket	Primary Care Physician	Specialist	Emergency Room	Inpatient Facility	Drug - Tier 1	Drug - Tier 2	Drug - Tier 3	Drug - Tier 4	Drug - Tier 5	Drug - Tier 6
Ambetter Balanced Care 11 (2021)	\$0	Integ	\$1,075	\$0	\$5	25%	25%	\$0	\$25	35%	35%	N/A	N/A
Ambetter Balanced Care 12 (2021)	\$0	Integ	\$1,400	\$0	\$10	25%	25%	\$0	\$30	50%	50%	N/A	N/A
Ambetter Balanced Care 25 HSA (2021)	\$600	Integ	\$600	0%	0%	0%	0%	0%	0%	0%	0%	N/A	N/A
Ambetter Balanced Care 27 (2021)	\$200	Integ	\$850	\$3	25%	25%	25%	\$3	25%	50%	50%	N/A	N/A
Ambetter Balanced Care 28 (2021)	\$0	\$100	\$1,200	\$3	\$10	25%	25%	\$3	50%	50%	50%	N/A	N/A
Ambetter Balanced Care 29 (2021)	\$0	Integ	\$1,525	\$3	25%	25%	25%	\$3	\$15	50%	50%	N/A	N/A
Blue Advantage Silver Enhanced Zero (broad network)	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Advantage Silver Enhanced Zero (broad network)	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Home Silver Enhanced Zero (Novant Health)	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Home Silver Enhanced Zero (UNC Health Alliance)	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Home Silver Enhanced Zero (Novant Health)	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Home Silver Enhanced Zero (UNC Health Alliance)	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Local Silver Enhanced Zero (Atrium Health)	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Local Silver Enhanced Zero (Wake Forest Baptist Health)	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Local Silver Enhanced Zero (Atrium Health)	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Local Silver Enhanced Zero (Wake Forest Baptist Health)	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Value Silver Enhanced Zero (limited network)	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Value Silver Enhanced Zero (limited network)	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Bright Health Silver \$0 Deductible	\$0	Integ	\$900	\$5	\$10	\$200	10%	\$0	\$5	\$25	\$50	10%	N/A
Bright Health Silver \$0 Primary Care	\$200	Integ	\$1,600	\$0	\$8	10%	10%	\$0	\$0	\$15	\$60	10%	N/A
Bright Health Silver 200	\$200	Integ	\$800	\$5	\$10	10%	10%	\$0	\$5	\$30	\$80	10%	N/A
Bright Health Silver \$0 Deductible + \$0 Primary Care	\$0	Integ	\$1,500	\$0	\$10	20%	20%	\$0	\$0	\$20	\$50	20%	N/A
Cigna Connect 50-4	\$50	Integ	\$1,075	\$5	\$15	20%	\$200/day	\$0	\$10	\$30	50%	20%	N/A
Cigna Connect 50-4 (Duke Health and WakeMed)	\$150	Integ	\$900	\$0	10%	\$200 *	10%	\$0	\$10	\$30	50%	30%	N/A
Cigna Connect 40-4 Diabetes Care	\$40	Integ	\$1,500	\$0	10%	10%	10%	\$0	\$15	\$30	50%	40%	N/A
Cigna Connect 40-4 Diabetes Care (Duke Health and WakeMed)	\$40	Integ	\$1,500	\$0	10%	10%	10%	\$0	\$15	\$30	50%	40%	N/A
Cigna Connect 0-4 (Duke Health and WakeMed)	\$0	\$0	\$900	\$0	30%	\$400	30%	\$0	\$10	\$30	50%	30%	N/A
Cigna Connect 0-4A	\$0	Integ	\$1,600	\$0	\$15	\$100	10%	\$0	\$8	10%	50%	50%	N/A
Cigna Connect 0-4	\$0	Integ	\$1,200	\$0	\$15	20%	20%	\$0	\$10	20%	50%	40%	N/A
Cigna Connect 0-4A (Duke Health and WakeMed)	\$0	Integ	\$1,200	\$0	\$15	20%	20%	\$0	\$10	20%	50%	20%	N/A
Oscar Silver Classic CSR 150	\$0	Integ	\$1,700	\$0	\$5	15%	15%	\$3	\$30	50%	50%	N/A	N/A

**Table 5**  
**2021 NC Marketplace Qualified Health Plans**  
**Silver Cost Sharing Reduction Plans (94 AV) for incomes**  
**100-150% FPL - \$12,760 - \$19,140 (individual)**

Plan Marketing Name	Medical Deductible - Individual	Drug Deductible - Individual	Max Out Of Pocket	Primary Care Physician	Specialist	Emergency Room	Inpatient Facility	Drug - Tier 1	Drug - Tier 2	Drug - Tier 3	Drug - Tier 4	Drug - Tier 5	Drug - Tier 6
Oscar Silver Classic \$0 Ded CSR 150	\$0	\$100	\$1,000	\$5	\$10	\$200	\$200/day	\$0	\$50	50%	50%	N/A	N/A
Oscar Silver Classic Copay CSR 150	\$0	Integ	\$800	\$0	\$15	\$200	\$250/day	\$3	\$30	50%	50%	N/A	N/A
Oscar Silver Saver 2 CSR 150	\$0	Integ	\$1,350	\$5	\$5	30%	30%	\$0	\$20	50%	50%	N/A	N/A
UnitedHealthcare Balance Plus Silver 3 Free Visits - C	\$50	Integ	\$2,850	\$5	10%	\$100 *	10%	\$5	\$15	\$30 *	10%	10%	N/A
UnitedHealthcare Balance Silver 3 Free Visits - C	\$125	Integ	\$2,850	\$5	\$25	\$100 *	5%	\$5	\$15	\$30 *	5%	5%	N/A
UnitedHealthcare Value Silver 3 Free Visits - C	\$200	Integ	\$2,850	5%	5%	\$100 *	5%	\$3	\$15	\$40 *	20%	30%	N/A

\* after deductible

Integ = Drug deductible integrated with Medical deductible (drug costs count toward medical deductible)

**Table 6**  
**2021 NC Marketplace Qualified Health Plans**  
**Silver Cost Sharing Reduction Plans (87 AV) for incomes**  
**150-200% FPL \$19,140 - \$25,520 (individual)**

Plan Marketing Name	Medical Deductible Individual	Drug Deductible - Individual	Max Out Of Pocket	Primary Care Physician	Specialist	Emergency Room	Inpatient Facility	Drug - Tier 1	Drug - Tier 2	Drug - Tier 3	Drug - Tier 4	Drug - Tier 5	Drug - Tier 6
Ambetter Balanced Care 11 (2021)	\$0	Integ	\$2,850	\$10	\$29	40%	40%	\$10	\$40	50%	50%	N/A	N/A
Ambetter Balanced Care 12 (2021)	\$950	Integ	\$2,250	\$5	\$30	40%	40%	\$10	\$40	50%	50%	N/A	N/A
Ambetter Balanced Care 25 HSA (2021)	\$1,400	Integ	\$1,400	0%	0%	0%	0%	0%	0%	0%	0%	N/A	N/A
Ambetter Balanced Care 27 (2021)	\$850	Integ	\$2,400	\$10	35%	35%	35%	\$10	35%	50%	50%	N/A	N/A
Ambetter Balanced Care 28 (2021)	\$0	\$500	\$2,700	\$10	\$20	50%	50%	\$10	50%	50%	50%	N/A	N/A
Ambetter Balanced Care 29 (2021)	\$250	Integ	\$2,700	\$5	35%	35%	35%	\$5	\$50	50%	50%	N/A	N/A
Blue Advantage Silver Enhanced 725 (broad network)	\$725	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Advantage Silver Enhanced 750 (broad network)	\$750	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Home Silver Enhanced 725 (Novant Health)	\$725	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Home Silver Enhanced 725 (UNC Health Alliance)	\$725	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Home Silver Enhanced 750 (Novant Health)	\$750	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Home Silver Enhanced 750 (UNC Health Alliance)	\$750	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Local Silver Enhanced 725 (Atrium Health)	\$725	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Local Silver Enhanced 725 (Wake Forest Baptist Health)	\$725	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Local Silver Enhanced 750 (Atrium Health)	\$750	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Local Silver Enhanced 750 (Wake Forest Baptist Health)	\$750	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Value Silver Enhanced 725 (limited network)	\$725	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Blue Value Silver Enhanced 750 (limited network)	\$750	\$0	\$2,850	\$5	\$20	40%	40%	\$4	\$10	\$20	\$80	50%	50%
Bright Health Silver \$0 Deductible	\$0	Integ	\$2,400	\$15	\$30	\$400	25%	\$0	\$15	\$75	\$150	25%	N/A
Bright Health Silver 2500 + \$0 Primary Care	\$2,500	Integ	\$2,700	\$0	\$20	25%	25%	\$0	\$0	\$25	\$80	25%	N/A
Bright Health Silver \$1400	\$1,400	Integ	\$2,100	\$15	\$30	25%	25%	\$0	\$15	\$100	\$150	25%	N/A
Bright Health Silver \$1500 + \$0 Primary Care	\$1,500	Integ	\$2,850	\$0	\$30	30%	30%	\$0	\$0	\$40	\$80	30%	N/A
Cigna Connect 500-3	\$500	Integ	\$2,850	\$5	\$30	30%	\$400/day	\$5	\$15	\$50	50%	30%	N/A
Cigna Connect 700-3 (Duke Health and WakeMed)	\$700	Integ	\$2,850	\$0	20%	\$600*	20%	\$0	\$10	\$30	50%	30%	N/A
Cigna Connect 550-3 Diabetes Care	\$550	Integ	\$2,850	\$0	20%	20%	20%	\$5	\$15	\$55	50%	40%	N/A
Cigna Connect 550-3 Diabetes Care (Duke Health and WakeMed)	\$550	Integ	\$2,850	\$0	20%	20%	20%	\$5	\$15	\$55	50%	40%	N/A
Cigna Connect 600-3 (Duke Health and WakeMed)	\$600	\$0	\$2,850	\$0	30%	\$600*	30%	\$0	\$10	\$30	50%	30%	N/A
Cigna Connect 0-3A	\$0	Integ	\$2,850	\$0	\$25	\$500	50%	\$0	\$12	50%	50%	40%	N/A
Cigna Connect 0-3	\$0	Integ	\$2,850	\$0	\$35	40%	40%	\$0	\$15	40%	50%	40%	N/A
Cigna Connect 0-3 (Duke Health and WakeMed)	\$0	Integ	\$2,850	\$0	\$35	40%	40%	\$0	\$15	40%	50%	40%	N/A



**Table 7**  
**2021 NC Marketplace Qualified Health Plans**  
**Silver Cost Sharing Reduction Plans (73 AV) for incomes**  
**200-250% FPL \$25,520 - \$31,900 (individual)**

Plan Marketing Name	Medical Deductible - Individual	Drug Deductible - Individual	Max Out Of Pocket	Primary Care Physician	Specialist	Emergency Room	Inpatient Facility	Drug - Tier 1	Drug - Tier 2	Drug - Tier 3	Drug - Tier 4	Drug - Tier 5	Drug - Tier 6
Ambetter Balanced Care 11 (2021)	\$3,300	\$0	\$6,600	\$20	\$50	40%	40%	\$20	\$50	50%	50%	N/A	N/A
Ambetter Balanced Care 12 (2021)	\$3,850	\$0	\$6,500	\$25	\$50	40%	40%	\$25	\$45	50%	50%	N/A	N/A
Ambetter Balanced Care 25 HSA (2021)	\$3,700	\$0	\$3,700	0%	0%	0%	0%	0%	0%	0%	0%	N/A	N/A
Ambetter Balanced Care 27 (2021)	\$2,150	\$0	\$6,200	\$25	35%	35%	35%	\$25	35%	50%	50%	N/A	N/A
Ambetter Balanced Care 28 (2021)	\$0	\$1,500	\$6,750	\$30	\$60	50%	50%	\$30	50%	50%	50%	N/A	N/A
Ambetter Balanced Care 29 (2021)	\$2,995	\$0	\$5,400	\$15	35%	35%	35%	\$30	\$75	50%	50%	N/A	N/A
Blue Advantage Silver Enhanced 3900 (broad network)	\$3,900	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Advantage Silver Enhanced 4000 (broad network)	\$4,000	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Silver Enhanced 3900 (Novant Health)	\$3,900	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Silver Enhanced 3900 (UNC Health Alliance)	\$3,900	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Silver Enhanced 4000 (Novant Health)	\$4,000	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Silver Enhanced 4000 (UNC Health Alliance)	\$4,000	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Silver Enhanced 3900 (Atrium Health)	\$3,900	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Silver Enhanced 3900 (Wake Forest Baptist Health)	\$3,900	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Silver Enhanced 4000 (Atrium Health)	\$4,000	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Silver Enhanced 4000 (Wake Forest Baptist Health)	\$4,000	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Value Silver Enhanced 3900 (limited network)	\$3,900	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Blue Value Silver Enhanced 4000 (limited network)	\$4,000	\$300	\$6,800	\$10	\$50	40%	40%	\$10	\$25	\$40	\$80	50%	50%
Bright Health Silver \$0 Deductible	\$0	\$0	\$6,800	\$30	\$60	\$750	40%	\$0	\$30	\$150	\$250	40%	N/A
Bright Health Silver \$0 Primary Care	\$6,700	\$0	\$6,800	\$0	\$60	40%	40%	\$0	\$0	\$90	\$150	40%	N/A
Bright Health Silver 3000	\$3,000	\$0	\$6,000	\$30	\$60	40%	40%	\$0	\$130	\$150	\$250	40%	N/A
Bright Health Silver 3800	\$3,800	\$0	\$6,800	\$35	\$70	40%	40%	\$0	\$20	\$100	\$200	40%	N/A
Cigna Connect 2500-2	\$2,500	Integ	\$6,800	\$15	\$75	40%	\$500/day	\$5	\$25	\$75	50%	40%	N/A
Cigna Connect 2650-2 (Duke Health and WakeMed)	\$2,650	Integ	\$6,800	\$15	25%	\$1000 *	25%	\$10	\$25	\$60	50%	40%	N/A
Cigna Connect 2600-2 Diabetes Care	\$2,600	Integ	\$6,800	\$0	30%	50%	30%	\$5	\$20	\$70	50%	40%	N/A
Cigna Connect 2600-2 Diabetes Care (Duke Health and WakeMed)	\$2,600	Integ	\$6,800	\$0	30%	50%	30%	\$5	\$20	\$70	50%	40%	N/A
Cigna Connect 3000-2 (Duke Health and WakeMed)	\$3,000	\$300	\$6,800	\$15	30%	\$750 *	30%	\$10	\$25	\$55	50%	40%	N/A
Cigna Connect 1900-2	\$1,900	Integ	\$6,800	\$20	\$50	\$500 *	50%	\$8	\$25	50%	50%	40%	N/A
Cigna Connect 2800-2	\$2,800	Integ	\$6,800	\$15	\$55	40%	40%	\$8	\$25	40%	50%	40%	N/A
Cigna Connect 2800-2 (Duke Health and WakeMed)	\$2,800	Integ	\$6,800	\$15	\$55	40%	40%	\$8	\$25	40%	50%	40%	N/A
Oscar Silver Classic CSR 250	\$4,000	\$0	\$6,500	\$20	\$60	50%	50%	\$3	\$75	50%	50%	N/A	N/A
Oscar Silver Classic \$0 Ded CSR 250	\$0	\$3,250	\$6,500	\$20	\$60	\$500	\$650/day	\$3	\$100	50%	50%	N/A	N/A
Oscar Silver Classic Copay CSR 250	\$3,500	\$0	\$6,400	\$20	\$50	\$400 *	\$450/day	\$3	\$75	50%	50%	N/A	N/A

**Table 7**  
**2021 NC Marketplace Qualified Health Plans**  
**Silver Cost Sharing Reduction Plans (73 AV) for incomes**  
**200-250% FPL \$25,520 - \$31,900 (individual)**

Plan Marketing Name	Medical Deductible - Individual	Drug Deductible - Individual	Max Out Of Pocket	Primary Care Physician	Specialist	Emergency Room	Inpatient Facility	Drug - Tier 1	Drug - Tier 2	Drug - Tier 3	Drug - Tier 4	Drug - Tier 5	Drug - Tier 6
Oscar Silver Saver 2 CSR 250	\$3,300	\$0	\$6,800	\$40	\$40	40%	40%	\$3	\$60 *	50%	50%	N/A	N/A
UnitedHealthcare Balance Plus Silver 3 Free Visits-E	\$2,900	\$0	\$6,800	\$15	25%	\$750 *	25%	\$15	\$25	\$50 *	30%	40%	N/A
UnitedHealthcare Balance Silver 3 Free Visits-E	\$3,400	\$0	\$6,800	\$15	\$100	\$750 *	20%	\$8	\$20	\$50 *	30%	40%	N/A
UnitedHealthcare Value Silver 3 Free Visits-E	\$3,100	\$0	\$6,800	25%	25%	\$750 *	25%	\$8	\$25	\$50 *	30%	40%	N/A

\*after deductible

Integ = Drug deductible integrated with Medical deductible (drug costs count toward medical deductible)

**Table 8**  
**2020 NC Marketplace Qualified Health Plans**  
**Bronze Plans**

Plan Marketing Name	Medical Deductible - Individual	Drug Deductible - Individual	Max Out Of Pocket	Primary Care Physician	Specialist	Emergency Room	Inpatient Facility	Drug - Tier 1	Drug - Tier 2	Drug - Tier 3	Drug - Tier 4	Drug - Tier 5	Drug - Tier 6
Ambetter Essential Care 1 (2021)	\$8,300	\$0	\$8,300	0%	0%	0%	0%	\$25	0%	0%	0%	N/A	N/A
Ambetter Essential Care 10 (2021)	\$7,200	\$0	\$8,400	50%	50%	50%	50%	\$25	50%	50%	50%	N/A	N/A
Ambetter Essential Care 2 HSA (2021)	\$6,900	\$0	\$6,900	0%	0%	0%	0%	0%	0%	0%	0%	N/A	N/A
Ambetter Essential Care 5 (2021)	\$8,100	\$0	\$8,500	\$40	\$90	50%	50%	\$30	50%	50%	50%	N/A	N/A
Blue Advantage Bronze 7000 (broad network, HSA)	\$7,000	Integ	\$7,000	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blue Advantage Bronze 7550 (broad network)	\$7,550	\$800	\$8,550	\$60	\$120	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Blue Advantage Bronze 8550 (broad network)	\$8,550	Integ	\$8,550	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blue Home Bronze 7000 (Novant Health, HSA)	\$7,000	Integ	\$7,000	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blue Home Bronze 7000 (UNC Health Alliance, HSA)	\$7,000	Integ	\$7,000	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blue Home Bronze 7550 (Novant Health)	\$7,550	\$800	\$8,550	\$60	\$120	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Bronze 7550 (UNC Health Alliance)	\$7,550	\$800	\$8,550	\$60	\$120	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Bronze 8550 (Novant Health)	\$8,550	Integ	\$8,550	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blue Home Bronze 8550 (UNC Health Alliance)	\$8,550	Integ	\$8,550	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blue Local Bronze 7000 (Atrium Health, HSA)	\$7,000	Integ	\$7,000	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blue Local Bronze 7000 (Wake Forest Baptist Health, HSA)	\$7,000	Integ	\$7,000	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blue Local Bronze 7550 (Atrium Health)	\$7,550	\$800	\$8,550	\$60	\$120	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Bronze 7550 (Wake Forest Baptist Health)	\$7,550	\$800	\$8,550	\$60	\$120	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Bronze 8550 (Atrium Health)	\$8,550	Integ	\$8,550	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blue Local Bronze 8550 (Wake Forest Baptist Health)	\$8,550	Integ	\$8,550	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blue Value Bronze 7000 (limited network, HSA)	\$7,000	Integ	\$7,000	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blue Value Bronze 7550 (limited network)	\$7,550	\$800	\$8,550	\$60	\$120	50%	50%	\$10	\$25	\$40	\$80	50%	50%
Blue Value Bronze 8550 (limited network)	\$8,550	Integ	\$8,550	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Bright Health Bronze \$0 Medical Deductible	\$0	\$4,950	\$8,550	\$50	\$100	\$1,000	\$2500/day	\$0	\$30	\$200	50%	50%	N/A
Bright Health Bronze \$0 Primary Care	\$7,200	Integ	\$8,550	\$0	50%	50%	50%	\$0	\$25	50%	50%	50%	N/A
Bright Health Bronze 6400	\$6,400	Integ	\$8,550	\$25	50%	40%	40%	\$0	\$25	0%	0%	0%	N/A
Bright Health Bronze 7000 HSA	\$7,000	Integ	\$7,000	0%	50%	0%	0%	\$0	0%	0%	0%	0%	N/A
Bright Health Bronze 8550	\$8,550	Integ	\$8,550	\$25	50%	0%	0%	\$0	\$25	0%	0%	0%	N/A
Cigna Connect 5900	\$5,900	Integ	\$8,550	\$50	50%	50%	50%	\$10	50%	50%	50%	50%	N/A
Cigna Connect 5900 (Duke Health and WakeMed)	\$5,900	Integ	\$8,550	\$50	50%	50%	50%	\$10	50%	50%	50%	50%	N/A



**Table 8**  
**2020 NC Marketplace Qualified Health Plans**  
**Bronze Plans**

Plan Marketing Name	Medical Deductible - Individual	Drug Deductible - Individual	Max Out Of Pocket	Primary Care Physician	Specialist	Emergency Room	Inpatient Facility	Drug - Tier 1	Drug - Tier 2	Drug - Tier 3	Drug - Tier 4	Drug - Tier 5	Drug - Tier 6
Cigna Connect 6900	\$6,900	Integ	\$8,550	\$50	50%	50%	50%	\$10	50%	50%	50%	50%	N/A
Cigna Connect 6900 (Duke Health and WakeMed)	\$6,900	Integ	\$8,550	\$50	50%	50%	50%	\$10	50%	50%	50%	50%	N/A
Cigna Connect 8550	\$8,550	Integ	\$8,550	0%	50%	0%	0%	0%	0%	0%	0%	0%	N/A
Cigna Connect 8550 (Duke Health and WakeMed)	\$8,550	Integ	\$8,550	0%	50%	0%	0%	0%	0%	0%	0%	0%	N/A
Oscar Bronze Classic	\$6,000	Integ	\$8,550	\$50+50%	50%	50%	50%	\$3	50%	50%	50%	N/A	N/A
Oscar Bronze Classic Next	\$0	\$5,500	\$8,550	\$35	50%	\$1,150	\$3000/day	\$3	\$200	50%	50%	N/A	N/A
Oscar Bronze Classic PCP Copay	\$6,000	Integ	\$8,550	\$50	50%	50%	50%	\$3	50%	50%	50%	N/A	N/A
Oscar Bronze HDHP	\$5,200	Integ	\$7,000	\$50*	50%	50%	50%	\$3	\$200 pc	50%	50%	N/A	N/A
UnitedHealthcare Balance Bronze 3 Free Visits	\$7,500	Integ	\$8,550	50%	50%	50%	50%	\$20	\$30	50%	50%	50%	N/A
UnitedHealthcare Value Bronze	\$6,500	Integ	\$8,550	\$25	\$25	50%	40%	\$20	\$30	40%	40%	40%	N/A

Integ = Drug deductible integrated with Medical deductible (drug costs count toward medical deductible)

\* after deductible

**Table 9**  
**2021 NC Marketplace Qualified Health Plans**  
**Gold Plans**

Plan Marketing Name	Medical Deductible - Individual	Drug Deductible - Individual	Max Out Of Pocket	Primary Care Physician	Specialist	Emergency Room	Inpatient Facility	Drug - Tier 1	Drug - Tier 2	Drug - Tier 3	Drug - Tier 4	Drug - Tier 5	Drug - Tier 6
Ambetter Secure Care 5 (2021)	\$1,450	Integ	\$6,300	\$15	\$35	20%	20%	\$15	\$30	30%	30%	N/A	N/A
Blue Advantage Gold 2500 (broad network)	\$2,500	\$300	\$8,550	\$10	\$40	30%	30%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Gold 2500 (Novant Health)	\$2,500	\$300	\$8,550	\$10	\$40	30%	30%	\$10	\$25	\$40	\$80	50%	50%
Blue Home Gold 2500 (UNC Health Alliance)	\$2,500	\$300	\$8,550	\$10	\$40	30%	30%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Gold 2500 (Atrium Health)	\$2,500	\$300	\$8,550	\$10	\$40	30%	30%	\$10	\$25	\$40	\$80	50%	50%
Blue Local Gold 2500 (Wake Forest Baptist Health)	\$2,500	\$300	\$8,550	\$10	\$40	30%	30%	\$10	\$25	\$40	\$80	50%	50%
Blue Value Gold 2500 (limited network)	\$2,500	\$300	\$8,550	\$10	\$40	30%	30%	\$10	\$25	\$40	\$80	50%	50%
Bright Health Gold 2500	\$5,000	Integ	\$8,550	\$40	\$80	40%	40%	\$0	\$15	\$50	\$125	20%	N/A
Cigna Connect 1000 (Duke Health and WakeMed)	\$1,000	Integ	\$7,000	\$10	\$60	\$750 *	40%	\$5	\$20	\$50	50%	40%	N/A
Cigna Connect 2000	\$2,000	Integ	\$8,000	\$10	\$65	25%	25%	\$8	\$20	\$50	50%	40%	N/A
Oscar Gold Classic	\$2,500	Integ	\$6,000	\$30	\$55	30%	30%	\$3	\$55	30%	30%	N/A	N/A
UnitedHealthcare Balance Gold 3 Free Visits	\$3,000	Integ	\$8,550	\$5	\$60	\$500 *	20%	\$6	\$12	\$50	30%	35%	N/A

\* after deductible

Integ = Drug deductible integrated with Medical deductible (drug costs count toward medical deducti