

ACA Insurance for People Living with HIV in North Carolina 2022

Open Enrollment Overview

ACA Open Enrollment for 2022 runs from **November 1, 2021 through January 15, 2022**. People living with HIV can get help with costs through HMAP's **Premium and Copay Assistance Program (PCAP)**.

Clients who have insurance in 2021 will be re-enrolled in the same plan for 2022, if it's still available, or transitioned to a comparable plan. Everyone should return to healthcare.gov to check out options. There are new plans and some old plans have been discontinued.

PCAP participants will need to submit their renewal paperwork to the State as quickly as possible to ensure continuation of insurance on January 1, 2022.

New Insurers & Territories:

2022 will bring additional competition to the North Carolina market. Four new insurers have entered the marketplace for 2022: Aetna/CVS, AmeriHealth Caritas, Friday Health Plans, and Wellcare. Several other insurers have expanded into additional regions for 2022 (Ambetter, Bright HealthCare, United Healthcare).

Unlike in some years, every county has at least 3 insurers offering plans, with a median number of insurers at 6. Buncombe and several other western counties have 10 insurers.

ACA Updates

Higher Out-of-Pocket Maximums:

For 2022, the cap for the out-of-pocket maximum for ACA plans is \$8700 and most plans of all metal levels are going with this maximum, even many Gold plans. However, lower out-of-pocket maximums are available on cost sharing reduction plans.

Increased Subsidies:

Consumers with income over 100% of the federal poverty level (\$12,880) are eligible for a **premium tax credit**, which reduces the monthly premium. The American Recovery Plan expanded tax credit eligibility to higher income consumers. Through 2022, subsidies are available to consumers with incomes over 400% FPL (\$51,520) if ACA insurance cost would exceed 8.5% of their income.

Consumers with incomes between 100 and 250% of the poverty level (\$12,880 to \$32,200) are 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.

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

Ten companies are offering plans in North Carolina in 2022: **Aetna/CVS, Ambetter, AmeriHealth Caritas, Blue Cross Blue Shield NC, Bright Health, Cigna, Friday Health Plans, Oscar, and United Healthcare**. Most plans offered in North Carolina's marketplace are HMOs, which are centered around a limited provider network, with no out-of-network coverage, except for emergencies.

Metal Levels:

Plans are offered at various “metal” levels – Gold, Silver, Bronze, Expanded Bronze, and Catastrophic. The metal levels indicate the amount of out of pocket costs the client has to pay. Premiums are generally cheaper for lower metal levels, but with premium tax credits, a higher metal level plan may be affordable. Also, this year, some Gold plans have lower premiums than some Silver plans. All metal levels are eligible for premium tax credits, but only Silver plans have cost sharing reductions that reduce what the client has to pay when using insurance.

The “Expanded Bronze” metal level is relatively new. It’s like a regular Bronze plan in having a high deductible and maximum-out-of-pocket. But Expanded Bronze plans are different from traditional Bronze plans in that there are many services available for copays before the deductible is met. This means that consumers can access services like primary care, specialists, urgent care and some medications immediately, without waiting to meet the deductible. This could make it a viable option for a PCAP consumer with income under 100% FPL who is not eligible for cost sharing reductions. Note that the “Expanded” label will not appear in the healthcare.gov listing, but it will be easy to identify Bronze plans that have copay services before the deductible.

Products:

Each insurer has “products” that are offered at several metal levels, with varying cost deductibles and other cost features. For example, “Blue Advantage” is a Blue Cross Blue Shield “product” that is offered at various metal levels, with various deductibles, maximum-out-of-pocket levels, and cost sharing arrangements. Each product has a specific provider network but will cover the same drugs as other products offered by the insurer. All plans cover **essential health benefits** and pre-existing conditions, as required by the ACA. This includes mental health and substance use disorder care.

The variety of combinations and increased number of insurers add up to a lot of different plans. For example, in Buncombe County, there are 124 plans offered on healthcare.gov, including 49 Silver plans. This can make plan choice feel overwhelming, so having assistance from a navigator can be very helpful.

Insurers don’t necessarily offer all of their products in every county where they do business. Also, many insurers are offering products with specific provider networks, so someone enrolling in a “Blue Home with Novant” plan will not have access to the same providers as someone enrolled in “Blue Advantage,” or “Blue Local with Atrium.”

In 2022, many plans allow for at least a few primary care visits before the deductible is met, including Expanded Bronze plans. Many plans also have copay access to specialists and urgent care. Telehealth options are widely offered, usually free or at low cost. Some insurers are offering plans with **adult dental and vision** services, including Bright Health, Ambetter and United.

Also increasingly common are plans that are focused on management of particular health conditions, including diabetes and asthma/COPD. These plans generally offer low cost insulin and other management features. They are worth considering for someone who has these conditions, although since PCAP covers all drug costs, they may be of limited value to PCAP clients.

See Table 2 for Plans by County. Tables 4-10 list plans and cost sharing for all metal levels. Check details in healthcare.gov

Calculating costs:

Consumers should start by projecting what medical services and drugs they will need in the plan year. For most 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:

$$\begin{aligned} & \text{Premium} \times 12 \text{ months} \\ & + \\ & \text{Plan’s out-of-pocket maximum} \end{aligned}$$

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. Consumers can also select plans that have small copays for primary care and specialist visits. 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 2022. To 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, Provider Network, and Formulary.
- **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. A link to the SBC appears in the plan details on [healthcare.gov](https://www.healthcare.gov)
- **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](https://www.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. Ambetter, Bright Health, and United Healthcare have the most limited HIV drug coverage. Most insurers have few or no utilization management restrictions, such as prior authorization or step therapy. Some insurers will require use of a specialty pharmacy for HIV drugs.

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 2021. 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 4-10 and in the **Summary of Benefits and Coverage** for the particular plan.

Many 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 it will cost 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.

As discussed in more detail below, for people who are enrolled in the PCAP program, 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 maximum-out-of-pocket more quickly. After reaching that milestone, consumers will have no further cost sharing for any covered services for the rest of the year.

Provider Networks

A growing number of available plans, especially in larger metro areas, are centered around a particular health system. This is especially true for those in urban areas with more than one major health system, e.g., Charlotte, Winston-Salem, and the Triangle. In those regions, most plans are limited to one health system or the other. In Charlotte, there are Novant plans and Atrium plans; in the Triangle, UNC plans 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. The Duke/UNC division means Duke continues to be excluded from BCBS ACA networks in its backyard of Alamance, Durham, Orange, Person, and Wake 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. Providers themselves may not be the best source of information on this, as they may know that they participate with, e.g., Blue Cross Blue Shield, but may not know which specific plans.

Make sure the provider is in the specific plan the consumer selects. Insurers offer different networks in different products. In many cases, those networks are "siloed." This can be true even for the same

"product." For example, a customer in the Blue Home Novant plan in the Winston-Salem region cannot access providers in the Blue Home Novant plan covering the Charlotte region, or in the Blue Home UNC plan. Table 1 notes where networks are "siloed."

Specialist Referrals: No plans offered in the NC Affordable Care marketplace require referrals for a specialist visit.

2022 Plan Offerings & Changes

Table 1 shows key features of the plans offered by each insurer. Below are some of the highlights.

Aetna/CVS:

Aetna is returning to North Carolina in a partnership with CVS, which bought Aetna in 2020. Aetna will offer plans in 70 counties, relying on Aetna's large provider network, and the CVS minute clinic system. It will have offerings in major metro areas of Charlotte, the Piedmont, Fayetteville, and Asheville, as well as more rural areas in the Northeast and West. Not included in its coverage areas are much of the Southeast, Wilmington, East and some western counties.

Aetna/CVS's provider networks include many of the state's major health systems, but excludes UNC and Novant.

Aetna Drug Coverage:

Most HIV medications are preferred brand name drugs on tier 2, with a \$40-\$50 copay on silver plans.

Ambetter:

Ambetter is expanding into 26 new counties and leaving 3, for a total of 58 counties. (See Table 2.) New markets are Charlotte and Asheville, with networks centering on Atrium in Charlotte, and Mission in Asheville/West. Ambetter offers plans with adult dental and vision services. Silver, Gold, and some Enhanced Bronze plans have primary care and specialist visits before the deductible is met.

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 if other plan features are attractive and providers are in network.

Ambetter Drug Coverage:

Ambetter plans use a 4-tier formulary. HIV medications are mostly on tier 2 or 1B, with a few on tier 3. Tier 2 is available with a \$30-\$60 copay on silver plans. Some Bronze plans have a separate drug deductible.

AmeriHealth Caritas Next:

AmeriHealth Caritas is entering the North Carolina ACA marketplace this year. It is already in the state as one of the companies participating in Medicaid Managed Care. It is offering plans in 25 counties in the western part of the state, including one region with Asheville and western counties, and another from Forsyth west. (See Table 2.) Its networks are centered on Wake Forest Baptist, Mission, and Duke LifePoint.

AmeriHealth Drug Coverage:

Most ARVs are preferred brand, available with a copay. A \$400 drug deductible applies to non-preferred brand drugs, which have 40-50% coinsurance.

Blue Cross Blue Shield:

Blue Cross Blue Shield offers Gold, Silver, Expanded Bronze, Bronze, and Catastrophic plans. It offers at least one product in all 100 counties, with limited network plans in counties served by a major health system. The wide-network plan, **Blue Advantage**, is offered in areas where BCBS doesn't have a partnership with a major health system. The other product that is not tied to a particular health system is **Blue Value**, which is offered mostly outside urban areas and has a narrow network. The products that are tied to a particular health system are **Blue Home** and **Blue Local**. BCBSNC has discontinued Blue Advantage and Blue Value in several counties this year, mapping customers in those plans into one of the narrow network offerings. This will disrupt provider relationships in some cases.

As in the past three 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 2022 are "copay" plans. This means many services are available with a copay, before the deductible is met. This is true even in some Bronze or Catastrophic plans. This includes copay access to primary care, specialists and mental

health/substance use disorder outpatient services. Services such as emergency, in-patient hospital, and imaging (other than x-ray) have a deductible and coinsurance. A few plans have a \$2000 copay for Emergency Room.

Although Silver plans are usually the best option, some Gold plans are priced less than the most expensive Silver plans. 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.

BCBS Plans for 2022:

Blue Advantage – Offered in 75 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, and has also been discontinued in the Winston-Salem Region. Consumers who have a Blue Advantage plan that is being discontinued are being "mapped" to either Blue Local with Wake Forest or Blue Home with Novant, depending on their county. They can change to the other plan, but this will require a binder payment.

Blue Value – This plan is now offered in 15 counties, down from 26. It has a narrow network at lower cost. It has been discontinued in the Charlotte area for 2022.

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 focused on Atrium Health. Novant providers are out of network. In Winston-Salem, Blue Local is focused on the Wake Forest Baptist Health network.

Blue Home with UNC Health Alliance 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.

Blue Cross Blue Shield Drug Coverage:

BCBS continues to have the most comprehensive formulary for HIV drugs, covering most single tablet regimens. All are designated as specialty drugs, on tier 5. Coinsurance for tier 5 is 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.

Bright Health:

Bright Health has expanded further for 2022, when it will offer plans in 56 counties. It is adding 26 new counties, and exiting 3. Its major expansion for 2022 is a partnership with Vidant and ECU Physicians, which enables Bright Health to offer plans in the Greenville area.

Bright Health’s primary partners are Mission, Duke LifePoint, Novant, CaroMont, Vidant/ECU, Duke, and WakeMed.

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. Many plans include \$0 primary care visits. 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 Cimduo, Delstrigo, Descovy, Dovato, Genvoya, Symfi/symtuza, 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 2022, all the single tablet regimens it covers are on tier 5, which is 40% coinsurance on Silver plans (10-25% coinsurance on cost sharing reduction plans).

Cigna:

Cigna will continue to offer plans in 68 counties, with a Raleigh/Durham network centered around Duke and WakeMed and a Broad network product offered in other parts of the state, including several rural regions in the eastern and western parts of the state. All Cigna plans are HMOs, with no out-of-network coverage except for emergencies.

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.

Primary care, specialist, mental health and urgent care visits are available before the deductible is met. Virtual visits with a dedicated virtual provider are free.

Cigna touts its Diabetes Plan and Asthma/COPD plan. Since the main advantage of these disease specific plans seems to be lower cost medications, there might not be much in them for HMAP clients, but clients who don’t qualify for HMAP might consider these benefits

Cigna Drug Coverage:

Cigna plans use a 5-tier drug formulary. Most STRs are preferred brand (tier 3). There are some “non covered” HIV drugs, which would require an exception. (See Table 3.). Some silver plans have copay access on tier 3 at \$50-70 per drug, but many have no access until after the deductible. Tier 1 and 2 drugs have copays, not subject to the deductible.

Friday Health Plans

Friday is entering the North Carolina market with plans in 41 counties in three separate regions, Appalachian Region (including Asheville), Piedmont Triad (Guilford/Alamance/Lee), and Coastal Carolina (Greenville). Major health systems included are Vidant, Cone, Mission, and Duke LifePoint. Excluded are UNC, Atrium, and Novant. Networks are not “siload,” so customers in one region can access providers in others.

Friday Health offers a copay product and a coinsurance product.

Friday Health Drug Coverage:

Friday’s formulary includes most HIV drugs, which are covered as preferred brand (tier 3) or non-preferred generic (tier 2). Coinsurance is 20% for preferred brand on silver coinsurance plans. Copays are up to \$80 for preferred brand drugs in silver plans (as little as \$20 in CSR plan).

Oscar

Oscar entered the market in 2021 and is making few significant changes for 2022. Oscar is offering coverage in 10 counties around Asheville, partnering with Mission Health. The company focuses on technology. They have extensive virtual primary care

and virtual urgent care, and an app that serves as a hub. With Oscar's focus on technology, it seems suited to a younger, more tech-savvy clientele with good internet access.

Oscar has many plans with pre-deductible primary care, specialist, and urgent care visits with copay, including at the Bronze level. There is a "Specialist Saver" plan with copays for specialists and labs.

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 more than half of their Silver plans. Silver copays are \$75 or \$100 for tier 2 (lower for cost sharing reduction plans). Some HIV drugs are non-covered. (See Table 3.)

United Healthcare

United Healthcare returned to the North Carolina ACA market last year, and this year it is expanding into the Charlotte region, for a total of 38 counties. Other markets include Winston-Salem, Asheville, Greensboro, Hickory-Lenoir-Morganton, Fayetteville, Raleigh, and Wilmington. Covered health systems include Atrium (in Charlotte), Wake Forest Baptist, Cone, UNC, Cape Fear Valley, Scotland Memorial, New Hanover Regional, and Columbus Regional. Coverage is limited to providers in the plan's service area – the provider networks are siloed from one region to another.

In previous years, United required primary care provider and referral for specialist visits, but that has been dropped for 2022. As an HMO, it does not have out of network coverage, except for emergencies.

United Health Care Drug Coverage:

UHC has fairly restrictive drug coverage, including for HIV drugs. A number of single table regimens are excluded, including Atripla, Cimduo, Descovy, Symfi, Symtuza, and Triumeq. STRs are generally non-preferred brand drugs, on tier 4, with 50% coinsurance on Silver plans, including CSR plans.

Wellcare

Wellcare is another new entrant into the ACA market for 2022. It offers PPO plans in all 100 counties. It has wider choice of providers than most plans, though it does not cover UNC Health or Wake Forest Baptist. Most of the rest of the state's major

health systems are in-network, including Duke, Atrium, Novant, Cone, Mission, Vidant, and New Hanover Regional.

Wellcare offers one plan at Bronze, Silver, and Gold. All plans offer primary care, specialist, and mental health visits for a copay, before meeting the deductible. Note that on the Silver plan, the deductible is equal to the maximum-out-of-pocket. The Gold plan has a fairly low deductible (\$1350) and a slightly lower premium than the Silver in at least some counties.

Of note, premiums for Wellcare plans are EXPENSIVE, much higher than any other insurer. It's difficult to see why it would be a good choice unless a client wants to have out-of-network coverage at a reasonable rate (30% coinsurance on Silver) or has a desired provider who is not covered in other available plans.

Wellcare Drug Coverage:

Wellcare has good coverage of HIV drugs, with the notable exclusion of Descovy. HIVs are mostly preferred brand (tier 2) or 1B. On Silver plans, tier 2 is a copay, not subject to the deductible.

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 (\$51,520) can get drug copay help from the Patient Advocate Foundation.

Premium and Copay Assistance Program (PCAP)

The PCAP program was expanded in 2022 to cover all uninsured HMAP clients who are lawfully present in the United States, even those under 100% FPL who don't qualify for a premium subsidy. The PCAP program pays 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, though this assistance is not seamless. Additionally, many plans are now offering primary care, mental health and specialist visits for a copay before the deductible.

To participate in PCAP, 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.

The PCAP enrollment process has undergone changes to try to avoid problems that occurred in last year's open enrollment. The HMAP Manual provides detailed instructions for PCAP enrollment. <https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html> . Anyone assisting a client in enrollment should carefully review PCAP procedures and paperwork requirements.

Once enrolled in PCAP, 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.

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 on PCAP who are over 100% FPL, the best choice will be a Silver plan with cost-sharing reductions ("CSR" plan). These plans are cost effective for both the consumer and the HMAP program's budget. Because of the federal American Rescue Plan, consumers whose income is between 100 and 150% FPL (\$12,880 to \$19,320) is eligible for a \$0 premium or very low cost plan with deep cost sharing reductions. Cost sharing reductions are also available for consumers with incomes between \$150 and 200% FPL and 200-250% FPL. Silver cost sharing reduction plans (CSR) will have lower a out-of-pocket maximum, deductible, and copay/coinsurance.

For PCAP clients who are not eligible for cost sharing reduction plans (i.e. those with income under 100%

FPL), a Bronze or Gold plan may work well. The Expanded Bronze plans offer copay access to primary care and specialists, and have high drug coinsurance for HIV drugs, which means the maximum out of pocket will be reached within a few months. A Bronze plan may save money for the HMAP program, but there are no restrictions on plan choice.

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 (\$38,640) 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. Some insurance companies have tried to discourage the use of copay cards by employing copay accumulators, where by amounts paid via copay cards will not count toward the deductible and out-of-pocket maximum. However, legislation was recently passed in North Carolina outlawing this practice. If anyone encounters this practice, it should be reported to the NC Department of Insurance. The Duke Health Justice Clinic would also like to hear of any violations of this new law.

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 (\$51,520). 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 \$8700, 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/\$51,520) 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. 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.

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 \$8700. Consumers might consider a Gold plan or a Bronze plan with an HSA (Health Savings Account) option. The HSA 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). Additionally, in 2021 insurers were instructed by the government that they must also cover at \$0 cost the necessary labs and monitoring visits for PrEP.

It can be difficult to ascertain from published plan materials and drug formularies that this free PrEP coverage is available. For 2022, plan materials are beginning to better identify "preventive" drugs in

their formularies, but it is not always evident that these drugs are available with \$0 cost sharing.

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.

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.

Plan Type: In North Carolina, there are three plan types offered: HMO, PPO, and POS. These plan types indicate the kind of provider network offered.

- **Health Maintenance Organization (HMO):** A plan that limits coverage to providers who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. Most plans in the ACA marketplace are HMOs.
- **Point of Service (POS):** A type of plan where you pay less if you use doctors, hospitals, and other health care providers that belong to the plan’s network. Usually, POS plans require you to get a referral from your primary care doctor in order to see a specialist, but in North Carolina ACA plans for 2022, none of the insurers are requiring a referral to a specialist.
- **Preferred Provider Organization (PPO):** A type of health plan where you pay less if you use providers in the plan’s network. You can use doctors, hospitals, and providers outside of the

network without a referral for an additional cost. Only Blue Cross Blue Shield and Wellcare offer PPO plans in North Carolina’s marketplace.

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 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 and includes additional details about the plan.

Acknowledgements:

This report was prepared by Allison Rice, Duke Health Justice Clinic, with assistance from Madison Santoli, Duke Law '23.



Resources & Contacts

North Carolina HMAP:

HMAP Client Hotline, 877-466-2232

<http://epi.publichealth.nc.gov/cd/hiv/HMAP.html>

NC Enrollment Assistance:

<https://widget.getcoveredamerica.org/connector>

1-855-733-3711

Healthcare.gov:

<https://www.healthcare.gov/>

800-318-2596

Patient Advocate Foundation:

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

Aetna CVS Health

Customer Service

1-877-336-3915

https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site_id=aetnai

Provider Search

<vlexchange>

Formulary

<http://aet.na/ncivl>

Ambetter of North Carolina

Customer Service

1-833-863-1310

Provider Search

<https://www.ambetterofnorthcarolina.com/findadoc>

Formulary

<https://www.ambetterofnorthcarolina.com/resources/pharmacy-resources.html>

AmeriHealth Caritas Next

Customer Service

1-833-613-2262

Provider Search

https://amerihealthcaritasnext.healthsparq.com/healthsparq/public/#/one/city=&state=&postalCode=&country=&insurerCode=ACNEXT_I&brandCode=ACNEXT&alphaPrefix=&bcbsaProductId=&productCode=NCEX

Formulary

<http://client.formularynavigator.com/Search.aspx?siteCode=6186787868>

Blue Cross and Blue Shield of NC

Customer Service

1-800-324-4973

Provider Search

https://healthnav.bcbsnc.com/?ci=COMMERCIAL&network_id=23

Formulary

https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HIM/2022/2022_NC_6T_HealthInsuranceMarketplace.pdf

Bright HealthCare

Customer Service

1-855-521-9349

Provider Search

<https://brighthealthcare.com/search?lob=haslfp>

Formulary

<https://brighthealthcare.com/individual-and-family/drug-search>

Cigna Healthcare

Customer Service

1-877-900-1237

Provider Search

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

Formulary

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

Friday Health Plans

Customer Service 1-844-465-5500
https://fridayhealthplans.healthsparq.com/healthsparq/public/#/one/insurerCode=FRIDAY_I&br andCode=FRIDAY&productCode=NC
Provider Search <https://caprx.adaptiverx.com/webSearch/index?key=8F02B26A288102C27BAC82D14C006C6FC54D480F80409B68E5FAE0FB47E8C029>
Formulary [4D480F80409B68E5FAE0FB47E8C029](https://caprx.adaptiverx.com/webSearch/index?key=8F02B26A288102C27BAC82D14C006C6FC54D480F80409B68E5FAE0FB47E8C029)

Oscar Health Plan of North Carolina, Inc

Customer Service 1-855-672-2755
Provider Search <https://www.hioscar.com/search/?networkId=043&year=2022>
<https://www.hioscar.com/search-documents/drug-formularies/document?state=NC&year=2022&planType=INDIVIDUAL>
Formulary [formularies/document?state=NC&year=2022&planType=INDIVIDUAL](https://www.hioscar.com/search-documents/drug-formularies/document?state=NC&year=2022&planType=INDIVIDUAL)

UnitedHealthcare

Customer Service 1-800-980-5357
Provider Search <https://www.uhc.com/xncdocfind2022>
Formulary <https://www.uhc.com/xncdruglist2022>

WellCare of North Carolina

Customer Service 1-800-779-7989
Provider Search <https://marketplace.wellcarenc.com/findadoc>
Formulary <https://marketplace.wellcarenc.com/2022formulary>

Table 1
North Carolina QHP Insurer Comparison
Silver Plans
2022

	# Counties	Plan Type	Markets	Provider Networks	Services before Deductible	HIV Drug Coverage & Cost	Notes
Aetna/CVS	70	HMO	<ul style="list-style-type: none"> • Triangle • Not included – Southeast, Wilmington, parts of Northeast, some counties in north west. 	<ul style="list-style-type: none"> • Mission, Wake Forest Baptist, Cone, Atrium, Tryon Medical Partners, CaroMont, Duke Health, WakeMed, WKCC, Vidant, Physicians East, Cape Fear Valley Health. • <i>Excludes:</i> UNC Health, Rex, Novant • Network providers available statewide – not siloed 	<ul style="list-style-type: none"> • In silver plans - Walk-in clinics, specialist, urgent care, outpatient mental health/SA, preferred generic & brand drugs 	<ul style="list-style-type: none"> • Most HIV meds are tier 2 (preferred brand). (Biktarvy, Descovy & Vemlidy on Tier 3 (non-preferred)) • Tier 2 – most plans \$40-\$50 copay; • Tier 3 – 40-45% coinsurance 	<ul style="list-style-type: none"> • Low-cost or free CVS Minute Clinic visits • Premiums on the high side
Ambetter	58	HMO	<ul style="list-style-type: none"> • Most counties west of I-95, including Charlotte, West/Asheville, Raleigh/Durham, Triad, Fayetteville area, Central. • No presence in NE or coast 	<ul style="list-style-type: none"> • West/Asheville: HCA/Mission • Charlotte: Atrium, Lake Norman Regional, Davis Regional • Raleigh/Durham: Duke/Wake Med • Triad: Wake Forest (Atrium) • Fayetteville: Cape Fear Valley • Central: First Health • Multiple markets: Duke LifePoint 	<ul style="list-style-type: none"> • Primary care, specialist, preferred drugs in many silver 	<ul style="list-style-type: none"> • Most ARVs preferred brand, with copay. • Some ARVs non-preferred brand, with 30-50% coinsurance on Silver plans (e.g., Symtuza, Stribile, Tivicay, Juluca, Complera, Delstrigo) • Some bronze plans have separate drug deductible. 	<ul style="list-style-type: none"> • Expanding to 26 new counties • Exiting Alamance, Chatham, Rockingham • In Charlotte, adding Atrium • In West, adding Mission • Vision & Dental options available • Premiums are on the high side
AmeriHealth	25	HMO	Two market areas, one in west, another from Forsyth/Davidson to the west.	<ul style="list-style-type: none"> • Wake Forest Baptist (not including other Atrium providers), Mission Health, Duke LifePoint 	Primary care, specialist visits, urgent care	<ul style="list-style-type: none"> • Most STRs are preferred brand, available with copay • Non-preferred examples:– Cimduo, Juluca, Symtuza • \$400 drug deductible applies to non-preferred brand & specialty drugs 	<p>AmeriHealth Caritas has a Medicaid Managed Care offering</p> <p>PCP required, but referrals not required</p>

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BCBSNC	100	POS, PPO	<p>Plans offered in 100 counties, but in metro areas and surrounding counties, increasingly limited to narrow networks with one health system.</p> <ul style="list-style-type: none"> • Expect some disruption in provider connections due to network changes • Blue Value and Blue Advantage plans discontinued in Winston-Salem area. • Blue Value discontinued in Charlotte area 	<ul style="list-style-type: none"> • Charlotte region: Novant (Blue Home), Atrium (Blue Local) • Winston-Salem region: Wake Forest Baptist (Blue Local); Novant (Blue Home) • Triangle: UNC Health (Blue Home) • NOTE: Networks are SILOED, so e.g., Atrium plan in Charlotte region does not include Wake Forest Baptist. Novant regions also siloed. • Blue Advantage (broad network) and Blue Value (narrow network) offered primarily in counties where there is no health system focused plan (including West/Asheville) 	<p>Primary care, specialist, urgent care, mental health visits are copay before deductible. Some plans with some free primary care visits; Generic drugs on some plans</p>	<ul style="list-style-type: none"> • Covers most ARVs, on tier 5 • High cost sharing – 50% -- on all plans, including CSR plans means maximum out of pocket can be met quickly. • Drugs may need to be purchased at specialty pharmacy • Some plans have separate drug deductible 	<ul style="list-style-type: none"> • Premiums competitively priced for narrow network plans • All CSR 100-150% FPL plans have \$0 deductible • Binder payments not required if customer's plan is discontinued and they choose the plan they're mapped to. If they choose a different product, the binder will be required.
Bright Health	56	HMO	<ul style="list-style-type: none"> • West/Asheville • Charlotte • Greenville • Raleigh-Durham • Winston-Salem/Greensboro 	<ul style="list-style-type: none"> • Mission, Duke LifePoint, Novant, CaroMont, Vidant/ECU, Duke, WakeMed, Key Physicians, Cone • <i>Excludes UNC, Atrium and Wake Forest Baptist</i> • Provider networks not siloed from one NC region to another 	<ul style="list-style-type: none"> • Primary care, specialist, labs & x-ray, mental health • Many plans with \$0 office visit, mental health visit 	<ul style="list-style-type: none"> • Most STRs are Specialty (tier 5), with 40% coinsurance on most silver, 10-25% coinsurance on cost sharing reduction plans. • Of all 2022 QHPs, has the most drugs that are non-formulary, including Cimduo, Delstrigo, Descovy, Dovato, Genvoya, Symfi/symtuza, Triumeq 	<ul style="list-style-type: none"> • 23 new counties in West, Central & Northeast. • Expanding to Greenville area with Vidant & ECU
Cigna	68	HMO	<ul style="list-style-type: none"> • Two networks: • Raleigh/Durham (12 counties) • Broad network in 56 counties (east & west) 	<ul style="list-style-type: none"> • Raleigh/Durham plan: Duke & WakeMed. • Broad Network Plan: Duke Lifepoint, Mission, various regional hospitals • Does not cover UNC Health 	<ul style="list-style-type: none"> • Primary care; urgent care, specialist, mental health visits • generic & preferred brand drugs on some plans • Free virtual visits 	<ul style="list-style-type: none"> • Some "non covered" drugs that would require exception • Most STRs are preferred brand name, some plans have copay before deductible; 	<ul style="list-style-type: none"> • Diabetes Plan & Asthma/COPD plan • Diabetes plan with month's supply for select insulins no more than \$25

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	# Counties	Plan Type	Markets	Provider Networks	Services before Deductible	HIV Drug Coverage & Cost	Notes
Friday	41	HMO	<ul style="list-style-type: none"> West/Asheville North Central Coastal Plain 	<ul style="list-style-type: none"> UNC, Atrium, & Novant excluded Vidant, Mission, Duke LifePoint (in west & Durham), Frye Regional, Appalachian Regional, Moses Cone, CVS Minute Clinics Networks not siloed (can access Friday providers in other regions) 	<ul style="list-style-type: none"> Primary care; specialist on some plans; drugs; \$0 visit primary care and mental health visits on many plans. \$ 0 visit Teladoc 	<ul style="list-style-type: none"> Most HIV drugs covered. Most STRs are preferred brand (tier 3) or non-preferred generic (tier 2). 	<ul style="list-style-type: none"> Offers copay plan and coinsurance plan Coinsurance is 20-40% for preferred brand on silver plans; Copay \$80 for preferred brand in Silver (as little as \$20 in Silver CSR)
Oscar	10	HMO	West/Asheville	Mission is main provider; Adding Advent in Hendersonville	Primary care, specialist, urgent care, mental health, labs, generic and preferred brand drugs, on some silver plans	<ul style="list-style-type: none"> Most HIV drugs covered, a few non-formulary (Atripla, Stribild, Complera, Delstrigo, Juluca, Pifltro) Most STRs are Preferred Brand (tier 2) Most STRs are copay, but on some plans, subject to deductible Some STRs are coinsurance CVS is exclusive pharmacy Some plans have separate drug deductible 	<ul style="list-style-type: none"> "Specialist Saver" plan that has copays for specialist and labs
United HC	38	HMO	Asheville, Hickory-Lenoir-Morganton; Charlotte, Winston-Salem; Greensboro; Fayetteville; Raleigh; Wilmington	<ul style="list-style-type: none"> Asheville: multiple facilities. Including Mission Hospital, Advent Health & Pardee in Hendersonville Charlotte: Atrium Winston-Salem: Wake Forest Baptist, Life Bright, Northern Surry Greensboro: Cone, UNC Fayetteville: Cape Fear Valley, Scotland Memorial Raleigh: UNC Wilmington: New Hanover Regional, Columbus Regional 	<ul style="list-style-type: none"> Primary care (many with some free visits); specialist on many plans; some plans with generic drugs 	<ul style="list-style-type: none"> Many ARVs are not on formulary, including Atripla, Cimduo, Juluca, Symfi, Symtuza and Triumeq Most ARVs are non-preferred brand, on tier 4, with 50% coinsurance, including on CSR plans 	Premiums on the higher side

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Wellcare	100	PPO	Operates in all counties	Raleigh/Durham: Duke Charlotte: Atrium & Novant Winston-Salem: Novant Greensboro: Cone, Alamance Regional Asheville: Mission Greenville: Vidant Hickory/Lenoir: Catawba Valley; Frye Regional <i>Does not include UNC</i>	<ul style="list-style-type: none"> • Many services available before deductible is met 	<ul style="list-style-type: none"> • Most covered ARVs are preferred brand name (tier 2). (Descovy excluded). • On Silver plans, preferred brand is copay 	<ul style="list-style-type: none"> • Premiums are HIGH. -- highest of all marketplace insurers • Little detailed marketing information available about plans, provider networks • As a PPO, has out of network coverage (30% coinsurance at silver).

Table 2
2022 NC Marketplace Qualified Health Plans
County Availability

County	Aetna CVS Health	Ambetter	AmeriHealth Caritas	Bright HealthCare	Cigna	Friday Health Plans	Oscar	United	WellCare	BLUE CROSS BLUE SHIELD						County Total
										Blue Advantage	Blue Value	Blue Home Novant (Charlotte OR Winston-Salem market)	Blue Home UNC	Blue Local Atrium (Charlotte Market)	Blue Local Wake Forest Baptist	
Alamance	x			x	x	x			x				x			6
Alexander		x	x			x		x	x	x	x					6
Alleghany		x	x	x					x	x						5
Anson	x	x							x					x		4
Ashe				x					x	x						3
Avery	x	x		x	x	x			x	x						7
Beaufort	x			x	x	x			x	x						6
Bertie	x			x	x				x	x						5
Bladen	x	x			x			x	x	x						6
Brunswick								x	x	x	x					3
Buncombe	x	x	x	x	x	x	x	x	x	x						10
Burke	x	x				x		x	x	x	x					6
Cabarrus	x	x		x					x			x		x		5
Caldwell		x				x		x	x	x	x					5
Camden	x				x				x	x						4
Carteret	x				x				x	x						4
Caswell	x	x		x		x			x				x			6
Catawba		x	x	x		x		x	x	x	x					7
Chatham	x			x	x	x			x				x			6
Cherokee	x				x	x			x	x						5
Chowan	x			x	x				x	x						5
Clay	x	x	x		x	x			x	x						7
Cleveland	x	x				x			x		x			x		5
Columbus		x						x	x	x	x					4
Craven	x				x				x	x						4
Cumberland	x	x			x			x	x	x						6
Currituck	x				x				x	x						4
Dare	x				x	x			x	x						5
Davidson	x	x	x	x				x	x			x			x	7
Davie	x	x	x	x				x	x						x	7
Duplin				x	x	x		x	x	x	x					6
Durham	x	x		x	x				x				x			6
Edgecombe	x			x	x	x			x	x						6
Forsyth	x	x	x	x				x	x			x			x	7
Franklin	x	x		x	x			x	x				x			7
Gaston	x	x		x					x		x			x		5
Gates	x				x				x	x						4
Graham	x	x		x	x	x			x	x						7
Granville	x	x		x	x				x	x						6

Table 2
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County Availability

County	Aetna CVS Health	Ambetter	AmeriHealth Caritas	Bright HealthCare	Cigna	Friday Health Plans	Oscar	United	WellCare	BLUE CROSS BLUE SHIELD						County Total
										Blue Advantage	Blue Value	Blue Home Novant (Charlotte OR Winston-Salem market)	Blue Home UNC	Blue Local Atrium (Charlotte Market)	Blue Local Wake Forest Baptist	
Greene	x			x	x	x			x	x						6
Guilford	x	x	x	x		x		x	x	x					x	8
Halifax	x			x	x				x	x						5
Harnett	x	x			x			x	x	x						6
Haywood	x	x	x	x	x	x	x	x	x	x						10
Henderson	x				x	x	x	x	x	x						7
Hertford	x			x	x				x	x						5
Hoke	x	x			x			x	x	x						6
Hyde				x	x				x	x						4
Iredell		x	x			x		x	x	x	x					6
Jackson	x	x	x	x	x	x	x	x	x	x						10
Johnston	x	x		x	x			x	x				x			7
Jones					x				x	x						3
Lee	x	x		x	x	x			x				x			7
Lenoir					x				x	x						3
Lincoln	x	x							x		x			x		4
Macon	x	x	x	x	x	x	x		x	x						9
Madison	x	x	x	x	x	x	x		x	x						9
Martin				x	x				x	x						4
Mcdowell	x	x	x	x	x	x	x	x	x	x						10
Mecklenburg	x	x		x				x	x			x		x		6
Mitchell	x	x	x	x	x	x			x	x						8
Montgomery		x			x				x	x						4
Moore		x			x				x	x						4
Nash	x				x	x			x	x			x			5
New Hanover								x	x	x	x					3
Northampton				x	x				x	x						4
Onslow					x				x	x	x					3
Orange	x	x		x	x			x	x				x			7
Pamlico					x				x	x						3
Pasquotank	x				x				x	x						4
Pender								x	x	x	x					3
Perquimans	x				x				x	x						4
Person	x	x		x	x	x			x				x			7
Pitt	x			x	x	x			x	x						6
Polk	x				x	x	x		x	x						6
Randolph	x	x	x	x		x		x	x	x					x	8
Richmond		x			x			x	x	x						5
Robeson		x			x			x	x	x						5

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										Blue Advantage	Blue Value	Blue Home Novant (Charlotte OR Winston-Salem market)	Blue Home UNC	Blue Local Atrium (Charlotte Market)	Blue Local Wake Forest Baptist	
Rockingham	x			x		x		x	x	x						6
Rowan		x		x					x			x		x		4
Rutherford	x		x		x	x		x	x	x						7
Sampson		x			x			x	x	x						5
Scotland		x			x			x	x	x						5
Stanly	x	x							x					x		4
Stokes	x	x	x	x				x	x			x			x	7
Surry			x					x	x		x					4
Swain	x	x	x	x	x	x			x	x						8
Transylvania	x	x	x	x	x	x	x	x	x	x						10
Tyrrell				x	x				x	x						4
Union	x	x		x					x			x		x		5
Vance	x	x		x	x				x	x						6
Wake	x	x		x	x			x	x				x			7
Warren		x		x	x				x	x						5
Washington				x	x				x	x						4
Watauga						x			x	x						3
Wayne	x				x	x			x	x						5
Wilkes	x	x	x	x					x	x					x	6
Wilson	x				x	x			x	x						5
Yadkin	x	x	x	x					x			x			x	6
Yancey	x	x	x	x	x	x	x		x	x						9
Total	70	58	25	56	68	41	10	38	100	75	15	8	11	9	8	

Table 3
2022 NC Qualified Health Plans
Formulary

	Aetna/CVS		Ambetter		AmeriHealth Caritas		BCBSNC		Bright Health	
	Tier	Restrictions*	Tier	Restrictions*	Tier	Restrictions*	Tier	Restrictions*	Tier	Restrictions*
Aptivus (Tipranavir)	2	QL	2	QL	4	QL	6	SP	5	QL
Atripla (efavirenz, emtricitabine, tenofovir disoproxil fumarate)	1	QL	1B*	QL	3	QL	5	SP	5*	QL
Biktarvy (bictegravir, emtricitabine, tenofovir alafenamide)	3	QL	2	QL	4	QL	5	SP	5	QL
Cabenuva (Cabotegravir, Rilpivirine)	NF		NF		NF		NF		NF	
Cimduo (lamivudine, tenofovir disoproxil fumarate)	2	QL	1B*	QL, ST	5	QL	5	SP	NF	
Combivir (Lamivudine, Zidovudine)	1	QL	NF	QL	3	QL	2	SP	2*	QL
Complera (emtricitabine, rilpivirine, tenofovir disoproxil fumarate)	1	QL	3	QL	4	QL	5	SP	5	QL
Delstrigo (doravirine, lamivudine, tenofovir disoproxil fumarate)	NF		3	QL	4	QL	5	SP	NF	
Descovy (emtricitabine, tenofovir alafenamide)	4	QL, N8	NF		4	QL	5	SP, QL	NF	
Dovato (dolutegravir, lamivudine)	2	QL	2	QL	4	QL	5	SP	NF	
Edurant (Rilpivirine)	2	QL	1B*	QL	5	QL	6	SP	5	QL
Emtriva (Emtricitabine)	2	QL	1B	QL	3	QL	6	SP	5	
Epivir (3TC)	2		1B*	QL	3	QL	2	SP	3*	QL
Epzicom (Abacavir, Lamivudine)	1	QL	1B*	QL	3	QL	4	SP	5*	QL
Evotaz (Cobicistat, Atazanavir)	2	QL	NF		4	QL	5	SP	NF	
Fuzeon (Enfuvirtide)	5	QL	4	PA, SP	4	QL	6	SP	5	QL
Genvoya (Cobicistat, Elvitegravir, Emtricitabine, Tenofovir Alafenamide)	2	QL	2	QL	4	QL	5	SP	NF	
Intelence (Etravirine)	2	QL	1B*	QL	3	QL	5	SP	5	QL
Invirase (Saquinavir)	2	QL	NF		4	QL	6	SP	5	QL
Isentress (Raltegravir)	2	QL	2	QL	4	QL	5	SP	5	QL
Isentress HD (Raltegravir)	2	QL	2	QL	4	QL	5	SP	NF	
Juluca (dolutegravir, rilpivirine)	NF		3	QL	5	QL	5	SP	5	QL
Kaletra (Lopinavir, Ritonavir)	1	QL	1B*	QL	3	QL	5	SP	5*	QL
Lexiva (Fosamprenavir)	2	QL	1B*	QL	3	QL	4	SP	5	QL
Norvir (Ritonavir)	2	QL	1B*	QL	3	QL	4	SP	5	QL
Odefsey (emtricitabine, rilpivirine, tenofovir alafenamide)	2	QL	2	QL	4	QL	5	SP	NF	
Pifeltro (Doravirine)	NF		2	QL	4	QL	NF		NF	
Prezcobix (Cobicistat, Darunavir)	2	QL	2	QL	4	QL	5	SP	5	QL
Prezista (Darunavir)	2	QL	2	QL	4	QL	5	SP	5	QL
Rescriptor (Delavirdine)	NF		2	QL	NF		NF		NF	
Retrovir (Zidovudine)	1	QL	1B*	QL	3	QL	2	SP	2	QL
Reyataz (Atazanavir Sulfate)	2	QL	1B*	QL	3	QL	4	SP	5*	QL
Rukobia (Fostemsavir)	NF		4	PA	5	QL	6	SP	NF	
Selzentry (Maraviroc)	2	QL	2	QL	4	QL	5	SP	5	QL
Stribild (cobicistat, elvitegravir, emtricitabine, tenofovir disoproxil fumarate)	NF		3	QL	5	QL	5	SP	5	QL
Sustiva (Efavirenz)	1	QL	1B*	QL	3	QL	4	SP	5*	QL

Table 3
2022 NC Qualified Health Plans
Formulary

	Cigna		Friday Health		Oscar		United Healthcare		Wellcare	
	Tier	Restrictions*	Tier	Restrictions*	Tier	Restrictions*	Tier	Restrictions*	Tier	Restrictions*
Aptivus (Tipranavir)	3		4	QL	2	QL	4	QL	2	QL
Atripla (efavirenz, emtricitabine, tenofovir disoproxil fumarate)	2*		2*	QL	NF		NF	QL	3	QL
Biktarvy (bictegravir, emtricitabine, tenofovir alafenamide)	3		3	QL	2	QL	4	QL	2	QL
Cabenuva (Cabotegravir, Rilpivirine)	4	NC	NF		NF		NF		NF	
Cimduo (lamivudine, tenofovir disoproxil fumarate)	4	NC	3	QL	2	QL	NF	QL	2	ST; QL
Combivir (Lamivudine, Zidovudine)	2*		2*	QL	1B	QL	3*	QL	1B*	QL
Complera (emtricitabine, rilpivirine, tenofovir disoproxil fumarate)	3		3	QL	NF		4	QL	3	QL
Delstrigo (doravirine, lamivudine, tenofovir disoproxil fumarate)	4	NC	3	QL	NF		NF	QL	3	QL
Descovy (emtricitabine, tenofovir alafenamide)	4	PA	3	QL	2	PA; QL	4*	QL	NF	
Dovato (dolutegravir, lamivudine)	3		3	QL	2	QL	NF	QL	2	QL
Edurant (Rilpivirine)	3		4	QL	2	QL	4	QL	2	QL
Emtriva (Emtricitabine)	2*		2	QL	1B*	QL	NF	QL	1B*	QL
Epivir (3TC)	4	NC	2*	QL	2		NF		1B*	QL
Epzicom (Abacavir, Lamivudine)	2*		2	QL	1B*	QL	3	QL	1B*	QL
Evotaz (Cobicistat, Atazanavir)	3		3	QL	2	QL	NF		NF	
Fuzeon (Enfuvirtide)	5	SP	5	QL	4	QL	5	QL	4	PA; SP; MP
Genvoya (Cobicistat, Elvitegravir, Emtricitabine, Tenofovir Alafenamide)	3		3	QL	2	QL	4	QL	2	QL
Intelence (Etravirine)	2*		3	QL	2	QL	4	QL	1B*	QL
Invirase (Saquinavir)	4	NC	4	QL	2	QL	4	QL	2	QL
Isentress (Raltegravir)	4	NC	3	QL	2	QL	4	QL	2	QL
Isentress HD (Raltegravir)	3		3	QL	2	QL	NF	QL	2	QL
Juluca (dolutegravir, rilpivirine)	3		3	QL	NF		NF	QL	3	QL
Kaletra (Lopinavir, Ritonavir)	2*		3	QL	2	QL	4*	QL	1B*	QL
Lexiva (Fosamprenavir)	2*		4	QL	2	QL	4	QL	1B*	QL
Norvir (Ritonavir)	2*		3	QL	2	QL	4*	QL	1B*	QL
Odefsey (emtricitabine, rilpivirine, tenofovir alafenamide)	3		3	QL	2	QL	4	QL	2	QL
Pifeltro (Doravirine)	4		NF		NF		NF	QL	2	QL
Prezcobix (Cobicistat, Darunavir)	3		3	QL	2	QL	NF	QL	2	QL
Prezista (Darunavir)	3		3	QL	2	QL	4	QL	2	QL
Rescriptor (Delavirdine)	4	NC	4	QL	3	QL	NF		2	QL
Retrovir (Zidovudine)	4	NC	2*	QL	2		3*	QL	1B*	QL
Reyataz (Atazanavir Sulfate)	2*		2*	QL	2	QL	4*	QL	1B*	QL
Rukobia (Fostemsavir)	4	NC	4	QL	NF		NF	QL	4	PA
Selzentry (Maraviroc)	4	NC	4	QL	2	QL	NF	QL	2	QL
Stribild (cobicistat, elvitegravir, emtricitabine, tenofovir disoproxil fumarate)	4		3	QL	NF		4	QL	3	QL
Sustiva (Efavirenz)	2*		2*	QL	1B*	QL	4*	QL	1B*	QL

Table 4
2022 NC Marketplace Qualified Health Plans
Silver Plans (Standard)

Plan Name	Plan Type	Deductible	Drug deductible	Maximum Out of Pocket	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Aetna CVS Silver 1: \$0 Minute Clinic, Telehealth	HMO	\$4,000	In Medical	\$8,700	\$20	\$75	\$750	40%	\$15	\$50/deduct	40%	50%
Aetna CVS Silver 2: \$0 Minute Clinic, Telehealth	HMO	\$6,000	In Medical	\$8,700	\$25	\$75	40%	40%	\$15	\$50/deduct	40%	50%
Ambetter Balanced Care 11	HMO	\$6,000	In Medical	\$8,500	\$30	\$60	40%	40%	\$18.20	\$55	50%	50%
Ambetter Balanced Care 11 Vision + Dental	HMO	\$6,000	In Medical	\$8,500	\$30	\$60	40%	40%	\$18.20	\$55	50%	50%
Ambetter Balanced Care 12	HMO	\$6,500	In Medical	\$8,400	\$35	\$70	40%	40%	\$22.60	\$60	50%	50%
Ambetter Balanced Care 12 Vision + Dental	HMO	\$6,500	In Medical	\$8,400	\$35	\$70	40%	40%	\$22.60	\$60	50%	50%
Ambetter Balanced Care 30	HMO	\$6,100	In Medical	\$6,100	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Ambetter Balanced Care 31	HMO	\$5,450	In Medical	\$6,450	10%	10%	10%	10%	10%	10%	50%	50%
Ambetter Balanced Care 31 Vision + Dental	HMO	\$5,450	In Medical	\$6,450	10%	10%	10%	10%	10%	10%	50%	50%
Ambetter Balanced Care 32	HMO	\$8,100	In Medical	\$8,700	\$45	\$100	50%	50%	\$22.60	\$75	50%	50%
Ambetter Balanced Care 32 Vision + Dental	HMO	\$8,100	In Medical	\$8,700	\$45	\$100	50%	50%	\$22.60	\$75	50%	50%
AmeriHealth Silver 15	HMO	\$3,000	\$400	\$8,700	\$15	\$85	\$750/deduct	30%	\$15	\$40/deduct	40%	40%
AmeriHealth Silver 30	HMO	\$4,000	\$400	\$8,700	\$30	\$100	\$750/deduct	40%	\$15	\$40/deduct	40%	40%
AmeriHealth Silver 50	HMO	\$5,000	\$400	\$8,700	\$50	\$150	\$750/deduct	50%	\$15	\$40/deduct	40%	40%
Blue Advantage Silver \$0 deduct	PPO	\$0	\$3,000	\$8,700	\$75	\$150	\$2,000	50%	\$15/deduct	\$150/deduct	\$250/deduct	50%
Blue Advantage Silver 2800 + \$15 PCP	PPO	\$2,800	\$2,800	\$8,700	\$15	\$150	50%	50%	\$5/deduct	50%	50%	50%
Blue Advantage Silver 3800 + 3 Free PCP	PPO	\$3,800	\$350	\$8,700	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Advantage Silver 5300 + 3 Free PCP	PPO	\$5,300	In Medical	\$8,700	\$75	\$150	50%	50%	\$10	50%	50%	50%
Blue Advantage Silver 6000 + 3 Free PCP	PPO	\$6,000	\$550	\$8,700	\$50	\$150	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Silver \$0 deduct w/ Novant Health	POS	\$0	\$3,000	\$8,700	\$75	\$150	\$2,000	50%	\$15/deduct	\$150/deduct	\$250/deduct	50%
Blue Home Silver \$0 deduct w/ UNC Health	POS	\$0	\$3,000	\$8,700	\$75	\$150	\$2,000	50%	\$15/deduct	\$150/deduct	\$250/deduct	50%
Blue Home Silver 2800 + \$15 PCP w/ Novant Health	POS	\$2,800	\$2,800	\$8,700	\$15	\$150	50%	50%	\$5/deduct	50%	50%	50%
Blue Home Silver 2800 + \$15 PCP w/ UNC Health	POS	\$2,800	\$2,800	\$8,700	\$15	\$150	50%	50%	\$5/deduct	50%	50%	50%
Blue Home Silver 3800 + 3 Free PCP w/ Novant Health	POS	\$3,800	\$350	\$8,700	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Silver 3800 + 3 Free PCP w/ UNC Health	POS	\$3,800	\$350	\$8,700	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Silver 5300 + 3 Free PCP w/ Novant Health	POS	\$5,300	In Medical	\$8,700	\$75	\$150	50%	50%	\$10	50%	50%	50%
Blue Home Silver 5300 + 3 Free PCP w/ UNC Health	POS	\$5,300	In Medical	\$8,700	\$75	\$150	50%	50%	\$10	50%	50%	50%
Blue Home Silver 6000 + 3 Free PCP w/ Novant Health	POS	\$6,000	\$550	\$8,700	\$50	\$150	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Silver 6000 + 3 Free PCP w/ UNC Health	POS	\$6,000	\$550	\$8,700	\$50	\$150	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Local Silver \$0 deduct w/ Atrium Health	POS	\$0	\$3,000	\$8,700	\$75	\$150	\$2,000	50%	\$15/deduct	\$150/deduct	\$250/deduct	50%
Blue Local Silver \$0 deduct w/ Wake Forest Baptist	POS	\$0	\$3,000	\$8,700	\$75	\$150	\$2,000	50%	\$15/deduct	\$150/deduct	\$250/deduct	50%
Blue Local Silver 2800 + \$15 PCP w/ Atrium Health	POS	\$2,800	\$2,800	\$8,700	\$15	\$150	50%	50%	\$5/deduct	50%	50%	50%

Table 4
2022 NC Marketplace Qualified Health Plans
Silver Plans (Standard)

Plan Name	Plan Type	Deductible	Drug deductible	Maximum Out of Pocket	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Blue Local Silver 2800 + \$15 PCP w/ Wake Forest Baptist	POS	\$2,800	\$2,800	\$8,700	\$15	\$150	50%	50%	\$5/deduct	50%	50%	50%
Blue Local Silver 3800 + 3 Free PCP w/ Atrium Health	POS	\$3,800	\$350	\$8,700	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Local Silver 3800 + 3 Free PCP w/ Wake Forest Baptist	POS	\$3,800	\$350	\$8,700	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Local Silver 5300 + 3 Free PCP w/ Atrium Health	POS	\$5,300	In Medical	\$8,700	\$75	\$150	50%	50%	\$10	50%	50%	50%
Blue Local Silver 5300 + 3 Free PCP w/ Wake Forest Baptist	POS	\$5,300	In Medical	\$8,700	\$75	\$150	50%	50%	\$10	50%	50%	50%
Blue Local Silver 6000 + 3 Free PCP w/ Atrium Health	POS	\$6,000	\$550	\$8,700	\$50	\$150	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Local Silver 6000 + 3 Free PCP w/ Wake Forest Baptist	POS	\$6,000	\$550	\$8,700	\$50	\$150	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Value Silver \$0 deduct	POS	\$0	\$3,000	\$8,700	\$75	\$150	\$2,000	50%	\$15/deduct	\$150/deduct	\$250/deduct	50%
Blue Value Silver 2800 + \$15 PCP	POS	\$2,800	\$2,800	\$8,700	\$15	\$150	50%	50%	\$5/deduct	50%	50%	50%
Blue Value Silver 3800 + 3 Free PCP	POS	\$3,800	\$350	\$8,700	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Value Silver 5300 + 3 Free PCP	POS	\$5,300	In Medical	\$8,700	\$75	\$150	50%	50%	\$10	50%	50%	50%
Blue Value Silver 6000 + 3 Free PCP	POS	\$6,000	\$550	\$8,700	\$50	\$150	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Bright Health Silver \$0 deduct (\$0 Telehealth, PCP, Mental Health)	HMO	\$0	In Medical	\$8,700	\$0	\$30	\$750	40%	\$0	\$150	\$250	40%
Bright Health Silver 3000 (\$0 Telehealth, PCP, Mental Health)	HMO	\$3,000	In Medical	\$8,700	\$0	\$70	40%	40%	\$0	\$150	\$250	40%
Bright Health Silver 4000 (\$35 Primary Care + \$15 Generic)	HMO	\$4,000	In Medical	\$8,700	\$35	40%	40%	40%	\$15	40%	40%	40%
Bright Health Silver 5000 (\$0 Telehealth, PCP, Mental Health)	HMO	\$5,000	In Medical	\$8,700	\$0	\$80	40%	40%	\$0	\$150	\$250	40%
Bright Health Silver 6700 (\$0 Telehealth, PCP, Mental Health)	HMO	\$6,700	In Medical	\$8,700	\$0	\$0	40%	40%	\$0	\$90	\$150	40%
Bright Health Silver 6700 Dental/Vision (\$0 Telehealth, PCP, Mental Health)	HMO	\$6,700	In Medical	\$8,700	\$0	\$0	40%	40%	\$0	\$90	\$150	40%
Cigna Connect 3500 (\$0 Telehealth)	HMO	\$3,500	In Medical	\$8,700	\$20	\$85	\$1000/deduct	25%	\$3	\$60	50%	50%
Cigna Connect 3500 (Duke/Wake Med)	HMO	\$3,500	In Medical	\$8,700	\$20	\$85	\$1000/deduct	25%	\$3	\$60	50%	50%
Cigna Connect 3500 Enhanced Diabetes Care (\$0 Telehealth)	HMO	\$3,500	In Medical	\$8,700	\$10	\$80	50%	40%	\$3	\$70	50%	50%
Cigna Connect 3500 Enhanced Diabetes (Duke/Wake Med)	HMO	\$3,500	In Medical	\$8,700	\$10	\$80	50%	40%	\$3	\$70	50%	50%
Cigna Connect 4200 Enhanced Asthma COPD (\$0 Telehealth)	HMO	\$4,200	In Medical	\$8,700	\$15	\$75	40%	40%	\$3	\$70/deduct	50%	50%
Cigna Connect 4200 Enhanced Asthma COPD (Duke/Wake)	HMO	\$4,200	In Medical	\$8,700	\$15	\$75	40%	40%	\$3	\$70/deduct	50%	50%
Cigna Connect 4500 (\$0 Telehealth)	HMO	\$4,500	In Medical	\$8,700	\$25	\$80	\$700/deduct	50%	\$3	50%	50%	50%
Cigna Connect 4500 (Duke/Wake Med)	HMO	\$4,500	In Medical	\$8,700	\$25	\$80	\$700/deduct	50%	\$3	50%	50%	50%
Cigna Connect 5500 (\$0 Telehealth)	HMO	\$5,500	In Medical	\$8,700	\$20	\$75	50%	50%	\$3	50%	50%	50%
Cigna Connect 5500 (Duke/Wake Med)	HMO	\$5,500	In Medical	\$8,700	\$20	\$75	50%	50%	\$3	50%	50%	50%
Friday Silver	HMO	\$5,500	In Medical	\$8,700	\$0	20%	50%	20%	\$0	20%	50%	50%
Friday Silver Plus Copay	HMO	\$5,500	In Medical	\$8,700	\$0	\$80	30%	30%	\$30	\$80	\$150	\$425
Oscar Silver Classic	HMO	\$5,750	In Medical	\$8,700	\$35	\$95	\$750/deduct	50%	\$3	\$100	50%	50%
Oscar Silver Classic- \$0 Ded	HMO	\$0	\$4,500	\$8,700	\$35	\$90	\$1,000	\$2500/day	\$3	\$100	50%	50%

Table 4
2022 NC Marketplace Qualified Health Plans
Silver Plans (Standard)

Plan Name	Plan Type	Deductible	Drug deductible	Maximum Out of Pocket	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Oscar Silver Classic- Low Ded	HMO	\$1,500	In Medical	\$8,000	\$65	\$95	40%	40%	\$3	\$100	50%	50%
Oscar Silver Elite- \$0 Ded	HMO	\$0	In Medical	\$8,700	\$40	\$100	50%	50%	\$3	\$150	50%	50%
Oscar Silver Elite- \$0 PCP	HMO	\$3,500	In Medical	\$7,500	\$0	\$60	\$650/deduct	\$500/day/deduct	\$0	\$100/deduct	50%	50%
Oscar Silver Elite- Specialist Saver	HMO	\$2,500	In Medical	\$7,500	\$75	\$25	\$650/deduct	\$500/day/deduct	\$3	\$100	50%	50%
Oscar Silver Simple	HMO	\$4,200	In Medical	\$8,700	\$25	\$90/deduct	50%	50%	\$3	\$60/deduct	50%	50%
Oscar Silver Simple- For Diabetes	HMO	\$6,450	In Medical	\$8,700	\$0	\$40	50%	50%	\$0	\$75/deduct	50%	50%
Oscar Silver Simple- High Ded	HMO	\$7,800	In Medical	\$8,000	\$30	40%	40%	40%	\$3	40%	50%	50%
Oscar Silver Simple- HSA	HMO	\$4,500	In Medical	\$4,500	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Oscar Silver Simple- PCP Saver	HMO	\$5,000	In Medical	\$8,375	\$20	40%	40%	40%	\$3	40%	40%	40%
Oscar Silver Simple- Specialist Saver	HMO	\$6,450	In Medical	\$8,700	\$40	\$40	50%	50%	\$3	\$75/deduct	50%	50%
UHC Silver Advantage+ (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$3,500	In Medical	\$8,000	\$45	\$75	40%	40%	\$3	\$85/deduct	50%	50%
UHC Silver Value+ (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$6,800	In Medical	\$8,700	\$50	\$90	40%	35%	\$3	\$85/deduct	50%	50%
UHC Silver Value+ (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$4,500	In Medical	\$7,950	\$0	\$100	40%	40%	\$3	\$85/deduct	50%	50%
UHC Silver Value+ Saver (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$4,500	In Medical	\$8,700	\$25	30%	40%	30%	\$3	\$85/deduct	50%	50%
WellCare Secure Health Silver	PPO	\$7,200	In Medical	\$7,200	\$30	\$60	\$0/deduct	\$0/deduct	\$13.80	\$50	\$0/deduct	\$0/deduct

Table 5
2022 NC Marketplace Qualified Health Plans
Silver Cost Sharing Reduction Plans (94 AV) for Incomes
100-150% FPL \$12,880 - \$19,320 (Individual)

Plan Name	Plan Type	Deductible	Drug Deductible	MOOP	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Aetna CVS Silver 1: \$0 Minute Clinic, Telehealth CSR 94	HMO	\$100	In Medical	\$1,000	\$0	\$5	\$500	25%	\$0	\$25	35%	40%
Aetna CVS Silver 2: \$0 Minute Clinic, Telehealth CSR 94	HMO	\$200	In Medical	\$1,000	\$5	\$10	25%	25%	\$0	\$25	35%	40%
Ambetter Balanced Care 11	HMO	\$0	In Medical	\$1,075	\$0	\$5	25%	25%	\$0	\$25	35%	35%
Ambetter Balanced Care 11 Vision + Dental	HMO	\$0	In Medical	\$1,075	\$0	\$5	25%	25%	\$0	\$25	35%	35%
Ambetter Balanced Care 12	HMO	\$0	In Medical	\$1,400	\$0	\$10	25%	25%	\$0	\$30	50%	50%
Ambetter Balanced Care 12 Vision + Dental	HMO	\$0	In Medical	\$1,400	\$0	\$10	25%	25%	\$0	\$30	50%	50%
Ambetter Balanced Care 30	HMO	\$625	In Medical	\$625	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Ambetter Balanced Care 31	HMO	\$400	In Medical	\$775	\$0	10%	10%	10%	\$0	10%	50%	50%
Ambetter Balanced Care 31 Vision + Dental	HMO	\$400	In Medical	\$775	\$0	10%	10%	10%	\$0	10%	50%	50%
Ambetter Balanced Care 32	HMO	\$0	In Medical	\$1,575	\$0	\$5	30%	30%	\$0	\$20	50%	50%
Ambetter Balanced Care 32 Vision + Dental	HMO	\$0	In Medical	\$1,575	\$0	\$5	30%	30%	\$0	\$20	50%	50%
AmeriHealth Silver 15	HMO	\$0	\$0	\$1,000	\$5	\$20	\$550/deduct	30%	\$3	\$15/deduct	40%	40%
AmeriHealth Silver 30	HMO	\$0	\$0	\$1,050	\$5	\$30	\$550/deduct	30%	\$3	\$15/deduct	40%	40%
AmeriHealth Silver 50	HMO	\$0	\$0	\$1,100	\$5	\$35	\$550/deduct	30%	\$3	\$15/deduct	40%	40%
Blue Advantage Silver \$0 Deductible-3	PPO	\$0	\$50	\$600	\$5	\$20	\$200	50%	\$5/deduct	\$20/deduct	\$75/deduct	50%
Blue Advantage Silver \$0 PCP-3	PPO	\$0	\$0	\$700	\$0	\$5	50%	50%	\$5	50%	50%	50%
Blue Advantage Silver H \$0 Deductible-3	PPO	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Blue Advantage Silver \$0 Deductible-III	PPO	\$0	In Medical	\$650	\$0	\$20	50%	50%	\$5	50%	50%	50%
Blue Advantage Silver L \$0 Deductible-3	PPO	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Blue Home Silver \$0 deduct Novant -3	POS	\$0	\$50	\$600	\$5	\$20	\$200	50%	\$5/deduct	\$20/deduct	\$75/deduct	50%
Blue Home Silver \$0 deduct UNC-3	POS	\$0	\$50	\$600	\$5	\$20	\$200	50%	\$5/deduct	\$20/deduct	\$75/deduct	50%
Blue Home Silver Silver \$0 PCP-3 Novant	POS	\$0	\$0	\$700	\$0	\$5	50%	50%	\$5	50%	50%	50%
Blue Home Silver Silver \$0 PCP-3 UNC	POS	\$0	\$0	\$700	\$0	\$5	50%	50%	\$5	50%	50%	50%
Blue Home Silver H \$0 Deductible-3 Novant	POS	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Blue Home Silver H \$0 Deductible-3 UNC	POS	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Blue HomeSilver \$0 Deductible-III Novant	POS	\$0	In Medical	\$650	\$0	\$20	50%	50%	\$5	50%	50%	50%
Blue Home Silver \$0 Deductible-III UNC	POS	\$0	In Medical	\$650	\$0	\$20	50%	50%	\$5	50%	50%	50%
Blue Home Silver L \$0 Deductible-3 Novant	POS	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Blue Home Silver L \$0 Deductible-3 UNC	POS	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Blue Local Silver \$0 Deductible-3 Atrium	POS	\$0	\$50	\$600	\$5	\$20	\$200	50%	\$5/deduct	\$20/deduct	\$75/deduct	50%

Table 5
2022 NC Marketplace Qualified Health Plans
Silver Cost Sharing Reduction Plans (94 AV) for Incomes
100-150% FPL \$12,880 - \$19,320 (Individual)

Plan Name	Plan Type	Deductible	Drug Deductible	MOOP	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Blue Local Silver \$0 Deductible-3 Wake Forest Baptist	POS	\$0	\$50	\$600	\$5	\$20	\$200	50%	\$5/deduct	\$20/deduct	\$75/deduct	50%
Blue Local Silver Silver \$0 PCP-3 Atrium	POS	\$0	\$0	\$700	\$0	\$5	50%	50%	\$5	50%	50%	50%
Blue Local Silver Silver \$0 PCP-3 Wake Forest Baptist	POS	\$0	\$0	\$700	\$0	\$5	50%	50%	\$5	50%	50%	50%
Blue Local Silver H \$0 Deductible-3 Atrium	POS	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Blue Local Silver H \$0 Deductible-3 Wake Forest Baptist	POS	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Blue Local Silver \$0 Deductible-III Atrium	POS	\$0	In Medical	\$650	\$0	\$20	50%	50%	\$5	50%	50%	50%
Blue Local Silver \$0 Deductible-III Wake Forest Baptist	POS	\$0	In Medical	\$650	\$0	\$20	50%	50%	\$5	50%	50%	50%
Blue Local Silver L \$0 Deductible-3 Atrium	POS	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Blue Local Silver L \$0 Deductible-3 Wake Forest Baptist	POS	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Blue Value Silver \$0 Deductible-3	POS	\$0	\$50	\$600	\$5	\$20	\$200	50%	\$5/deduct	\$20/deduct	\$75/deduct	50%
Blue Value Silver \$0 PCP-3	POS	\$0	\$0	\$700	\$0	\$5	50%	50%	\$5	50%	50%	50%
Blue Value Silver H \$0 Deductible-3 PCP	POS	\$0	\$0	\$675	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Blue Value Silver \$0 Deductible-III	POS	\$0	In Medical	\$650	\$0	\$20	50%	50%	\$5	50%	50%	50%
Blue Value Silver L \$0 Deductible-3	POS	\$0	\$0	\$700	\$5	\$20	40%	40%	\$4	\$20	\$80	50%
Bright Health Silver \$0 deduct	HMO	\$0	In Medical	\$900	\$0	\$5	\$200	10%	\$0	\$25	\$50	10%
Bright Health Silver 100	HMO	\$100	In Medical	\$800	\$0	\$5	10%	10%	\$0	\$30	\$80	10%
Bright Health Silver \$0 Deductible 4	HMO	\$0	In Medical	\$1,000	\$5	0	25%	25%	\$5	25%	25%	25%
Bright Health Silver \$0 Deductible 1	HMO	\$0	In Medical	\$1,500	\$0	\$5	20%	20%	\$0	\$15	\$50	20%
Bright Health Silver 6700	HMO	\$0	In Medical	\$1,600	\$0	0	10%	10%	\$0	\$15	\$60	10%
Bright Health Silver 6700 + Adult Dental & Vision	HMO	\$0	In Medical	\$1,600	\$0	0	10%	10%	\$0	\$15	\$60	10%
Cigna Connect 150-4 (\$0 PCP, \$0 Tier 1 RX, \$0 Telehealth)	HMO	\$150	In Medical	\$900	\$0	\$25	\$200/deduct	10%	\$0	\$30	50%	50%
Cigna Connect 150-4 (Duke/WakeMed)	HMO	\$150	In Medical	\$900	\$0	\$25	\$200/deduct	10%	\$0	\$30	50%	50%
Cigna Connect 40-4 Enhanced Diabetes Care (\$0 Preferred Insulin)	HMO	\$40	In Medical	\$1,500	\$0	\$20	10%	10%	\$0	\$30	50%	50%
Cigna Connect 40-4 Enhanced Diabetes Care (Duke WakeMed)	HMO	\$40	In Medical	\$1,500	\$0	\$20	10%	10%	\$0	\$30	50%	50%
Cigna Connect 50-4 Enhanced Asthma COPD Care (\$0 Telehealth)	HMO	\$50	In Medical	\$1,800	\$5	\$30	5%	5%	\$3	\$30/deduct	50%	50%
Cigna Connect 50-4 Enhanced Asthma COPD Care (Duke/WakeMe	HMO	\$50	In Medical	\$1,800	\$5	\$30	5%	5%	\$3	\$30/deduct	50%	50%
Cigna Connect 0-4B (\$0 PCP, \$0 RX, \$0 Deduct, \$0 Telehealth)	HMO	\$0	In Medical	\$1,600	\$0	\$15	\$100	10%	\$0	10%	50%	50%
Cigna Connect 0-4B (Duke/Wake Med)	HMO	\$0	In Medical	\$1,600	\$0	\$15	\$100	10%	\$0	10%	50%	50%
Cigna Connect 0-4C (\$0 PCP, \$0 RX, \$0 Deduct, \$0 Telehealth)	HMO	\$0	In Medical	\$1,200	\$0	\$15	20%	20%	\$0	20%	50%	50%
Cigna Connect 0-4C (Duke/Wake Med)	HMO	\$0	In Medical	\$1,200	\$0	\$15	20%	20%	\$0	20%	50%	50%

Table 5
2022 NC Marketplace Qualified Health Plans
Silver Cost Sharing Reduction Plans (94 AV) for Incomes
100-150% FPL \$12,880 - \$19,320 (Individual)

Plan Name	Plan Type	Deductible	Drug Deductible	MOOP	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Friday Silver 94%	HMO	\$0	In Medical	\$2,900	\$0	10%	20%	10%	\$0	10%	20%	20%
Friday Silver Plus Copay 94%	HMO	\$0	In Medical	\$2,900	\$0	\$20	10%	10%	\$0	\$20	\$75	\$240
Oscar Silver Classic	HMO	\$0	In Medical	\$1,645	\$0	\$5	\$550	20%	\$0	\$15	50%	50%
Oscar Silver Classic- \$0 Ded	HMO	\$0	\$100	\$1,000	\$5	\$10	\$200	\$200/day	\$0	\$50	50%	50%
Oscar Silver Classic- Low Ded	HMO	\$125	In Medical	\$1,000	\$10	\$20	25%	25%	\$0	\$20	50%	50%
Oscar Silver Elite- \$0 Ded	HMO	\$0	In Medical	\$1,700	\$0	\$10	20%	20%	\$0	\$40	50%	50%
Oscar Silver Elite- \$0 PCP	HMO	\$0	In Medical	\$1,000	\$0	\$3	\$100	\$200/day	\$0	\$50	10%	10%
Oscar Silver Elite- Specialist Saver	HMO	\$200	In Medical	\$1,500	\$15	\$5	\$100	0/day/deduct	\$3	\$20	50%	50%
Oscar Silver Simple	HMO	\$0	In Medical	\$1,650	\$0	\$10	25%	25%	\$0	\$20	50%	50%
Oscar Silver Simple- For Diabetes	HMO	\$0	In Medical	\$1,375	\$0	\$5	30%	30%	\$0	\$20	50%	50%
Oscar Silver Simple- High Ded	HMO	\$500	In Medical	\$825	\$5	10%	10%	10%	\$0	10%	50%	50%
Oscar Silver Simple- HSA	HMO	\$600	In Medical	\$600	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Oscar Silver Simple- PCP Saver	HMO	\$0	In Medical	\$1,350	\$5	20%	20%	20%	\$0	20%	20%	20%
Oscar Silver Simple- Specialist Saver	HMO	\$0	In Medical	\$1,375	\$5	\$5	30%	30%	\$0	\$20	50%	50%
UHC Silver C Advantage+ (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$0	In Medical	\$1,400	\$5	\$20	25%	5%	\$1	\$20/deduct	50%	50%
UHC Silver C Value+ (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$40	In Medical	\$2,900	\$5	\$10	10%	10%	\$1	\$20/deduct	50%	50%
UHC Silver C Value+ (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$75	In Medical	\$1,900	\$0	\$20	10%	10%	\$1	\$20/deduct	50%	50%
UHC Silver C Value+ Saver (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$50	In Medical	\$2,500	\$5	10%	10%	10%	\$1	\$20/deduct	50%	50%
WellCare Secure Health Silver	PPO	\$600	In Medical	\$600	\$0	\$5	\$0/deduct	\$0/deduct	\$0	\$25	\$0/deduct	\$0/deduct

Table 6
2022 NC Marketplace Qualified Health Plans
Silver Cost Sharing Reduction Plans (87 AV) for Incomes
150-200% FPL \$19,320 - 25,760 (Individual)

Plan Name	Plan Type	Deductible	Drug Deductible	MOOP	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Aetna CVS Silver 1: \$0Minute Clinic, Telehealth CSR 87	HMO	\$750	In Medical	\$2,700	\$15	\$30	\$750	\$0	\$0	\$25	\$0	\$1
Aetna CVS Silver 2: \$0Minute Clinic, Telehealth CSR 87	HMO	\$500	In Medical	\$2,700	\$15	\$30	\$0	\$0	\$0	\$25	\$0	\$1
Ambetter Balanced Care 11	HMO	\$0	In Medical	\$2,900	\$10	\$29	40%	40%	\$9.40	\$40	50%	50%
Ambetter Balanced Care 11 Vision + Dental	HMO	\$0	In Medical	\$2,900	\$10	\$29	40%	40%	\$9.40	\$40	50%	50%
Ambetter Balanced Care 12	HMO	\$950	In Medical	\$2,250	\$5	\$30	\$0	\$0	\$9.40	\$40	\$1	\$1
Ambetter Balanced Care 12 Vision + Dental	HMO	\$950	In Medical	\$2,250	\$5	\$30	\$0	\$0	\$9.40	\$40	\$1	\$1
Ambetter Balanced Care 30	HMO	\$1,700	In Medical	\$1,700	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Ambetter Balanced Care 31	HMO	\$1,200	In Medical	\$2,200	\$0	\$0	\$0	\$0	\$0	\$0	\$1	\$1
Ambetter Balanced Care 31 Vision + Dental	HMO	\$1,200	In Medical	\$2,200	\$0	\$0	\$0	\$0	\$0	\$0	\$1	\$1
Ambetter Balanced Care 32	HMO	\$0	In Medical	\$2,900	\$15	\$30	50%	50%	\$9.40	\$40	50%	50%
Ambetter Balanced Care 32 Vision + Dental	HMO	\$0	In Medical	\$2,900	\$15	\$30	50%	50%	\$9.40	\$40	50%	50%
AmeriHealth Silver 15	HMO	\$725	\$0	\$2,900	\$5	\$35	\$750/deduct	\$0	\$5	\$20/deduct	\$0	\$0
AmeriHealth Silver 30	HMO	\$750	\$0	\$2,900	\$10	\$40	\$750/deduct	\$0	\$5	\$20/deduct	\$0	\$0
AmeriHealth Silver 50	HMO	\$800	\$0	\$2,900	\$25	\$45	\$750/deduct	\$0	\$5	\$20/deduct	\$0	\$0
Blue Advantage Silver \$0deduct -2	PPO	\$0	\$250	\$2,900	\$10	\$20	\$400	\$1	\$5/deduct	\$40/deduct	\$80/deduct	\$1
Blue Advantage Silver 50 + \$5 PCP-2	PPO	\$50	\$50	\$2,900	\$5	\$20	\$1	\$1	\$5/deduct	\$1	\$1	\$1
Blue Advantage Silver 675 + 3 Free PCP-2	PPO	\$675	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Blue Advantage Silver 200 + 3 Free PCP-II	PPO	\$200	In Medical	\$2,900	\$5	\$20	\$1	\$1	\$5	\$1	\$1	\$1
Blue Advantage Silver 700 + 3 Free PCP-2	PPO	\$700	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Blue Home Silver \$0Deductible-2 with Novant Health	POS	\$0	\$250	\$2,900	\$10	\$20	\$400	\$1	\$5/deduct	\$40/deduct	\$80/deduct	\$1
Blue Home Silver \$0Deductible-2 w/ UNC	POS	\$0	\$250	\$2,900	\$10	\$20	\$400	\$1	\$5/deduct	\$40/deduct	\$80/deduct	\$1
Blue Home Silver 50 + \$5 PCP-2 w/ Novant	POS	\$50	\$50	\$2,900	\$5	\$20	\$1	\$1	\$5/deduct	\$1	\$1	\$1
Blue Home Silver 50 + \$5 PCP-2 w/ UNC	POS	\$50	\$50	\$2,900	\$5	\$20	\$1	\$1	\$5/deduct	\$1	\$1	\$1
Blue Home Silver 675 + 3 Free PCP-2 w/ Novant	POS	\$675	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Blue Home Silver 675 + 3 Free PCP-2 w/ UNC	POS	\$675	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Blue Home Silver 200 + 3 Free PCP-II w/ Novant	POS	\$200	In Medical	\$2,900	\$5	\$20	\$1	\$1	\$5	\$1	\$1	\$1
Blue Home Silver 200 + 3 Free PCP-II w/ UNC	POS	\$200	In Medical	\$2,900	\$5	\$20	\$1	\$1	\$5	\$1	\$1	\$1

Table 6
2022 NC Marketplace Qualified Health Plans
Silver Cost Sharing Reduction Plans (87 AV) for Incomes
150-200% FPL \$19,320 - 25,760 (Individual)

Plan Name	Plan Type	Deductible	Drug Deductible	MOOP	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Blue Home Silver 700 + 3 Free PCP-2 w/ Novant	POS	\$700	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Blue Home Silver 700 + 3 Free PCP-2 w/ UNC	POS	\$700	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Blue Local Silver \$0Deductible-2 with Atrium Health	POS	\$0	\$250	\$2,900	\$10	\$20	\$400	\$1	\$5/deduct	\$40/deduct	\$80/deduct	\$1
Blue Local Silver \$0Deductible-2 w/ Wake Forest Baptist	POS	\$0	\$250	\$2,900	\$10	\$20	\$400	\$1	\$5/deduct	\$40/deduct	\$80/deduct	\$1
Blue Local Silver 50 + \$5 PCP-2 with Atrium Health	POS	\$50	\$50	\$2,900	\$5	\$20	\$1	\$1	\$5/deduct	\$1	\$1	\$1
Blue Local Silver 50 + \$5 PCP-2 w/ Wake Forest Baptist	POS	\$50	\$50	\$2,900	\$5	\$20	\$1	\$1	\$5/deduct	\$1	\$1	\$1
Blue Home Silver 675 + 3 Free PCP-2 with Atrium	POS	\$675	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Blue Home Silver 675 + 3 Free PCP-2 w/ Wake Forest Baptist	POS	\$675	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Blue Local Silver 200 + 3 Free PCP-II with Atrium Health	POS	\$200	In Medical	\$2,900	\$5	\$20	\$1	\$1	\$5	\$1	\$1	\$1
Blue Local Silver 200 + 3 Free PCP-II with Wake Forest	POS	\$200	In Medical	\$2,900	\$5	\$20	\$1	\$1	\$5	\$1	\$1	\$1
Blue Local Silver 700 + 3 Free PCP-2 w/ Atrium	POS	\$700	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Blue Local Silver 700 + 3 Free PCP-2 w/ Wake Forest Baptist	POS	\$700	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Blue Value Silver \$0Deductible-2	POS	\$0	\$250	\$2,900	\$10	\$20	\$400	\$1	\$5/deduct	\$40/deduct	\$80/deduct	\$1
Blue Value Silver 50 + \$5 PCP-2	POS	\$50	\$50	\$2,900	\$5	\$20	\$1	\$1	\$5/deduct	\$1	\$1	\$1
Blue Value Silver 675 + 3 Free PCP-2	POS	\$675	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Blue Value Silver 200 + 3 Free PCP-II	POS	\$200	In Medical	\$2,900	\$5	\$20	\$1	\$1	\$5	\$1	\$1	\$1
Blue Value Silver 700 + 3 Free PCP-2	POS	\$700	\$0	\$2,900	\$5	\$20	\$0	\$0	\$4	\$20	\$80	50%
Bright Health Silver \$0deduct (\$0Telehealth, PCP, Mental Health)	HMO	\$0	In Medical	\$2,400	\$0	\$15	\$450	25%	\$0	\$75	\$150	25%
Bright Health Silver 3000 (\$0Telehealth, PCP, Mental Health)	HMO	\$950	In Medical	\$2,100	\$0	\$30	\$0	\$0	\$0	\$100	\$150	\$0
Bright Health Silver 4000 (\$35 Primary Care + \$15 Generic)	HMO	\$200	In Medical	\$2,900	\$10	\$0	\$0	\$0	\$10	\$0	\$0	\$0
Bright Health Silver 5000 (\$0Telehealth, PCP, Mental Health)	HMO	\$950	In Medical	\$2,900	\$0	\$20	\$0	\$0	\$0	\$45	\$100	\$0
Bright HealthSilver 6700 (\$0Telehealth, PCP, Mental Health)	HMO	\$700	In Medical	\$2,900	\$0	\$0	\$0	\$0	\$0	\$30	\$150	\$0
Bright Health Silver 6700 Dental/Vision (\$0Telehealth, PCP, MH)	HMO	\$700	In Medical	\$2,900	\$0	\$0	\$0	\$0	\$0	\$30	\$150	\$0
Cigna Connect 700-3 (\$0PCP, \$0Tier 1 RX, \$0Telehealth)	HMO	\$700	In Medical	\$2,850	\$5	\$45	\$600/deduct	\$0	\$0	\$30	\$1	\$1
Cigna Connect 700-3 (Duke/Wake Med)	HMO	\$700	In Medical	\$2,850	\$5	\$45	\$600/deduct	\$0	\$0	\$30	\$1	\$1
Cigna Connect 550-3 Enhanced Diabetes Care (\$0Preferred Insu	HMO	\$550	In Medical	\$2,850	\$0	\$40	\$0	\$0	\$3	\$55	\$1	\$1
Cigna Connect 550-3 Enhanced Diabetes (Duke/Wake Med)	HMO	\$550	In Medical	\$2,850	\$0	\$40	\$0	\$0	\$3	\$55	\$1	\$1

Table 6
2022 NC Marketplace Qualified Health Plans
Silver Cost Sharing Reduction Plans (87 AV) for Incomes
150-200% FPL \$19,320 - 25,760 (Individual)

Plan Name	Plan Type	Deductible	Drug Deductible	MOOP	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Cigna Connect 600-3 Enhanced Asthma COPD Care (\$0Telehealth)	HMO	\$600	In Medical	\$2,900	\$10	\$35	\$0	\$0	\$3	\$55/deduct	\$1	\$1
Cigna Connect 600-3 Enhanced Asthma COPD (Duke/Wake)	HMO	\$600	In Medical	\$2,900	\$10	\$35	\$0	\$0	\$3	\$55/deduct	\$1	\$1
Cigna Connect 0-3A (\$0PCP, \$0 RX, \$0Deduct, \$0Telehealth)	HMO	\$0	In Medical	\$2,850	\$0	\$25	\$500	50%	\$0	50%	50%	50%
Cigna Connect 0-3A (Duke/Wake Med)	HMO	\$0	In Medical	\$2,850	\$0	\$25	\$500	50%	\$0	50%	50%	50%
Cigna Connect 0-3B (\$0PCP, \$ RX, \$0 Deduct, \$0Telehealth)	HMO	\$0	In Medical	\$2,850	\$0	\$35	40%	40%	\$0	40%	50%	50%
Cigna Connect 0-3B (Duke/Wake Med)	HMO	\$0	In Medical	\$2,850	\$0	\$35	40%	40%	\$0	40%	50%	50%
Friday Silver 87%	HMO	\$1,000	In Medical	\$2,900	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Friday Silver Plus Copay 87%	HMO	\$1,000	In Medical	\$2,900	\$0	\$40	\$0	\$0	\$10	\$40	\$75	\$240
Oscar Silver Classic	HMO	\$0	In Medical	\$2,900	\$10	\$30	\$750	30%	\$3	\$75	50%	50%
Oscar Silver Classic- \$0Ded	HMO	\$0	\$600	\$2,500	\$10	\$25	\$300	\$300/day	\$3	\$60	\$1	\$1
Oscar Silver Classic- Low Ded	HMO	\$875	In Medical	\$2,500	\$25	\$50	\$0	\$0	\$3	\$50	\$1	\$1
Oscar Silver Elite- \$0Ded	HMO	\$0	In Medical	\$2,900	\$5	\$25	30%	30%	\$0	\$75	50%	50%
Oscar Silver Elite- \$0PCP	HMO	\$1,000	In Medical	\$2,900	\$0	\$20	\$150	\$200/day/deduct	\$0	\$75	\$1	\$1
Oscar Silver Elite- Specialist Saver	HMO	\$750	In Medical	\$2,750	\$40	\$15	\$150	\$200/day/deduct	\$3	\$75	\$1	\$1
Oscar Silver Simple	HMO	\$825	In Medical	\$2,825	\$15	\$30/deduct	\$0	\$0	\$3	\$40/deduct	\$1	\$1
Oscar Silver Simple- For Diabetes	HMO	\$970	In Medical	\$2,800	\$0	\$25	\$0	\$0	\$0	\$40/deduct	\$1	\$1
Oscar Silver Simple- High Ded	HMO	\$1,600	In Medical	\$2,600	\$10	\$0	\$0	\$0	\$0	\$0	\$1	\$1
Oscar Silver Simple- HSA	HMO	\$1,500	In Medical	\$1,500	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Oscar Silver Simple- PCP Saver	HMO	\$225	In Medical	\$2,900	\$5	\$0	\$0	\$0	\$3	\$0	\$0	\$0
Oscar Silver Simple- Specialist Saver	HMO	\$970	In Medical	\$2,800	\$25	\$25	\$0	\$0	\$3	\$40/deduct	\$1	\$1
UHC Silver-D Advantage+ (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$1,200	In Medical	\$2,000	\$20	\$40	\$0	\$0	\$1	\$50/deduct	\$1	\$1
UHC Silver-D Value+ (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$1,300	In Medical	\$2,900	\$10	\$30	\$0	\$0	\$1	\$50/deduct	\$1	\$1
UHC Silver-D Value+ (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$1,000	In Medical	\$2,250	\$0	\$20	\$0	\$0	\$1	\$50/deduct	\$1	\$1
UHC Silver-D Value+ Saver (\$3 Rx, 3 Free PCP, 6 Free Virtual)	HMO	\$800	In Medical	\$2,500	\$10	\$0	\$0	\$0	\$1	\$50/deduct	\$1	\$1
WellCare Secure Health Silver	PPO	\$2,100	In Medical	\$2,100	\$0	\$5	\$0/deduct	\$0/deduct	\$0	\$25	\$0/deduct	\$0/deduct

Table 7
2022 NC Marketplace Qualified Health Plans
Silver Cost Sharing Reduction Plans (73 AV) for Incomes
200-250% FPL \$25,760 - 32,200 (Individual)

Plan Name	Plan Type	Deductible	Drug Deductible	MOOP	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Aetna CVS Silver 1: \$0 Minute Clinic, Telehealth CSR 73	HMO	\$3,700	In Medical	\$6,800	\$20	\$50	\$750	40%	\$15	\$50	40%	50%
Aetna CVS Silver 2: \$0 Minute Clinic, Telehealth CSR 73	HMO	\$3,300	In Medical	\$6,800	\$25	\$50	40%	40%	\$15	\$50	40%	50%
Ambetter Balanced Care 11	HMO	\$3,300	In Medical	\$6,600	\$20	\$50	40%	40%	\$18.20	\$50	50%	50%
Ambetter Balanced Care 11 Vision + Dental	HMO	\$3,300	In Medical	\$6,600	\$20	\$50	40%	40%	\$18.20	\$50	50%	50%
Ambetter Balanced Care 12	HMO	\$3,850	In Medical	\$6,500	\$25	\$50	40%	40%	\$22.60	\$45	50%	50%
Ambetter Balanced Care 12 Vision + Dental	HMO	\$3,850	In Medical	\$6,500	\$25	\$50	40%	40%	\$22.60	\$45	50%	50%
Ambetter Balanced Care 30	HMO	\$4,200	In Medical	\$4,200	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Ambetter Balanced Care 31	HMO	\$3,600	In Medical	\$4,575	10%	10%	10%	10%	10%	10%	50%	50%
Ambetter Balanced Care 31 Vision + Dental	HMO	\$3,600	In Medical	\$4,575	10%	10%	10%	10%	10%	10%	50%	50%
Ambetter Balanced Care 32	HMO	\$5,100	In Medical	\$6,000	\$35	\$85	50%	50%	\$18.20	\$70	50%	50%
Ambetter Balanced Care 32 Vision + Dental	HMO	\$5,100	In Medical	\$6,000	\$35	\$85	50%	50%	\$18.20	\$70	50%	50%
AmeriHealth Silver 15	HMO	\$2,850	\$290	\$6,950	\$15	\$75	\$750/deduct	30%	\$15	\$40/deduct	40%	40%
AmeriHealth Silver 30	HMO	\$2,900	\$300	\$6,950	\$20	\$80	\$750/deduct	40%	\$15	\$40/deduct	40%	40%
AmeriHealth Silver 50	HMO	\$3,000	\$300	\$6,950	\$25	\$90	\$750/deduct	40%	\$15	\$40/deduct	40%	40%
Blue Advantage Silver \$0 deduct-1	PPO	\$0	\$1,000	\$6,950	\$25	\$125	\$1,250	50%	\$10/deduct	\$100/deduct	\$150/deduct	50%
Blue Advantage Silver 850 + \$10 PCP-1	PPO	\$850	\$850	\$6,950	\$10	\$75	50%	50%	\$5/deduct	50%	50%	50%
Blue Advantage Silver 3700 + 3 Free PCP-1	PPO	\$3,700	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Advantage Silver 2500 + 3 Free PCP-1	PPO	\$2,500	In Medical	\$6,950	\$15	\$75	50%	50%	\$5	50%	50%	50%
Blue Advantage Silver 3800 + 3 Free PCP-1	PPO	\$3,800	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Silver \$0 deduct w/ Novant Health-1	POS	\$0	\$1,000	\$6,950	\$25	\$125	\$1,250	50%	\$10/deduct	\$100/deduct	\$150/deduct	50%
Blue Home Silver \$0 deduct w/ UNC Health-1	POS	\$0	\$1,000	\$6,950	\$25	\$125	\$1,250	50%	\$10/deduct	\$100/deduct	\$150/deduct	50%
Blue Home Silver 850 + \$10 PCP w/ Novant Health-1	POS	\$850	\$850	\$6,950	\$10	\$75	50%	50%	\$5/deduct	50%	50%	50%
Blue Home Silver 850 + \$10 PCP w/ UNC Health-1	POS	\$850	\$850	\$6,950	\$10	\$75	50%	50%	\$5/deduct	50%	50%	50%
Blue Home Silver 3700 + 3 Free PCP w/ Novant Health-1	POS	\$3,700	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Silver 3700 + 3 Free PCP w/ UNC Health-1	POS	\$3,700	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Silver 2500 + 3 Free PCP w/ Novant Health-1	POS	\$2,500	In Medical	\$6,950	\$15	\$75	50%	50%	\$5	50%	50%	50%
Blue Home Silver 2500 + 3 Free PCP w/ UNC Health-1	POS	\$2,500	In Medical	\$6,950	\$15	\$75	50%	50%	\$5	50%	50%	50%
Blue Home Silver 3800 + 3 Free PCP w/ Novant Health-1	POS	\$3,800	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Silver 3800 + 3 Free PCP w/ UNC Health-1	POS	\$3,800	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%

Table 7
2022 NC Marketplace Qualified Health Plans
Silver Cost Sharing Reduction Plans (73 AV) for Incomes
200-250% FPL \$25,760 - 32,200 (Individual)

Plan Name	Plan Type	Deductible	Drug Deductible	MOOP	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Blue Local Silver \$0 deduct w/ Atrium Health-1	POS	\$0	\$1,000	\$6,950	\$25	\$125	\$1,250	50%	\$10/deduct	\$100/deduct	\$150/deduct	50%
Blue Local Silver \$0 deduct w/ Wake Forest Baptist-1	POS	\$0	\$1,000	\$6,950	\$25	\$125	\$1,250	50%	\$10/deduct	\$100/deduct	\$150/deduct	50%
Blue Local Silver 850 + \$10 PCP w/ Atrium Health-1	POS	\$850	\$850	\$6,950	\$10	\$75	50%	50%	\$5/deduct	50%	50%	50%
Blue Local Silver 850 + \$10 PCP w/ Wake Forest Baptist-1	POS	\$850	\$850	\$6,950	\$10	\$75	50%	50%	\$5/deduct	50%	50%	50%
Blue Local Silver 3700 + 3 Free PCP w/ Atrium Health-1	POS	\$3,700	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Local Silver 3700 + 3 Free PCP w/ Wake Forest Baptist-	POS	\$3,700	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Local Silver 2500 + 3 Free PCP w/ Atrium Health-1	POS	\$2,500	In Medical	\$6,950	\$15	\$75	50%	50%	\$5	50%	50%	50%
Blue Local Silver 2500 + 3 Free PCP w/ Wake Forest Baptist-	POS	\$2,500	In Medical	\$6,950	\$15	\$75	50%	50%	\$5	50%	50%	50%
Blue Local Silver 3800 + 3 Free PCP w/ Atrium Health-1	POS	\$3,800	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Local Silver 3800 + 3 Free PCP w/ Wake Forest Baptist-	POS	\$3,800	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Value Silver \$0 deduct-1	POS	\$0	\$1,000	\$6,950	\$25	\$125	\$1,250	50%	\$10/deduct	\$100/deduct	\$150/deduct	50%
Blue Value Silver 2800 + \$15 PCP	POS	\$850	\$850	\$6,950	\$10	\$75	50%	50%	\$5/deduct	50%	50%	50%
Blue Value Silver 3800 + 3 Free PCP	POS	\$3,700	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Value Silver 5300 + 3 Free PCP	POS	\$2,500	In Medical	\$6,950	\$15	\$75	50%	50%	\$5	50%	50%	50%
Blue Value Silver 6000 + 3 Free PCP	POS	\$3,800	\$300	\$6,950	\$10	\$50	40%	40%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Bright Health Silver \$0 Deductible (\$0 Telehealth, PCP, MH)	HMO	\$0	In Medical	\$6,950	\$0	\$30	\$750	40%	\$0	\$150	\$250	40%
Bright Health Silver 3000 (\$0 Telehealth, PCP, Mental Health)	HMO	\$3,000	In Medical	\$6,500	\$0	\$60	40%	40%	\$0	\$150	\$250	40%
Bright Health Silver 4000 (\$35 Primary Care + \$15 Generic)	HMO	\$2,000	In Medical	\$6,950	\$15	40%	40%	40%	\$15	40%	40%	40%
Bright Health Silver 3800 (\$0 Telehealth, PCP, Mental Health)	HMO	\$3,800	In Medical	\$6,950	\$0	\$70	40%	40%	\$0	\$100	\$200	40%
Bright Health Silver 6700 (\$0 Telehealth, PCP, Mental Health)	HMO	\$6,700	In Medical	\$6,950	\$0	\$0	40%	40%	\$0	\$90	\$150	40%
Bright Health Silver 6700 + Adult Dental & Vision	HMO	\$6,700	In Medical	\$6,950	\$0	\$0	40%	40%	\$0	\$90	\$150	40%
Cigna Connect 2650-2 (\$0 Telehealth)	HMO	\$2,650	In Medical	\$6,950	\$20	\$80	\$1000/deduct	25%	\$3	\$60	50%	50%
Cigna Connect 2650-2 (Duke/Wake Med)	HMO	\$2,650	In Medical	\$6,950	\$20	\$80	\$1000/deduct	25%	\$3	\$60	50%	50%
Cigna Connect 2600-2 Enhanced Diabetes Care (\$0 Telehea	HMO	\$2,600	In Medical	\$6,950	\$10	\$80	50%	40%	\$3	\$70	50%	50%
Cigna Connect 2600-2Enhanced Diabetes (Duke/Wake Med)	HMO	\$2,600	In Medical	\$6,950	\$10	\$80	50%	40%	\$3	\$70	50%	50%
Cigna Connect 3000-2Enhanced Asthma COPD (\$0 Teleheal	HMO	\$3,000	In Medical	\$6,950	\$15	\$75	30%	30%	\$3	\$70/deduct	50%	50%
Cigna Connect 3000-2 Enhanced Asthma COPD (Duke/Wake	HMO	\$3,000	In Medical	\$6,950	\$15	\$75	30%	30%	\$3	\$70/deduct	50%	50%
Cigna Connect 1900-2 (\$0 Telehealth)	HMO	\$1,900	In Medical	\$6,950	\$25	\$60	\$700/deduct	50%	\$3	50%	50%	50%
Cigna Connect 1900-2(Duke/Wake Med)	HMO	\$1,900	In Medical	\$6,950	\$25	\$60	\$500/deduct	50%	\$3	50%	50%	50%

Table 7
2022 NC Marketplace Qualified Health Plans
Silver Cost Sharing Reduction Plans (73 AV) for Incomes
200-250% FPL \$25,760 - 32,200 (Individual)

Plan Name	Plan Type	Deductible	Drug Deductible	MOOP	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Cigna Connect 2800-2(\$0 Telehealth)	HMO	\$2,800	In Medical	\$6,950	\$20	\$60	40%	40%	\$3	40%	50%	50%
Cigna Connect 2800-2 (Duke/Wake Med)	HMO	\$2,800	In Medical	\$6,950	\$20	\$60	40%	40%	\$3	40%	50%	50%
Friday Silver 73%	HMO	\$4,000	In Medical	\$6,950	\$0	20%	50%	20%	\$0	20%	50%	50%
Friday Silver Plus Copay 73%	HMO	\$4,000	In Medical	\$6,950	\$0	\$80	20%	20%	\$20	\$80	\$150	\$425
Oscar Silver Classic	HMO	\$3,750	In Medical	\$6,600	\$30	\$60	\$750/deduct	40%	\$3	\$75	50%	50%
Oscar Silver Classic- \$0 Ded	HMO	\$0	\$3,250	\$6,900	\$20	\$60	\$500	\$650/Day	\$3	\$100	50%	50%
Oscar Silver Classic- Low Ded	HMO	\$1,500	In Medical	\$6,500	\$65	\$80	40%	40%	\$3	\$75	50%	50%
Oscar Silver Elite- \$0 Ded	HMO	\$0	In Medical	\$6,950	\$40	\$100	50%	50%	\$3	\$150	50%	50%
Oscar Silver Elite- \$0 PCP	HMO	\$2,500	In Medical	\$6,950	\$0	\$50	\$600/deduct	\$500 /day/deduct	\$0	\$100/deduct	50%	50%
Oscar Silver Elite- Specialist Saver	HMO	\$1,750	In Medical	\$6,000	\$65	\$20	\$600/deduct	\$500 /day/deduct	\$3	\$100	50%	50%
Oscar Silver Simple	HMO	\$2,500	In Medical	\$6,850	\$25	\$45/deduct	40%	40%	\$3	\$60/deduct	50%	50%

Table 8
2022 NC Marketplace Qualified Health Plans
Gold Plans

Plan Name	Plan Type	Deductible	Drug Deductible	Maximum Out of Pocket	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Aetna CVS Gold	HMO	\$1,450	None	\$8,700	\$15	\$35	20%	20%	\$10	\$40/deduct	40%	50%
Ambetter Secure Care 20	HMO	\$750	None	\$7,500	\$35	\$55	35%	35%	\$13.80	\$60	50%	50%
Ambetter Secure Care 20 Vision + Dental	HMO	\$750	None	\$7,500	\$35	\$55	35%	35%	\$13.80	\$60	50%	50%
Ambetter Secure Care 5	HMO	\$1,450	None	\$6,300	\$15	\$35	20%	20%	\$13.80	\$30	30%	30%
Ambetter Secure Care 5 Vision + Dental	HMO	\$1,450	None	\$6,300	\$15	\$35	20%	20%	\$13.80	\$30	30%	30%
AmeriHealth Gold 10	HMO	\$2,000	\$400	\$8,700	\$10	\$50	20%	20%	\$15	\$40/deduct	40%	40%
Blue Advantage Gold 2500	PPO	\$2,500	\$300	\$8,700	\$10	\$40	30%	30%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Gold 2500 Novant Health	POS	\$2,500	\$300	\$8,700	\$10	\$40	30%	30%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Gold 2500 UNC Health Alliance	POS	\$2,500	\$300	\$8,700	\$10	\$40	30%	30%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Local Gold 2500 Atrium Health	POS	\$2,500	\$300	\$8,700	\$10	\$40	30%	30%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Local Gold 2500 Wake Forest Baptist	POS	\$2,500	\$300	\$8,700	\$10	\$40	30%	30%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Value Gold 2500	POS	\$2,500	\$300	\$8,700	\$10	\$40	30%	30%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Bright Health Gold \$0 Ded Vision + Dental	HMO	\$0	None	\$6,500	\$0	\$40	\$500	20%	\$0	\$50	\$125	20%
Bright Health Gold 1000	HMO	\$1,000	None	\$8,700	\$0	\$0	\$500	20%	\$0	\$50	\$125	20%
Cigna Connect 2000B	HMO	\$2,000	None	\$8,700	\$15	\$65	30%	30%	\$8	\$50	50%	50%
Cigna Connect 2000A (Duke & Wake Med)	HMO	\$2,000	None	\$8,200	\$10	\$60	\$750/deduct	40%	\$5	\$50	50%	50%
Friday Gold	HMO	\$2,300	None	\$8,250	\$0	20%	50%	20%	\$0	20%	50%	50%
Friday Gold Plus Copay	HMO	\$2,300	None	\$8,250	\$0	\$60	50%	20%	\$10	\$40	\$75	\$300
Oscar Gold Classic	HMO	\$3,500	None	\$6,000	\$40	\$40	\$650	30%	\$3	\$75	30%	30%
Oscar Gold Classic- HSA	HMO	\$2,850	None	\$5,500	10%	10%	10%	10%	10%	10%	10%	10%
Oscar Gold Classic- Low Ded	HMO	\$1,250	None	\$7,000	\$20	\$50	20%	20%	\$3	\$75	\$250	\$550
Oscar Gold Elite	HMO	\$500	None	\$5,000	\$25	\$50	30%	30%	\$3	\$75	30%	30%
Oscar Gold Elite- \$0 Ded	HMO	\$0	None	\$8,000	\$0	\$25	\$500	\$1000/day	\$3	\$50	\$250	\$550
Oscar Gold Simple	HMO	\$2,000	None	\$6,550	\$25	\$60	40%	40%	\$3	\$75	50%	50%
United HC Gold Advantage+	HMO	\$1,200	None	\$7,250	\$10	\$35	\$500/deduct	30%	\$2	\$45	30%	30%
United HC Gold Advantage+ Extra	HMO	\$1,700	None	\$8,000	\$10	\$35	\$500/deduct	30%	\$2	\$45	30%	30%
United HC Gold Value+	HMO	\$3,000	None	\$8,700	\$5	\$45	25%	25%	\$2	\$45	40%	50%
WellCare Secure Health Gold	PPO	\$1,350	None	\$5,850	\$10	\$30	20%	20%	\$13.80	\$30	30%	30%

Table 9
2022 NC Marketplace Qualified Health Plans
Expanded Bronze

Plan Name	Plan Type	Deductible	Drug Deductible	MOOP	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Aetna CVS Bronze: Low-Cost MinuteClinic, Telehealth	HMO	\$5,500	In Medical	\$7,000	50%	50%	50%	50%	\$25/deduct	35%	45%	50%
Ambetter Essential Care 2 HSA	HMO	\$6,900	In Medical	\$6,900	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Ambetter Essential Care 2 HSA Vision + Dental	HMO	\$6,900	In Medical	\$6,900	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Ambetter Essential Care 22	HMO	\$2,500	\$3,800	\$8,700	\$50	\$100	\$2500/deduct	\$3000/deduct	\$31.40	\$195	\$250/deduct	50%
Ambetter Essential Care 22 Vision + Dental	HMO	\$2,500	\$3,800	\$8,700	\$50	\$100	\$2500/deduct	\$3000/deduct	\$31.40	\$195	\$250/deduct	50%
Ambetter Essential Care 5	HMO	\$8,300	In Medical	\$8,700	\$40	\$90	50%	50%	\$27	50%	50%	50%
Ambetter Essential Care 5 Vision + Dental	HMO	\$8,300	In Medical	\$8,700	\$40	\$90	50%	50%	\$27	50%	50%	50%
Ambetter Essential Care: \$0 Medical Deductible	HMO	\$0	\$3,800	\$8,700	\$45	\$115	\$2,500	\$3000/day	\$31.40	\$195	\$250/deduct	50%
Ambetter Essential Care: \$0 Medical Deductible Vision + Dental	HMO	\$0	\$3,800	\$8,700	\$45	\$115	\$2,500	\$3000/day	\$31.40	\$195	\$250/deduct	50%
Ambetter Essential Care: \$1,500 Medical Deductible	HMO	\$1,500	\$3,800	\$8,700	\$40	\$125	\$2500/deduct	\$3000/deduct	\$31.40	\$195	\$250/deduct	50%
Ambetter Essential Care: \$1,500 Medical Deductible + Vision + Adult Dental	HMO	\$1,500	\$3,800	\$8,700	\$40	\$125	\$2500/deduct	\$3000/deduct	\$31.40	\$195	\$250/deduct	50%
AmeriHealth Bronze 8000	HMO	\$8,000	\$400	\$8,700	\$60	\$150	50%	50%	\$15	\$40/deduct	50%	50%
Blue Advantage Bronze 7000 + 3 Free PCP	PPO	\$7,000	In Medical	\$8,700	\$100	\$150	\$2,000	50%	\$15	50%	50%	50%
Blue Advantage Bronze 7000 Copay	PPO	\$7,000	\$800	\$8,700	\$60	\$120	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Advantage Bronze 7000 HSA Eligible	PPO	\$7,000	In Medical	\$7,000	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Blue Home Bronze 7000 + 3 Free PCP with Novant Health	POS	\$7,000	In Medical	\$8,700	\$100	\$150	\$2,000	50%	\$15	50%	50%	50%
Blue Home Bronze 7000 + 3 Free PCP with UNC Health Alliance	POS	\$7,000	In Medical	\$8,700	\$100	\$150	\$2,000	50%	\$15	50%	50%	50%
Blue Home Bronze 7000 Copay with Novant Health	POS	\$7,000	\$800	\$8,700	\$60	\$120	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Bronze 7000 Copay with UNC Health Alliance	POS	\$7,000	\$800	\$8,700	\$60	\$120	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Home Bronze 7000 HSA Eligible with Novant Health	POS	\$7,000	In Medical	\$7,000	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Blue Home Bronze 7000 HSA Eligible with UNC Health Alliance	POS	\$7,000	In Medical	\$7,000	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Blue Local Bronze 7000 + 3 Free PCP with Atrium Health	POS	\$7,000	In Medical	\$8,700	\$100	\$150	\$2,000	50%	\$15	50%	50%	50%
Blue Local Bronze 7000 + 3 Free PCP with Wake Forest Baptist Health	POS	\$7,000	In Medical	\$8,700	\$100	\$150	\$2,000	50%	\$15	50%	50%	50%
Blue Local Bronze 7000 Copay with Atrium Health	POS	\$7,000	\$800	\$8,700	\$60	\$120	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Local Bronze 7000 Copay with Wake Forest Baptist Health	POS	\$7,000	\$800	\$8,700	\$60	\$120	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Local Bronze 7000 HSA Eligible with Atrium Health	POS	\$7,000	In Medical	\$7,000	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Blue Local Bronze 7000 HSA Eligible with Wake Forest Baptist Health	POS	\$7,000	In Medical	\$7,000	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Blue Value Bronze 7000 + 3 Free PCP	POS	\$7,000	In Medical	\$8,700	\$100	\$150	\$2,000	50%	\$15	50%	50%	50%
Blue Value Bronze 7000 Copay	POS	\$7,000	\$800	\$8,700	\$60	\$120	50%	50%	\$10/deduct	\$40/deduct	\$80/deduct	50%
Blue Value Bronze 7000 HSA Eligible	POS	\$7,000	In Medical	\$7,000	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Bright Health Bronze \$0 Medical Deductible (\$0 Tele, PCP, Specialist, MH, prescr	HMO	\$0	\$4,950	\$8,700	\$0	\$0	\$1,000	\$3000/Stay	\$0	\$200	50%	50%
Bright Health Bronze 5300 HSA	HMO	\$5,300	In Medical	\$7,050	\$50/deduct	\$100/deduct	50%	50%	\$0/deduct	50%	50%	50%
Bright Health Bronze 7200 (\$0 Tele, PCP, Specialist, MH, prescr)	HMO	\$7,200	In Medical	\$8,700	\$0	50%	50%	50%	\$0	50%	50%	50%
Bright Health Bronze 7200 + Adult Dental & Vision (\$0 Tele, PCP, Special, MH, pr	HMO	\$7,200	In Medical	\$8,700	\$0	50%	50%	50%	\$0	50%	50%	50%
Bright Health Bronze 8700 (\$25 Generic)	HMO	\$8,700	In Medical	\$8,700	\$80	\$0/deduct	\$0/deduct	\$0/deduct	\$25	\$0/deduct	\$0/deduct	\$0/deduct

Table 9
2022 NC Marketplace Qualified Health Plans
Expanded Bronze

Plan Name	Plan Type	Deductible	Drug Deductible	MOOP	Primary Care	Specialist	Emergency Room	Inpatient	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs	Specialty Drugs
Bright Health Bronze 8700 + \$0 Mental Health (\$0 Tele, PCP, Specialist, prescr)	HMO	\$8,700	In Medical	\$8,700	\$0	\$0/deduct	\$0/deduct	\$0/deduct	\$0	\$0/deduct	\$0/deduct	\$0/deduct
Cigna Connect 5900 (\$0 Telehealth)	HMO	\$5,900	In Medical	\$8,700	\$55	\$130	50%	50%	\$3	50%	50%	50%
Cigna Connect 5900 (Duke Health and Wake Med)	HMO	\$5,900	In Medical	\$8,700	\$55	\$130	50%	50%	\$3	50%	50%	50%
Cigna Connect 7300 (\$0 Telehealth)	HMO	\$7,300	In Medical	\$8,700	\$60	\$115	50%	50%	\$3	50%	50%	50%
Cigna Connect 7300 (Duke Health and Wake Med)	HMO	\$7,300	In Medical	\$8,700	\$60	\$115	50%	50%	\$3	50%	50%	50%
Cigna Connect HSA 7000 (with Duke Health and Wake Med)	HMO	\$7,000	In Medical	\$7,000	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Friday Bronze HSA	HMO	\$7,000	In Medical	\$7,000	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct	\$0/deduct
Friday Bronze Plus	HMO	\$8,700	In Medical	\$8,700	\$0	\$0/deduct	\$0/deduct	\$0/deduct	\$25	\$0/deduct	\$0/deduct	\$0/deduct
Friday Bronze Plus Copay	HMO	\$8,700	In Medical	\$8,700	\$0	\$150	\$0/deduct	\$0/deduct	\$30	\$160	\$0/deduct	\$0/deduct
Oscar Bronze Classic	HMO	\$7,500	In Medical	\$8,700	\$50 and 50%	50%	50%	50%	\$3	\$250/deduct	50%	50%
Oscar Bronze Classic- \$0 PCP	HMO	\$8,000	In Medical	\$8,700	\$0	50%	50%	50%	\$3	\$500/deduct	50%	50%
Oscar Bronze Classic- \$3000 Ded	HMO	\$3,000	In Medical	\$8,700	\$70	\$125	\$1,500	50%	\$3	\$250/deduct	50%	50%
Oscar Bronze Classic- \$4700 Ded	HMO	\$4,700	In Medical	\$8,700	\$70	\$125	50%	50%	\$3	\$250/deduct	50%	50%
Oscar Bronze Classic- \$5000 Ded	HMO	\$5,000	In Medical	\$8,700	\$65	\$125	\$1,500	50%	\$3	\$250/deduct	50%	50%
Oscar Bronze Classic- PCP Saver	HMO	\$7,500	In Medical	\$8,700	\$50	\$90/deduct	50%	50%	\$3	\$250/deduct	50%	50%
Oscar Bronze Classic- Specialist Saver	HMO	\$3,500	\$4,500	\$8,700	50%	\$55	50%	50%	\$3	\$250	50%	50%
Oscar Bronze Elite	HMO	\$2,000	\$6,700	\$8,700	\$50	\$125	\$1,250	50%	\$3	\$250	50%	50%
Oscar Bronze Elite- \$0 Ded	HMO	\$0	\$6,700	\$8,700	\$50	\$125	\$1,250	50%	\$3	\$250	50%	50%
Oscar Bronze Elite- \$0 Ded+PCP Saver	HMO	\$0	\$6,200	\$8,700	\$35	\$125	\$1,250	\$3000/day	\$3	\$250	50%	50%
Oscar Bronze Elite- \$0 Ded+Specialist Saver	HMO	\$0	\$7,700	\$8,700	\$60	\$50	\$1,000	\$3000/day	\$3	\$250	50%	50%
Oscar Bronze Elite- \$1000 Ded	HMO	\$1,000	\$6,700	\$8,700	\$50	\$125	\$1,250	50%	\$3	\$250	50%	50%
Oscar Bronze Simple	HMO	\$8,000	In Medical	\$8,700	40%	40%	40%	40%	\$3	40%	40%	40%
Oscar Bronze Simple- HSA	HMO	\$5,200	In Medical	\$7,000	\$50/deduct	\$90/deduct	50%	50%	\$3/deduct	\$200/deduct	50%	50%
Bronze Super Simple	HMO	\$8,000	In Medical	\$8,700	\$75/deduct	\$100/deduct	\$1250/deduct	50%	\$3	\$250/deduct	\$500/deduct	50%
UHC Bronze Value+ (\$3 Rx + 3 Free Primary Care & 6 Free Virtual Visits)	HMO	\$7,600	In Medical	\$8,700	\$60	\$120	50%	50%	\$3	50%	50%	50%
UHC Bronze Value+ (\$3 Rx)	HMO	\$7,900	In Medical	\$8,700	\$25	40%	50%	40%	\$3	50%	50%	50%
UHC Bronze Value+ (HSA)	HMO	\$6,700	In Medical	\$7,050	\$50/deduct	30%	30%	30%	\$5/deduct	50%	50%	50%
WellCare Secure Health Bronze	PPO	\$6,500	In Medical	\$8,700	\$35	\$75	40%	40%	\$27	50%	50%	50%

