



PlanScape™: Review of Formulary Coverage, Cost Sharing and Access in Top Exchange Plans  
***Prepared for PhRMA***

January 13, 2014  
[avalerehealth.net](http://avalerehealth.net)

# Analysis Focuses on 84 Formularies from Plans Expected to Capture Significant Exchange Enrollment

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## TOP 15 STATES BY EXCHANGE ENROLLMENT, 2014

California
Texas
Florida
New York
New Jersey
Wisconsin
Pennsylvania
Ohio
North Carolina
Illinois
Georgia
Michigan
Virginia
Arkansas
Indiana

## 84 FORMULARIES FROM PLANS REPRESENTING MOST MAJOR ISSUERS\*

- Top 15 states are expected to account for more than 60% of total exchange enrollment
- The analysis includes formularies from plans offered in a zip code in the largest city(s) in each of the states
- Formularies include:
  - Low-cost silver and bronze plan options
  - Low-cost strategic players (e.g., Blues, Medicaid managed care plans)
  - Additional formularies in states with a high number of silver plan options and very high enrollment

\*See appendix for full details of plan selection methodology



# 84 Plans Represent A Broad Sample of the Exchange Market

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- Analysis includes 84 formularies from bronze- and silver-level plans in 15 largest states
  - Avalere plan selections represented plans from over 90% of plan sponsors offering exchange plans in the largest city in each of these states
  - Includes 5 national carriers, 14 regional carriers, 2 national Medicaid MCOs, and 5 local Medicaid MCOs—several of these carriers participate across multiple states in the sample
- Most carriers use similar formularies across metal tiers and network type within a given state
  - Some also use similar formularies across states, but others alter formularies by state based on benchmark generosity
  - Given low levels of formulary variation across carriers, the sample reflected in this Planscape™ analysis is likely to also reflect formulary access in many plans in the remaining 35 states and DC
- *See appendix for full list of selected formularies and plans*



# In Exchange for Lower Premiums, Deductibles Are High in Bronze and Silver Plans

## AVERAGE STATISTICS FOR 84 PLANS IN SAMPLE

Metal Level	# Plans	Average Premium for 27-Year-Old Nonsmoker	Average Global <sup>1</sup> Deductible	Average Drug Deductible	Average Global <sup>1,3</sup> OOP Maximum
Bronze <sup>4</sup>	15	\$181	\$5,607	N/A <sup>2</sup>	\$6,260
Silver <sup>4</sup>	69	\$258	\$2,630	\$657	\$6,052

- **Silver** plan premiums range from \$139 to \$418, and **bronze** plan premiums range from \$125 to \$230 for a 27-year-old nonsmoker
- Only 2 of 69 **silver** plans analyzed had separate drug OOP maximums; no **bronze** plans did (although most were HDHPs)
- 10 plans in the sample are **HDHPs**, where the global deductible is equal to the global OOP maximum
- Very few plans reduced OOP maximums—just 3 plans had OOP maximums below \$5,000, another 14 between \$5,000 and \$6,000

HDHP = High-Deductible Health Plan

OOP = Out-of-Pocket

1. Both medical AND drug costs count toward global deductible or out-of-pocket maximum.

2. None of the 15 bronze plans in the sample set had *separate* drug deductibles.

3. None of the 15 bronze plans in the sample set had *separate* drug out-of-pocket maximum and only 2 silver plans in the sample had such maximum.

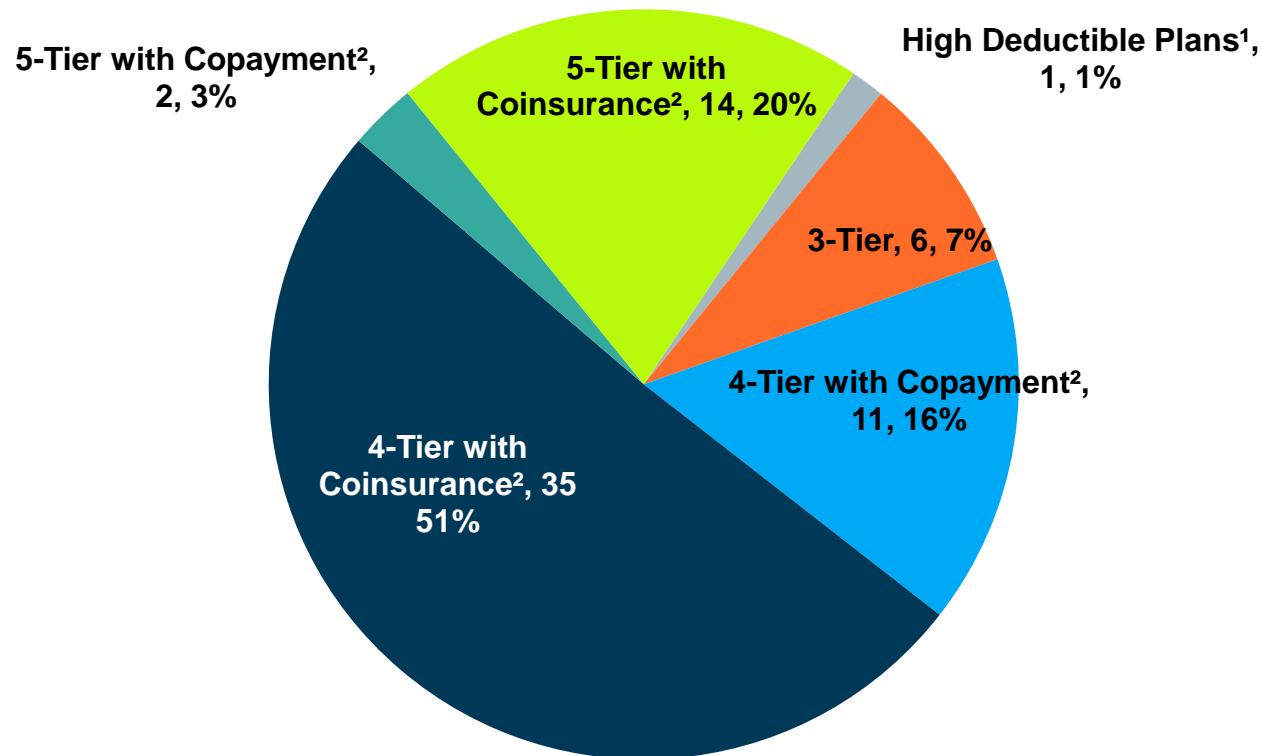
4. 10 plans in the sample (9 bronze and 1 silver) are high deductible plans with no cost sharing for individual services given the plan structure. These plans are excluded from statistics on cost sharing by tier on future slides.

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Two-Thirds of Formularies Analyzed Have 4 Tiers, Most Plans Employ Coinsurance For Highest-Tier Drugs

FREQUENCY OF FORMULARY TYPE  
ACROSS PLAN SAMPLE SET, SILVER PLANS  
N= 69



1. Deductible and OOP are equal or very close; thus no cost sharing listed

2. 4 and 5-Tier with copayment formularies have copayment on the highest tier; 4 and 5-Tier with coinsurance formularies have coinsurance on the highest tier

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# While Exchange Plan Formularies are Relatively Comprehensive, Cost-Sharing Poses a Barrier to Access

## COST-SHARING FOR SILVER PLANS<sup>1</sup>

Tier	Range of Copayment	Average Copayment	# Plans with Copayment	Range of Coinsurance	Average Coinsurance	# Plans with Coinsurance
Tier 1	\$0-30	\$13	60	10-50%	24%	8
Tier 2	\$10-75	\$44	56	10-50%	28%	12
Tier 3	\$45-150	\$74	42	10-50%	34%	26
Tier 4	\$45-250	\$148	15	10-50%	33%	47
Tier 5	\$150-200	\$175	2	25-50%	39%	14

1. Data is blended from plans with different types of formularies ( 3, 4, and 5 tier); 1 HDHP health plan in which the deductible is nearly equal to the OOP max, is *excluded* from this data

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Comparing Number of Drugs on Formulary to EHB Standards Requires Special Attention

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SOME PLANS APPEAR TO BE COVERING FEWER DRUGS IN A CLASS THAN IS REQUIRED BY STATE BENCHMARKS, BUT THE DISCREPANCY IS LIKELY A REPORTING ISSUE

- **EHB Rules:** Require plans to cover the same number of drugs per class as the state benchmark plan
  - CMS published a list of the minimum number of drugs covered in each United States Pharmacopeia (USP) class
  - Plans are required to upload their formulary lists into a federal drug counting tool to verify that they meet EHB requirements, though enforcement of this practice is unclear in 2014
  - Plans have reported some challenges with the counting tool, including lack of clarity about which drugs are included in each class
- **Formulary Coverage:** There are many reasons that public formularies may appear to cover fewer drugs than minimum EHB requirements
  - Plans may be covering some drugs under their medical benefit (via medical coverage policies) and not listing these drugs on the formularies
  - Publicly-posted formularies may be incomplete and not reflect all covered entities
  - CMS has not published a crosswalk of drugs to class, so the total drug counts may not match the CMS counting methodology

# Classes Selected

DISEASE STATE	USP CATEGORY	USP CLASS	ABBREVIATION
HIV/AIDS	Antivirals	Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors	NNRTIs
		Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors	NRTIs
		Anti-HIV agents, protease inhibitors	Pis
		Anti-HIV agents, other	HIV-Other <sup>1</sup>
Mental Health	Antidepressants	Serotonin/ Norepinephrine reuptake inhibitors	SSRIs/SNRIs
		Antidepressants, other	AD-Other
	Antipsychotics	2 <sup>nd</sup> generation/ atypical	Atypicals
	Bipolar Agents	Bipolar Agents-Other	Bipolar-Other
Oncology	Metabolic Bone Disease Agents	No class	Bone Disease
	Antineoplastics	Alkylating agents	Alkylating
		Molecular target inhibitors	MTIs
		Antiangiogenic agents	Antiangiogenics
	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones Modifiers)	Selective estrogen receptor modifying agents	SERMs
Antiemetics	Emetogenic Therapy Adjuncts	Emetogenics	
Diabetes	Blood Glucose Regulators	Antidiabetic agents	Antidiabetics
		Insulins	Insulins
Rheumatoid Arthritis	Immunological Agents	Immune suppressants	Immunosup
Hepatitis	Antivirals	Antihepatitis agents	Antihep
Multiple Sclerosis	Central Nervous System Agents	Multiple Sclerosis Agents	MS
Asthma	Respiratory Tract Agents	Bronchodilators, Sympathomimetic	B <sub>2</sub> agonists
		Anti-inflammatories, Inhaled Corticosteroids	ICS

1. Includes Enfuvirtide, Maraviroc, Raltegravir





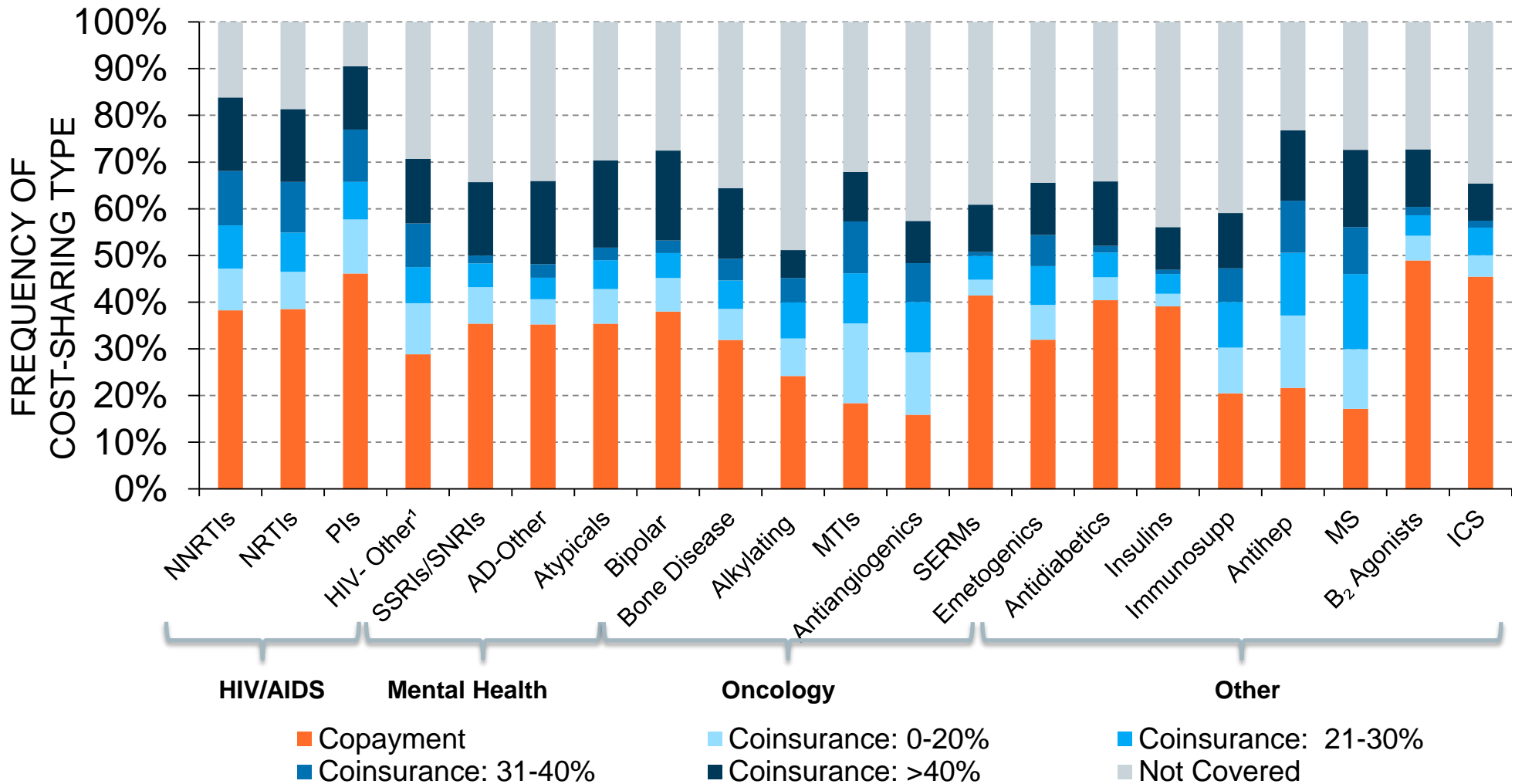
# Findings by Disease State

	Oncology	HIV/AIDS	Mental Health
<b>Coverage Across all Drugs in Therapeutic Area</b>	<ul style="list-style-type: none"> <li>• 56% of all drugs are covered in 6 classes</li> <li>• 62% of single-source branded drugs are covered in 6 classes</li> </ul>	<ul style="list-style-type: none"> <li>• 72% of all drugs are covered in 4 classes</li> <li>• 81% of single-source branded drugs are covered in 4 classes</li> </ul>	<ul style="list-style-type: none"> <li>• 55% of all drugs are covered in 4 classes</li> <li>• 68% of single-source branded drugs are covered in 4 classes</li> </ul>
<b>Affordability Among Covered Drugs</b>	<ul style="list-style-type: none"> <li>• 66% of covered single-source branded drugs are on a tier with coinsurance</li> <li>• Average coinsurance is 33%</li> </ul>	<ul style="list-style-type: none"> <li>• 54% of covered single-source branded drugs are on a tier with coinsurance</li> <li>• Average coinsurance is 35%</li> </ul>	<ul style="list-style-type: none"> <li>• 51% of covered single-source branded drugs are on a tier with coinsurance</li> <li>• Average coinsurance is 38%</li> </ul>
<b>Access Among Covered Drugs</b>	<ul style="list-style-type: none"> <li>• PA occurs 56% of the time</li> <li>• ST occurs 3% of the time</li> </ul>	<ul style="list-style-type: none"> <li>• PA occurs 10% of the time</li> <li>• ST occurs 0.2% of the time</li> </ul>	<ul style="list-style-type: none"> <li>• PA occurs 32% of the time</li> <li>• ST occurs 31% of the time</li> </ul>



# Among Brands Subject to Coinsurance, Amounts Greater Than 40 Percent Are Common

FREQUENCY OF COPAYMENT VS. COINSURANCE BY AMOUNT FOR SINGLE SOURCE BRANDED DRUGS IN IN SILVER PLANS



NNRTI = Non-Nucleoside Reverse Transcriptase Inhibitors; NRTIs: Nucleoside and Nucleotide Reverse Transcriptase Inhibitors; PIs: Protease Inhibitors; Antihepat: antihepatitis agents; SSRIs/SNRIs: Serotonin/ Norepinephrine Reuptake Inhibitors; AD-Other: Antidepressants, other; Atypicals: 2<sup>nd</sup> generation/Atypical Antipsychotics; Immunosup: Immune Suppressants; Emetogenics: Emetogenic Therapy Adjuncts; Bone Disease: Metabolic Bone Disease Agents; Alkylating: Alkylating Agents; MTIs: Molecular Target Inhibitors; SERMs: Selective estrogen receptor modifying agents; MS = Multiple Sclerosis Agents; B<sub>2</sub> agonists = Bronchodilators, Sympathomimetic; ICS = Anti-inflammatories, Inhaled Corticosteroids

1. Includes Enfuvirtide, Maraviroc, Raltegravir

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.

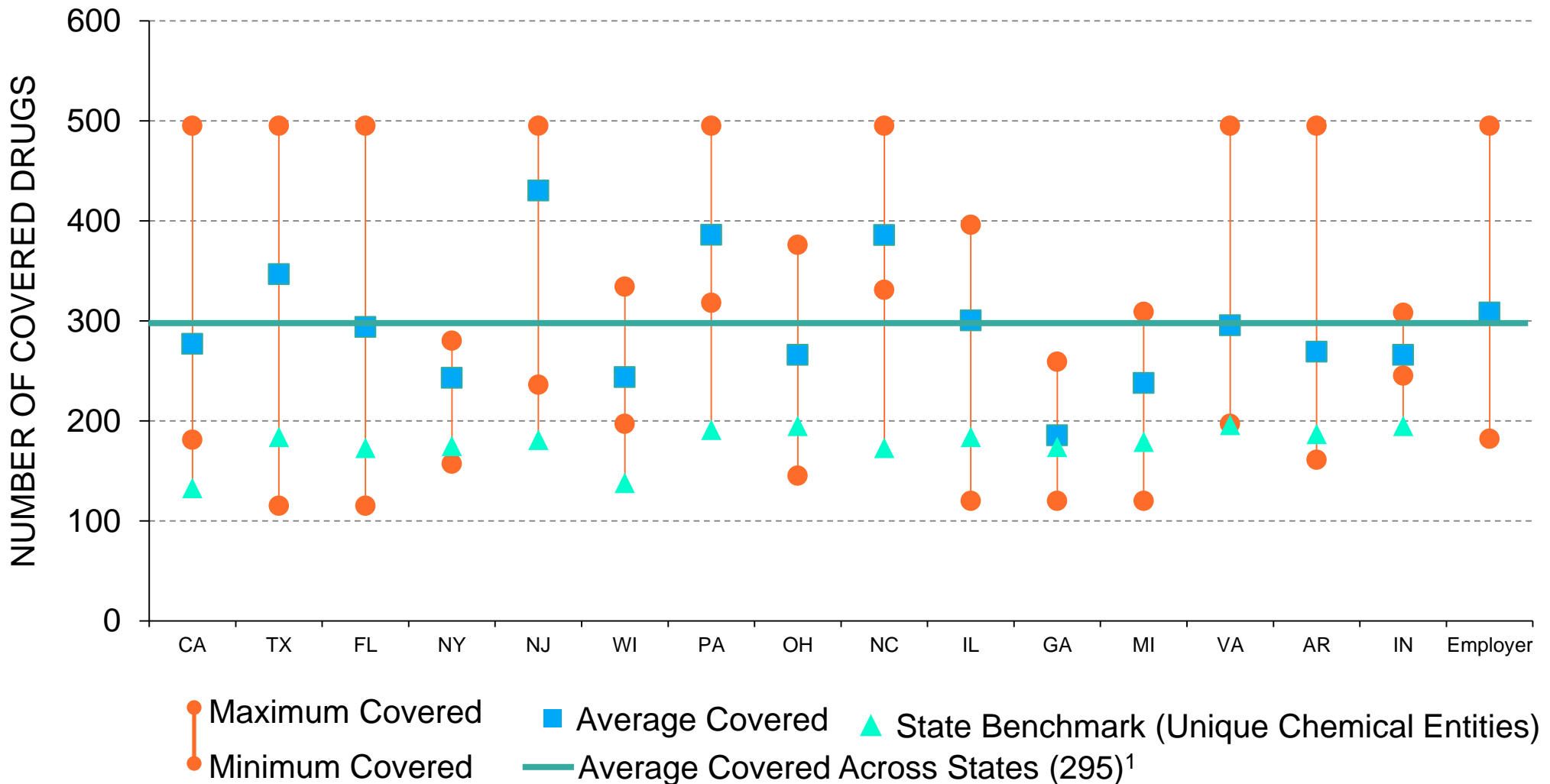




## Formulary Analysis Across 20 Classes: Cross-Class Assessment

# Coverage Generosity Varies Dramatically By State

TOTAL NUMBER OF DRUGS COVERED ACROSS SELECTED CLASSES



1. Average weighted by state, excluding employers

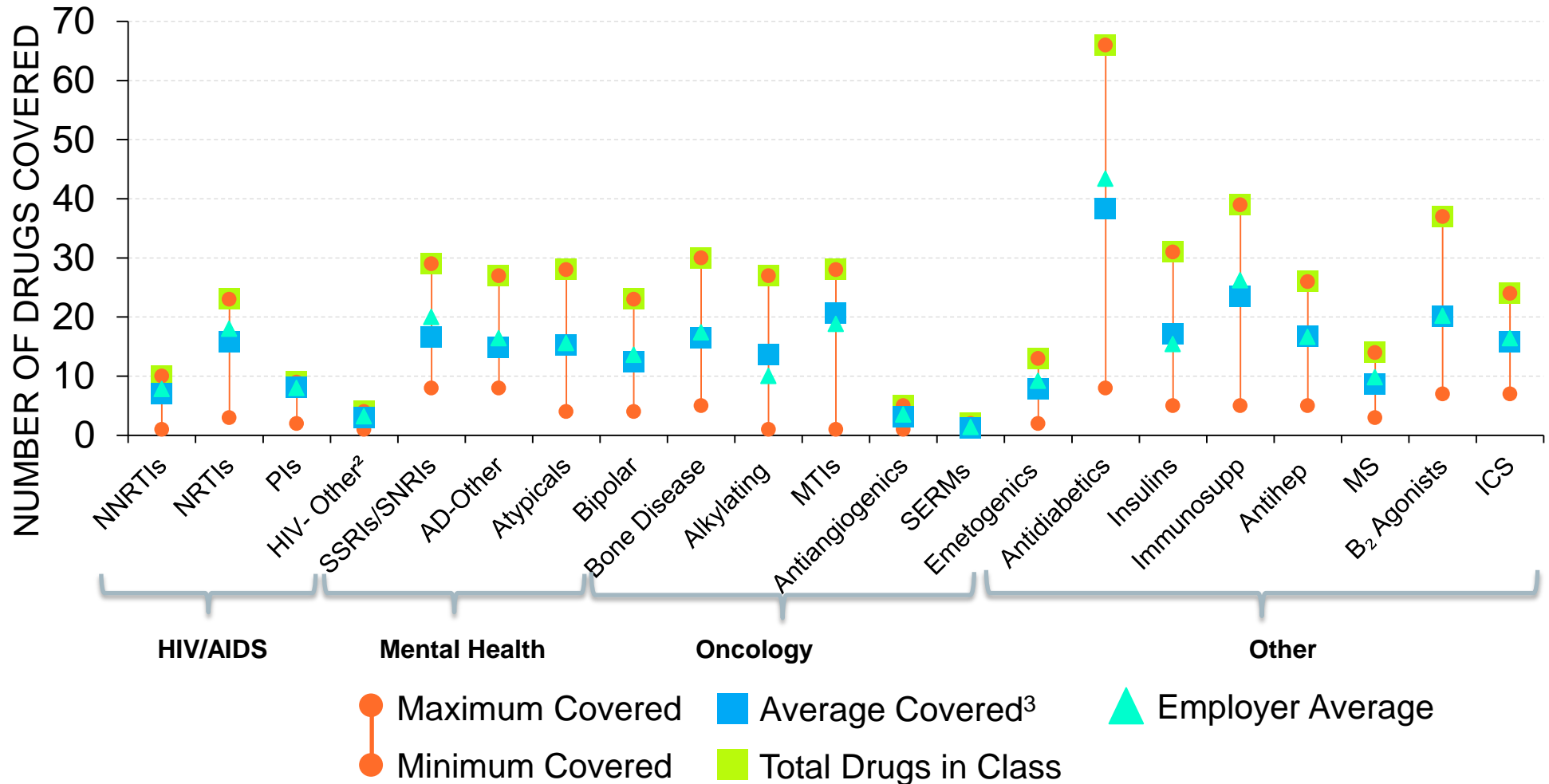
Drugs that appear in more than one class will be counted each time they are covered

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# On Average, Plans Cover 60% of Total Drugs Per Class; Employer Average Coverage Rates Track Closely

NUMBER OF DRUGS COVERED IN PLAN FORMULARIES,  
BY CLASS<sup>1</sup>



NNRTI = Non-Nucleoside Reverse Transcriptase Inhibitors; NRTIs: Nucleoside and Nucleotide Reverse Transcriptase Inhibitors; PIs: Protease Inhibitors; Antihep: Antihepatitis agents; SSRIs/SNRIs: Serotonin/ Norepinephrine Reuptake Inhibitors; AD-Other: Antidepressants, other; Atypicals: 2<sup>nd</sup> Generation/Atypical Antipsychotics; Immunosup: Immune Suppressants; Emetogenics: Emetogenic Therapy Adjuncts; Bone Disease: Metabolic Bone Disease Agents; Alkylating: Alkylating Agents; MTIs: Molecular Target Inhibitors; SERMs: Selective estrogen receptor modifying agents; MS = Multiple Sclerosis Agents; B<sub>2</sub> agonists = Bronchodilators, Sympathomimetic; ICS = Anti-inflammatories, Inhaled Corticosteroids

1. Average for the class across 84 plans analyzed

2. Includes Enfuvirtide, Maraviroc, Raltegravir

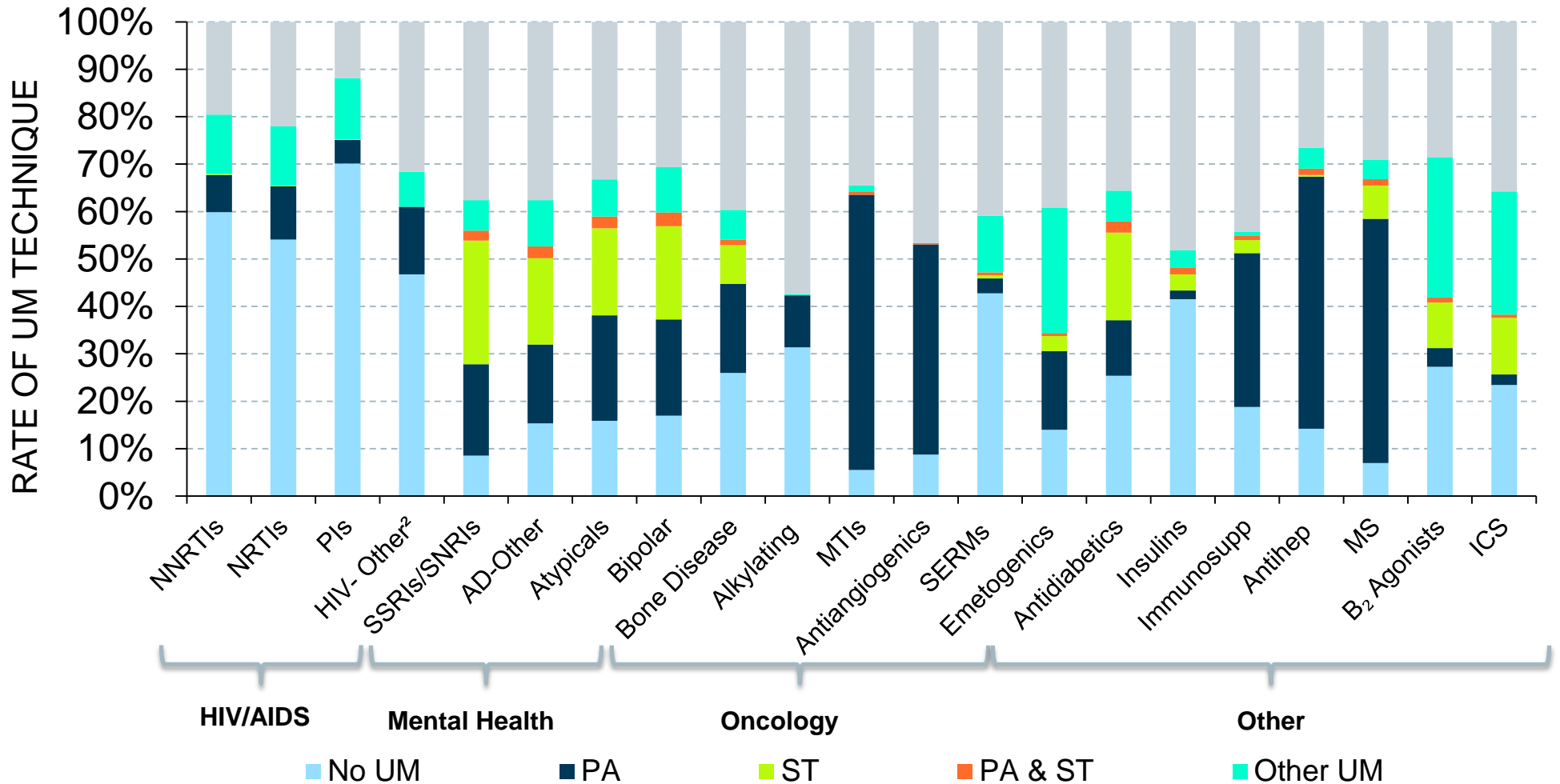
3. Average includes brands and generics

Source: Avalere Health PlanScope,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# HIV/AIDS Drugs More Likely to Have Open Access than Specialty Classes, Like Oncology and MS

## EXCHANGE PLANS: RATE OF UTILIZATION MANAGEMENT TECHNIQUES FOR SINGLE SOURCE BRANDED DRUGS<sup>1</sup>



NNRTI = Non-Nucleoside Reverse Transcriptase Inhibitors; NRTIs: Nucleoside and Nucleotide Reverse Transcriptase Inhibitors; PIs: Protease Inhibitors; Antihep: Antihepatitis agents; SSRIs/SNRIs: Serotonin/ Norepinephrine Reuptake Inhibitors; AD-Other: Antidepressants, other; Atypicals: 2<sup>nd</sup> generation/Atypical Antipsychotics; Immunosupp: Immune Suppressants; Emetogenics: Emetogenic Therapy Adjuncts; Bone Disease: Metabolic Bone Disease Agents; Alkylating: Alkylating Agents; MTIs: Molecular Target Inhibitors; SERMs: Selective estrogen receptor modifying agents; MS = Multiple Sclerosis Agents; B<sub>2</sub> agonists = Bronchodilators, Sympathomimetic; ICS = Anti-inflammatories, Inhaled Corticosteroids  
 UM = Utilization Management

1. Across 84 plans, bronze and silver; a small percentage of plans in the sample had no UM data

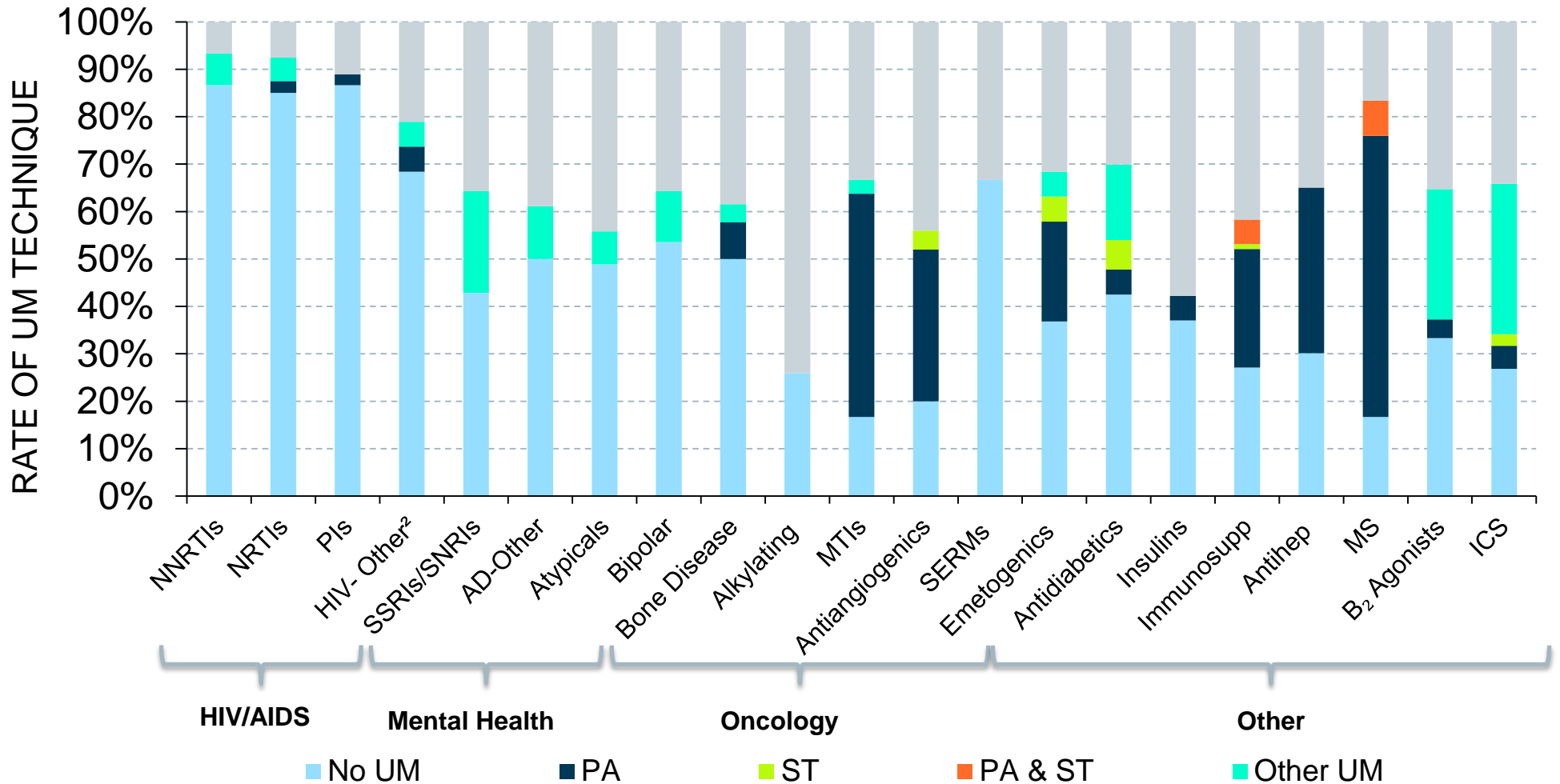
2. Includes Enfuvirtide, Maraviroc, Raltegravir

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Utilization Management Much Less Common Among Employer Plans

## **EMPLOYER PLANS: RATE OF UTILIZATION MANAGEMENT TECHNIQUES FOR SINGLE SOURCE BRANDED DRUGS<sup>1</sup>**



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 UM = Utilization Management

1. Across 5 employer plans; a small percentage of plans in the sample had no UM data

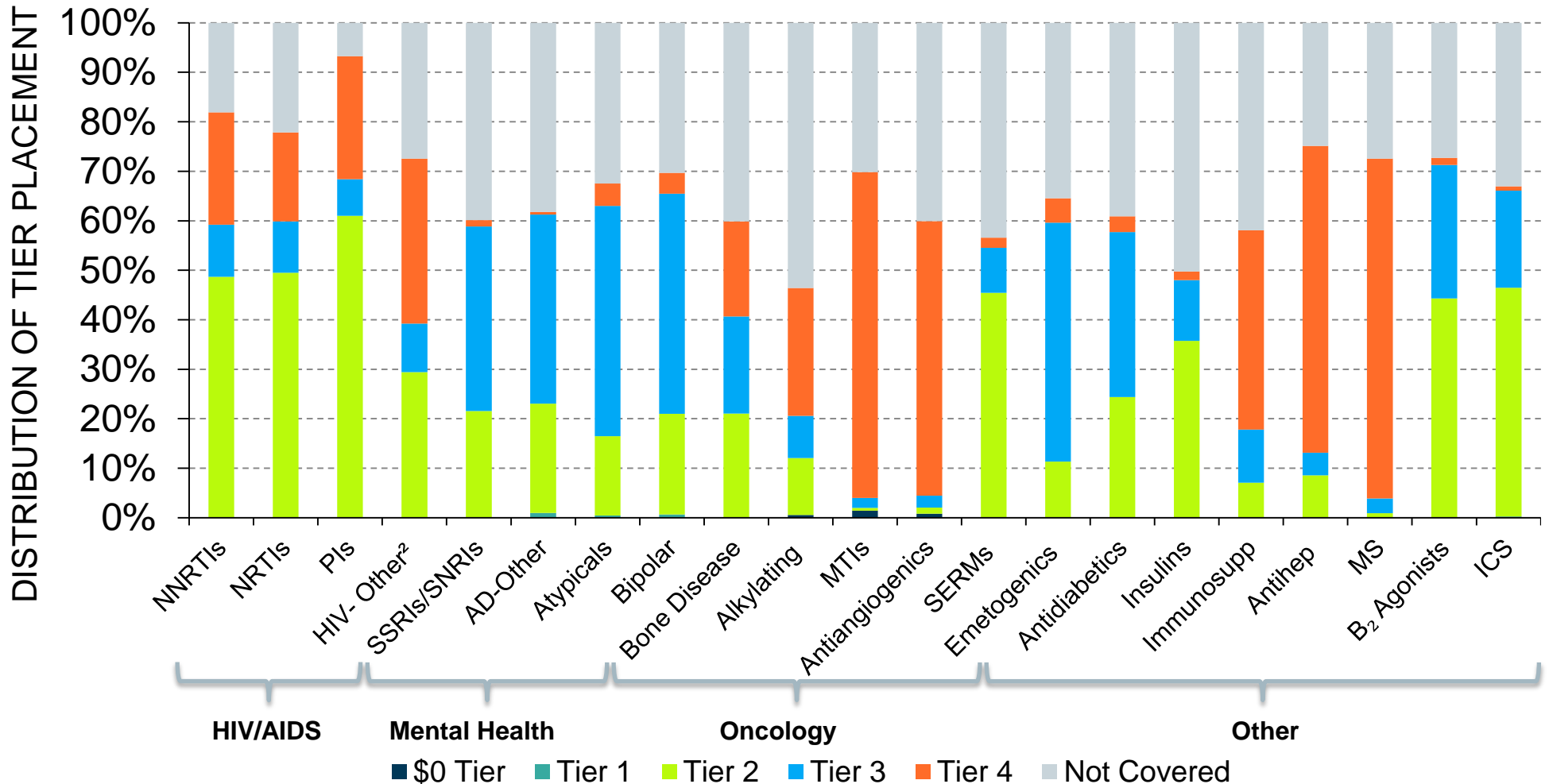
2. Includes Enfuvirtide, Maraviroc, Raltegravir

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Top Tier Placement May Limit Access for Oncology, Hepatitis, and MS Drugs on 4-Tier Formularies

DISTRIBUTION OF TIER PLACEMENT FOR SINGLE SOURCE BRANDED DRUGS, 4-TIER FORMULARIES<sup>1</sup>



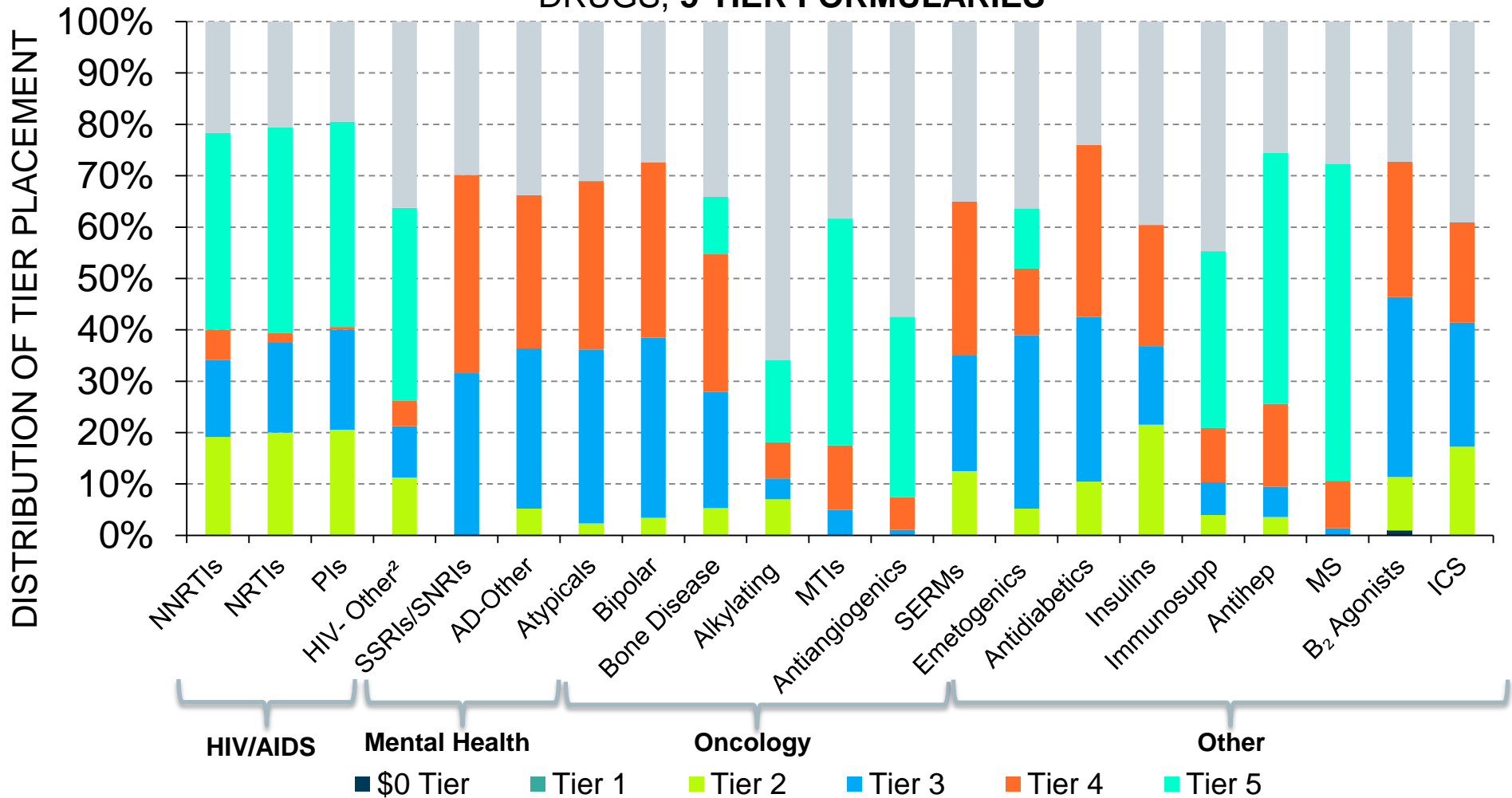
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1. Average across 52 bronze and silver plans with 4 tier formularies; tier placement data was not available in a small number of plans  
 2. Includes Enfuvirtide, Maraviroc, Raltegravir  
 Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Plans with 5-Tier Formularies Are More Likely to Distribute Coverage for Brands in a Class Among Two Different Tiers

## DISTRIBUTION OF TIER PLACEMENT FOR SINGLE SOURCE BRANDED DRUGS, 5-TIER FORMULARIES<sup>1</sup>



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1. Average across 16 bronze and silver plans with 5 tier formularies; tier placement data was not available in a small number of plans

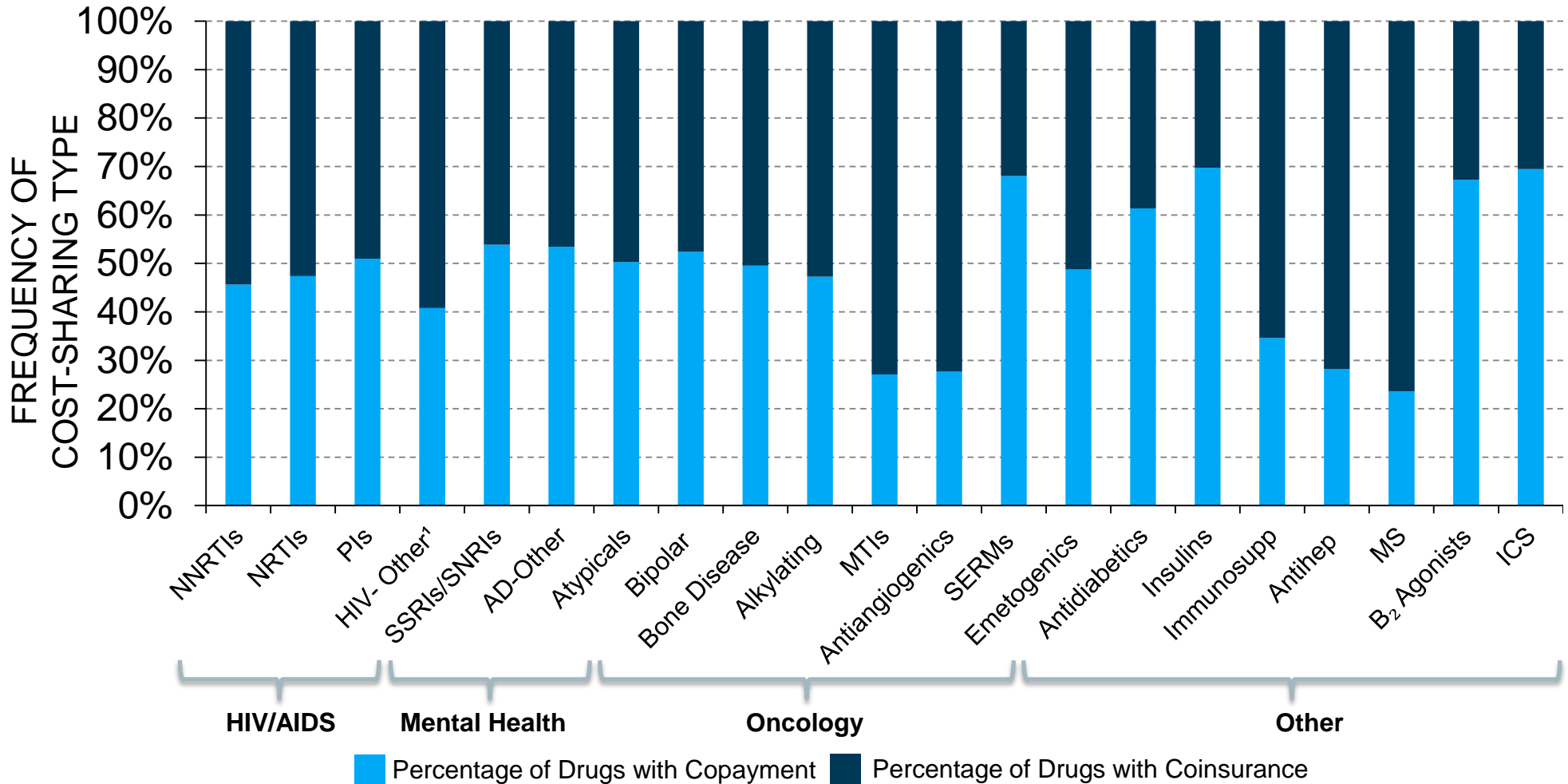
2. Includes Enfuvirtide, Maraviroc, Raltegravir

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# On Average, 50% of Branded Drugs Face Coinsurance in Silver Plans, with More Coinsurance in Specialty Classes

FREQUENCY OF COPAYMENT VS. COINSURANCE FOR **SINGLE SOURCE BRANDED DRUGS** IN IN **SILVER** PLANS



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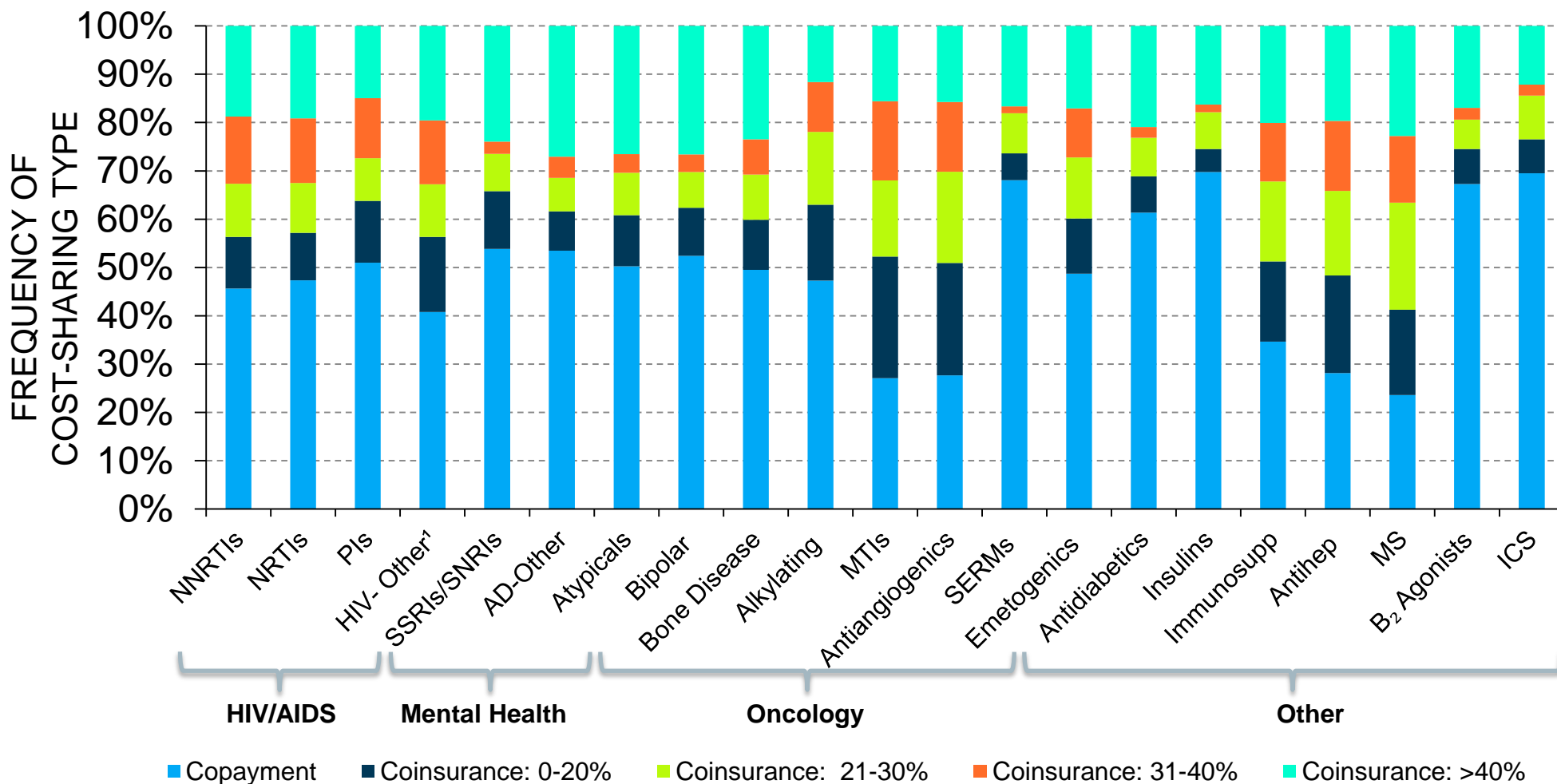
1. Includes Enfuvirtide, Maraviroc, Raltegravir

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# Among Brands Subject to Coinsurance, Amounts Greater Than 40 Percent Are Common

FREQUENCY OF COPAYMENT VS. COINSURANCE BY AMOUNT FOR SINGLE SOURCE BRANDED DRUGS IN IN SILVER PLANS



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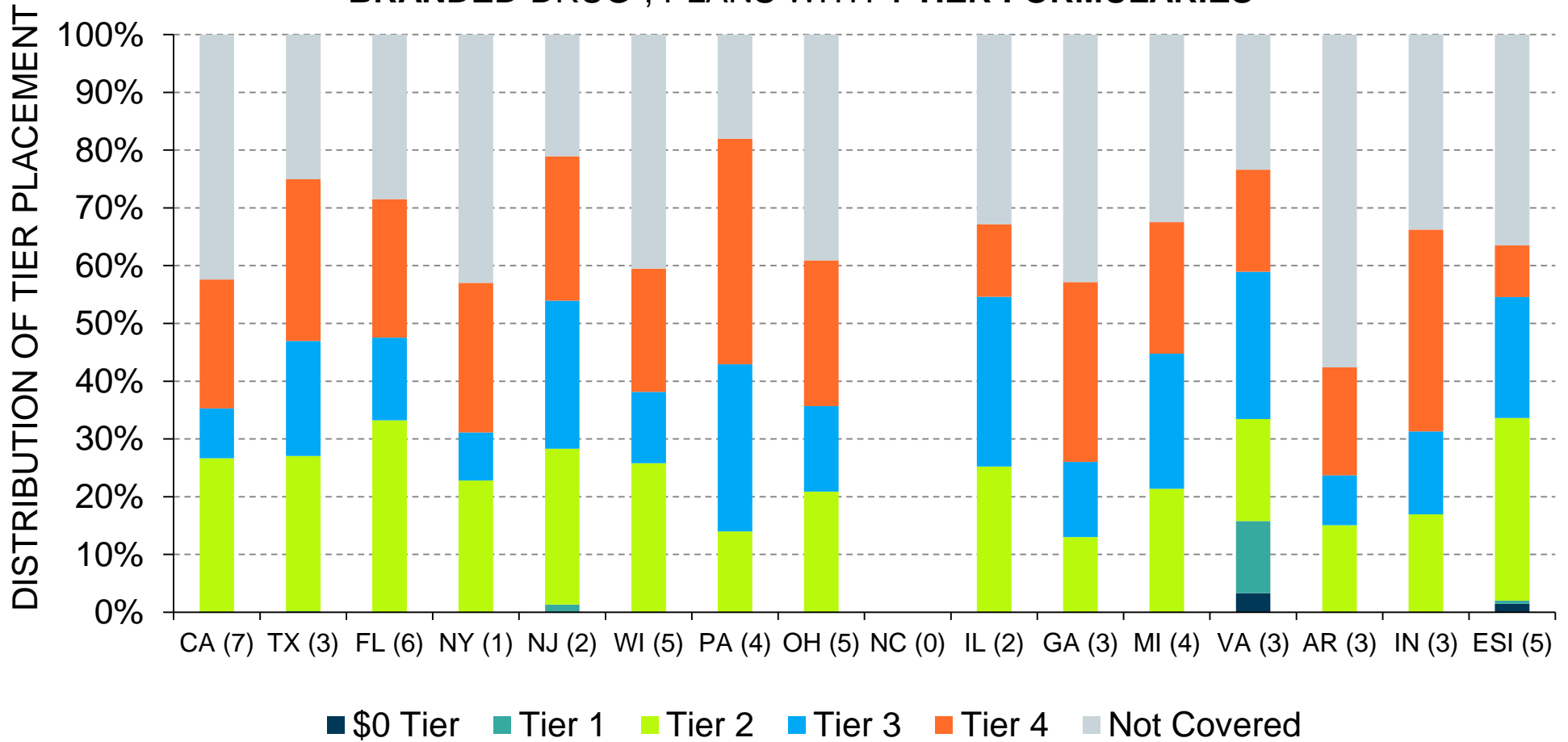




## Formulary Analysis Across 20 Classes: State-Level Comparisons

# Drug Tier Distribution on 4-Tier Formularies Is Similar Across States

DISTRIBUTION OF TIER PLACEMENT FOR EACH SINGLE SOURCE BRANDED DRUG<sup>1</sup>, PLANS WITH 4-TIER FORMULARIES<sup>2</sup>



*States with no data have no formularies with 4-tiers.*

1. Average for the 21 classes analyzed across 84 plans

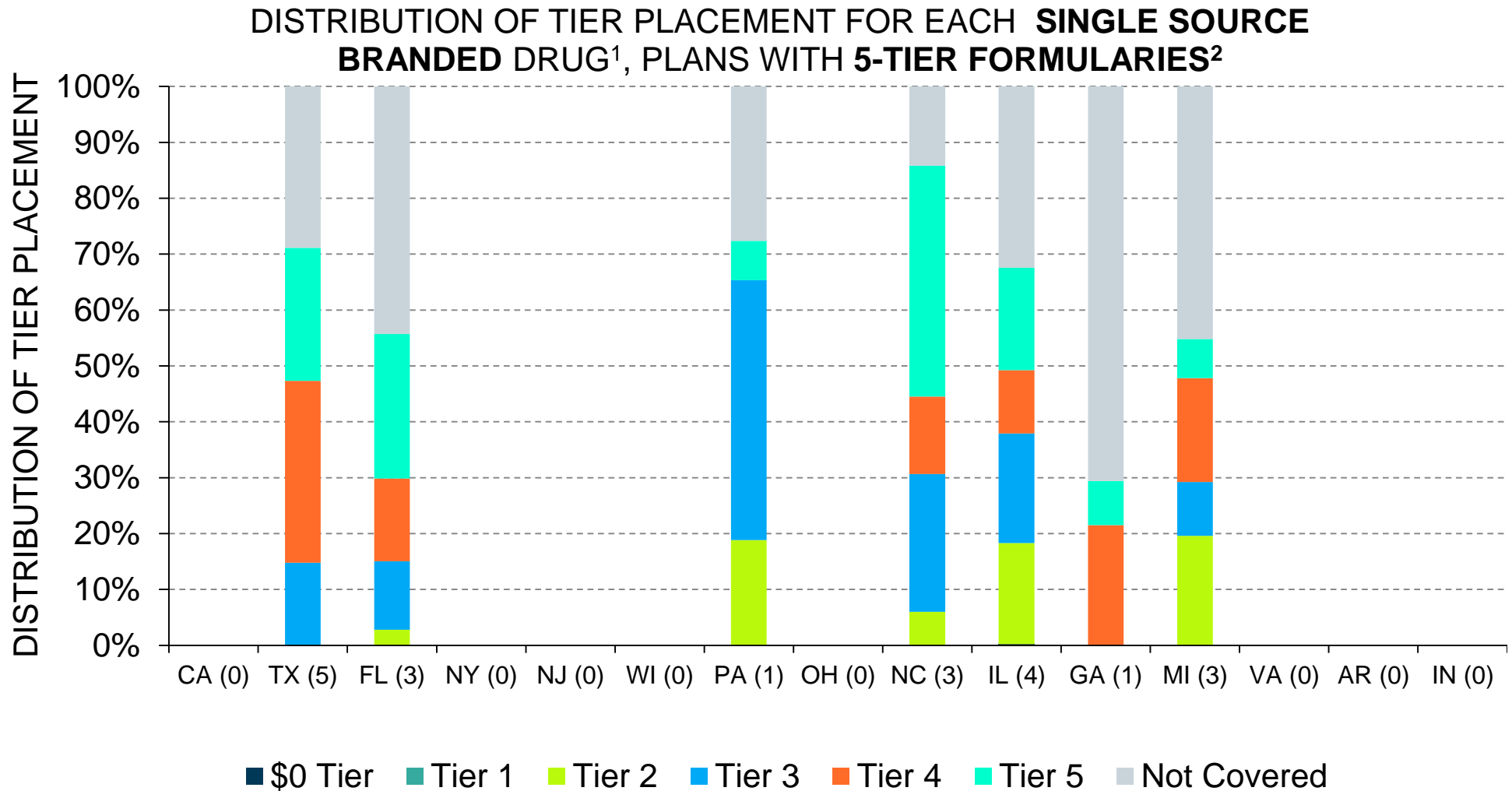
2. Plans analyzed in states with no data do not use the formulary structure indicated on this slide.

ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Several States Do Not Have 5-Tier Formularies and Distribution of Coverage Varies Widely



*States with no data have no formularies with 5-tiers.*

1. Average for the 21 classes analyzed across 84 plans

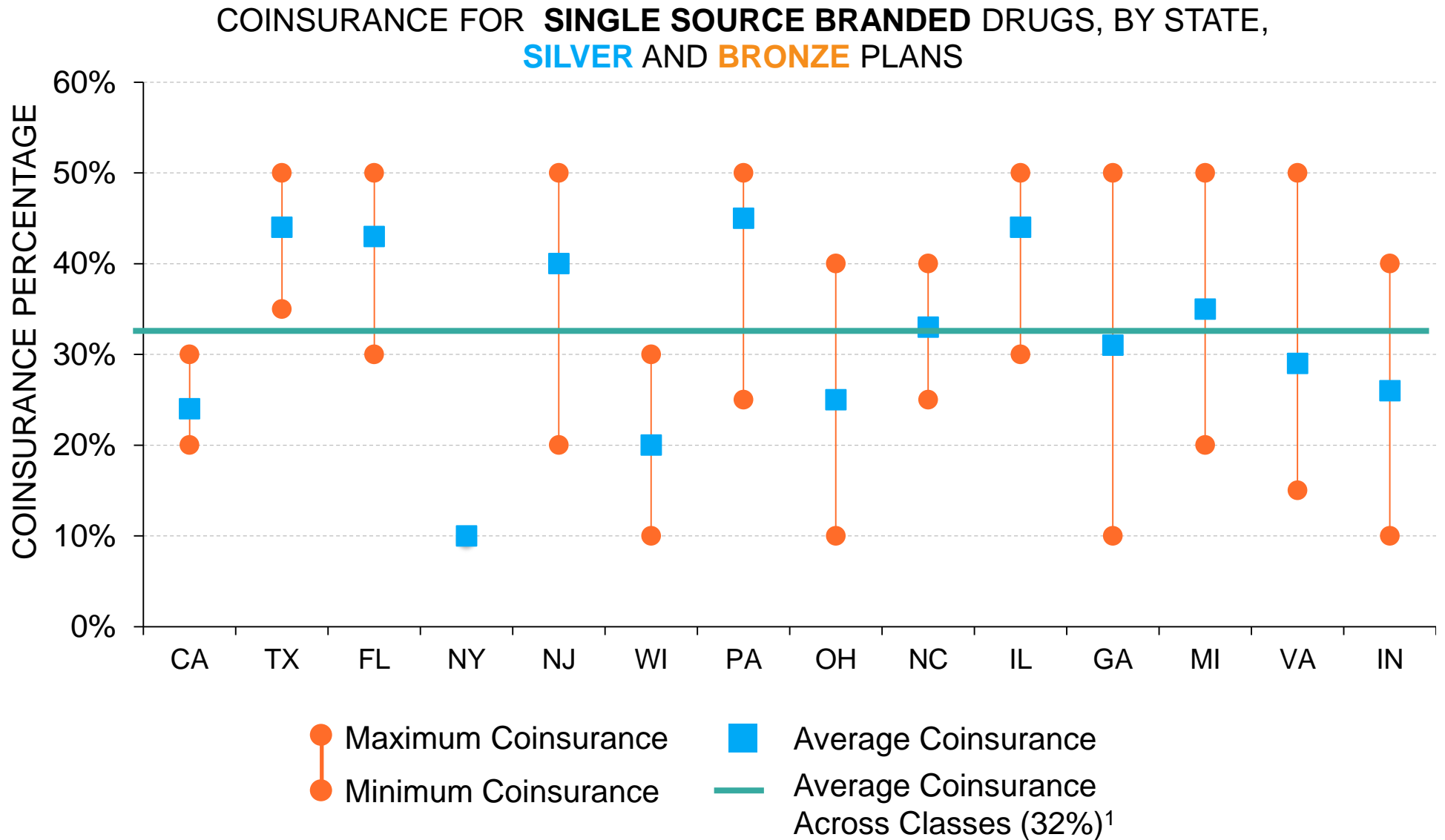
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ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Average Coinsurance is Lowest in NY, But Plans in FL, IL, PA and TX Have Average Coinsurance Above 40 Percent



1. Average weighted by state

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.  
Data on this slide excludes products subject to copayments.





## Formulary Analysis in Top 15 States: HIV/AIDS Treatments



# HIV: While Several Plans Exceed Benchmark for Coverage, Cost Sharing Levels Are High

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## Coverage for Key HIV Classes:

- Plans in the sample tend to cover NNRTIs and NRTIs generously compared to benchmark, reflecting inclusion of drugs not well reflected in unique chemical entity count (e.g., single tablet regimens and other combination therapies)
- All states, except WI and MI, require coverage for all PIs on the market (e.g., number of unique chemical entities is equivalent to marketed drugs), but plans in many states seem to be covering fewer PIs than are required by EHB

## State Variation in Coverage:

- NC, NJ, and PA have plans with particularly high coverage levels for HIV therapies
- Plans in FL, GA, IL, MI, NY, TX, VA, and WI appear non-compliant with EHB minimums in some HIV/AIDS classes

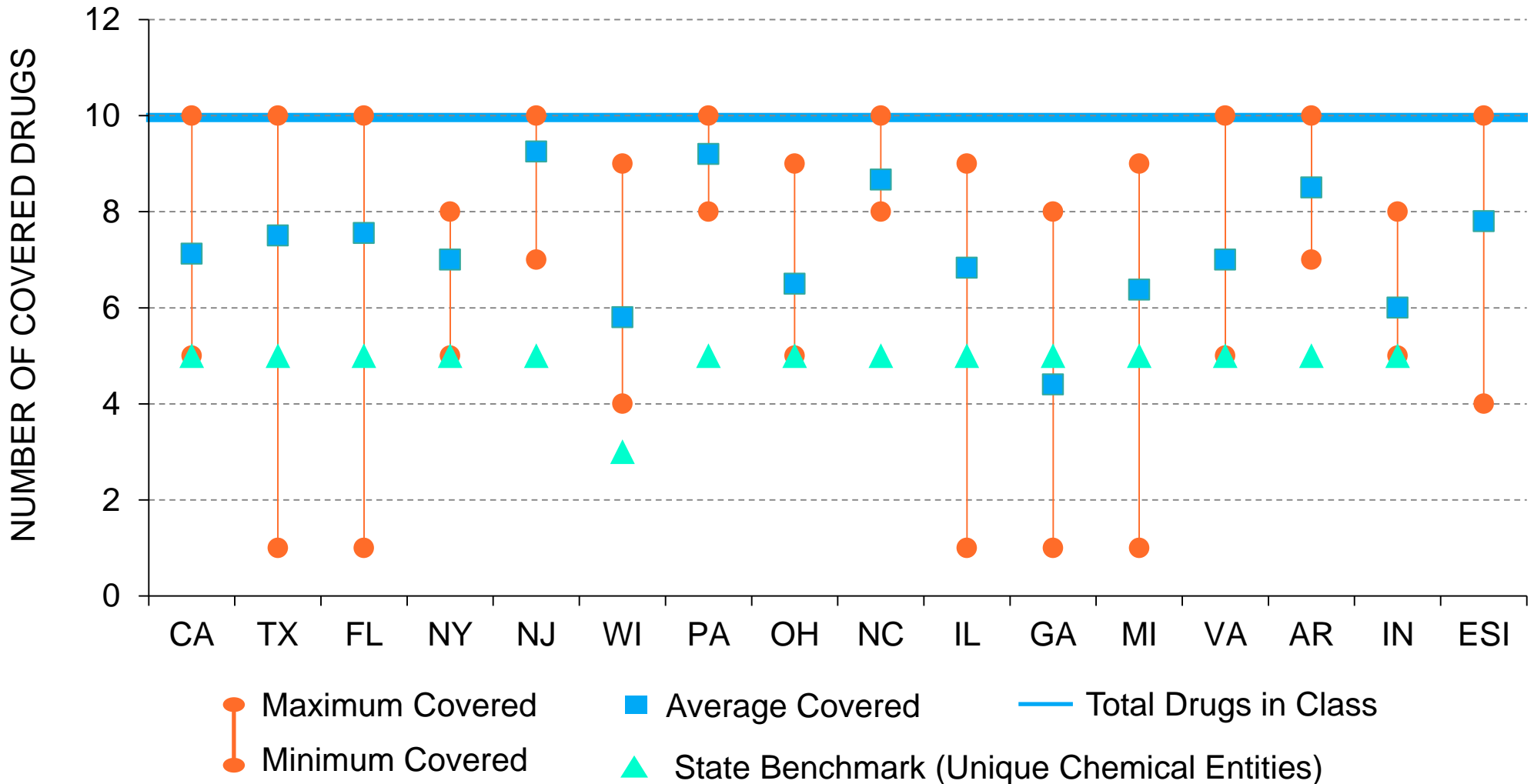
## Cost Sharing for Key HIV Classes:

- Cost sharing for HIV classes tends to be fairly split between copayment and coinsurance, skewing slight towards coinsurance
- Average copayments for the classes range from \$52-\$95, and coinsurance from 33%-36%



# Coverage of NNRTIs Most Generous in NY and PA, But Plans In Some States Appear Non-Compliant with EHB

## NUMBER OF DRUGS COVERED IN ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

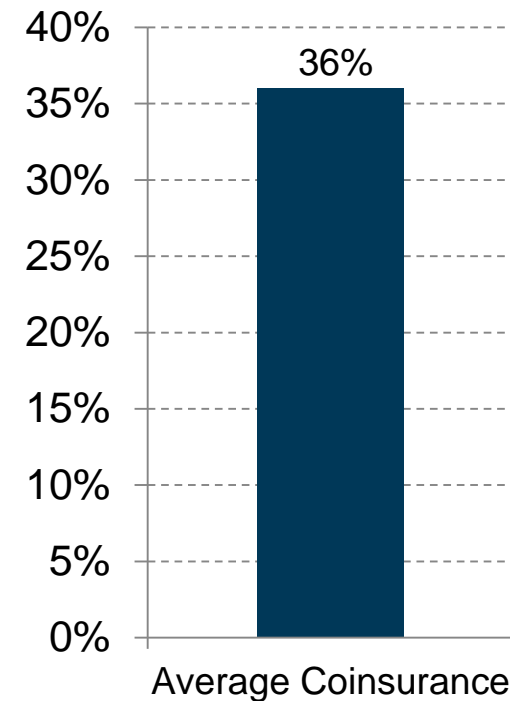
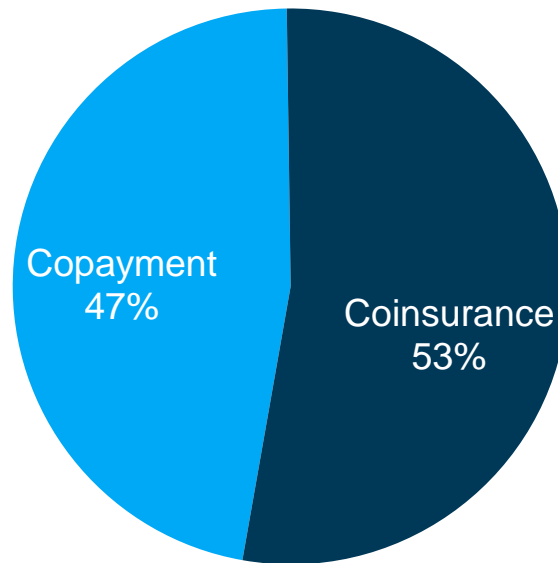
ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScope,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Coinsurance Slightly More Common for Single Source Brands in the NNRTI Class, Averaging 36 Percent

FREQUENCY OF AND AVERAGE COPAYMENT AND COINSURANCE FOR **SINGLE SOURCE BRANDED NNRTI DRUGS, SILVER PLANS**

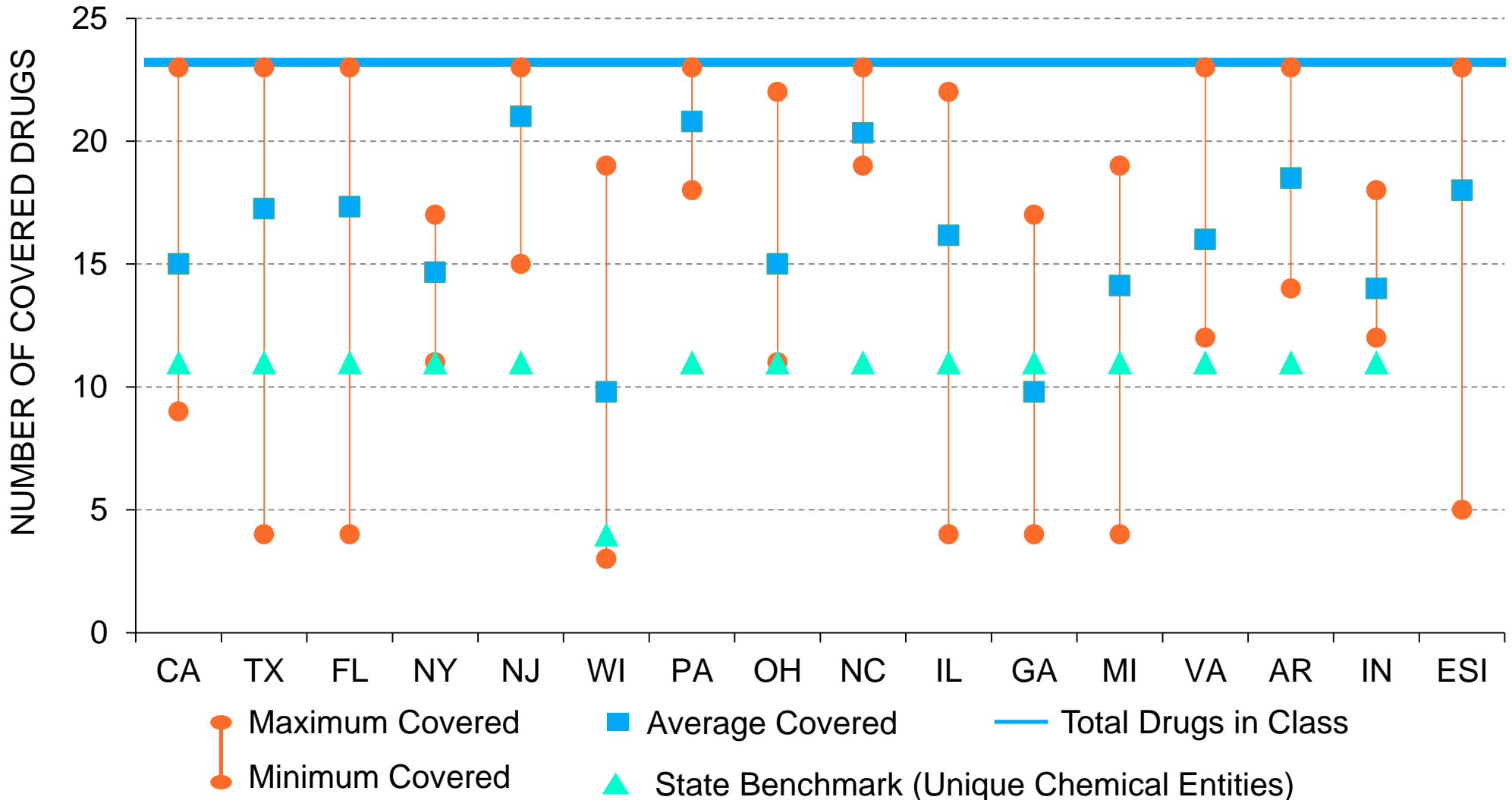


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# Similarly, Coverage of NRTIs Most Generous in NY and PA, But Plans In Some States Appear Non-Compliant with EHB

## NUMBER OF DRUGS COVERED IN ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

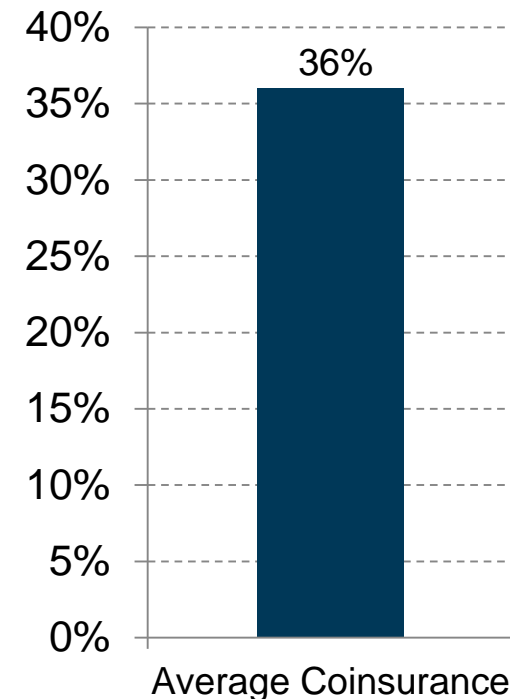
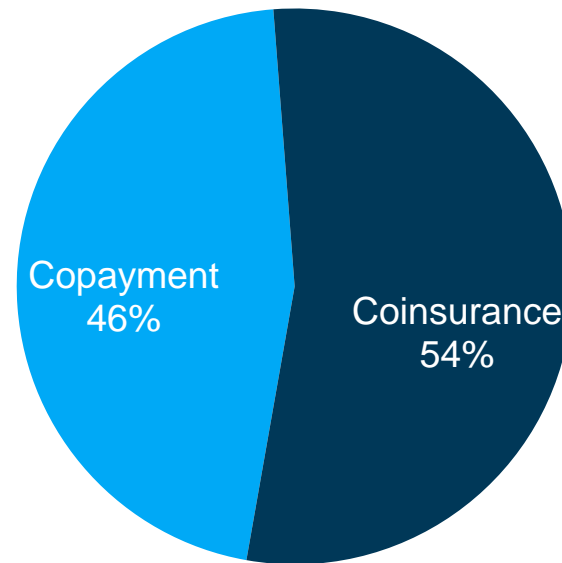
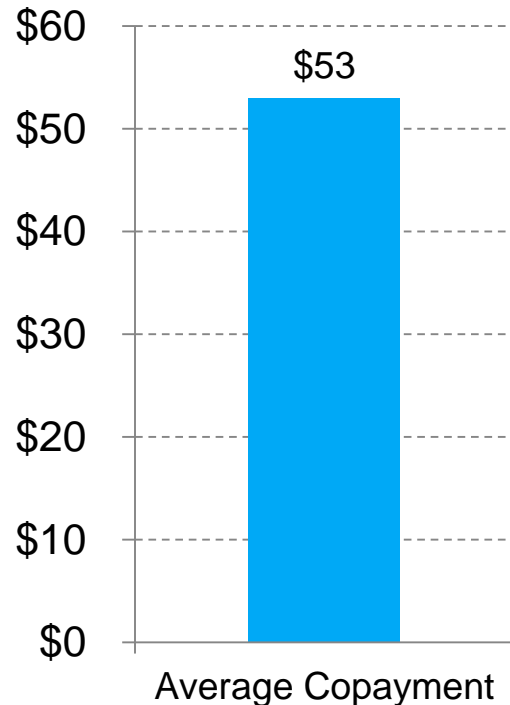
ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Branded NRTIs Face Coinsurance More Frequently than Copay, Averaging 36%

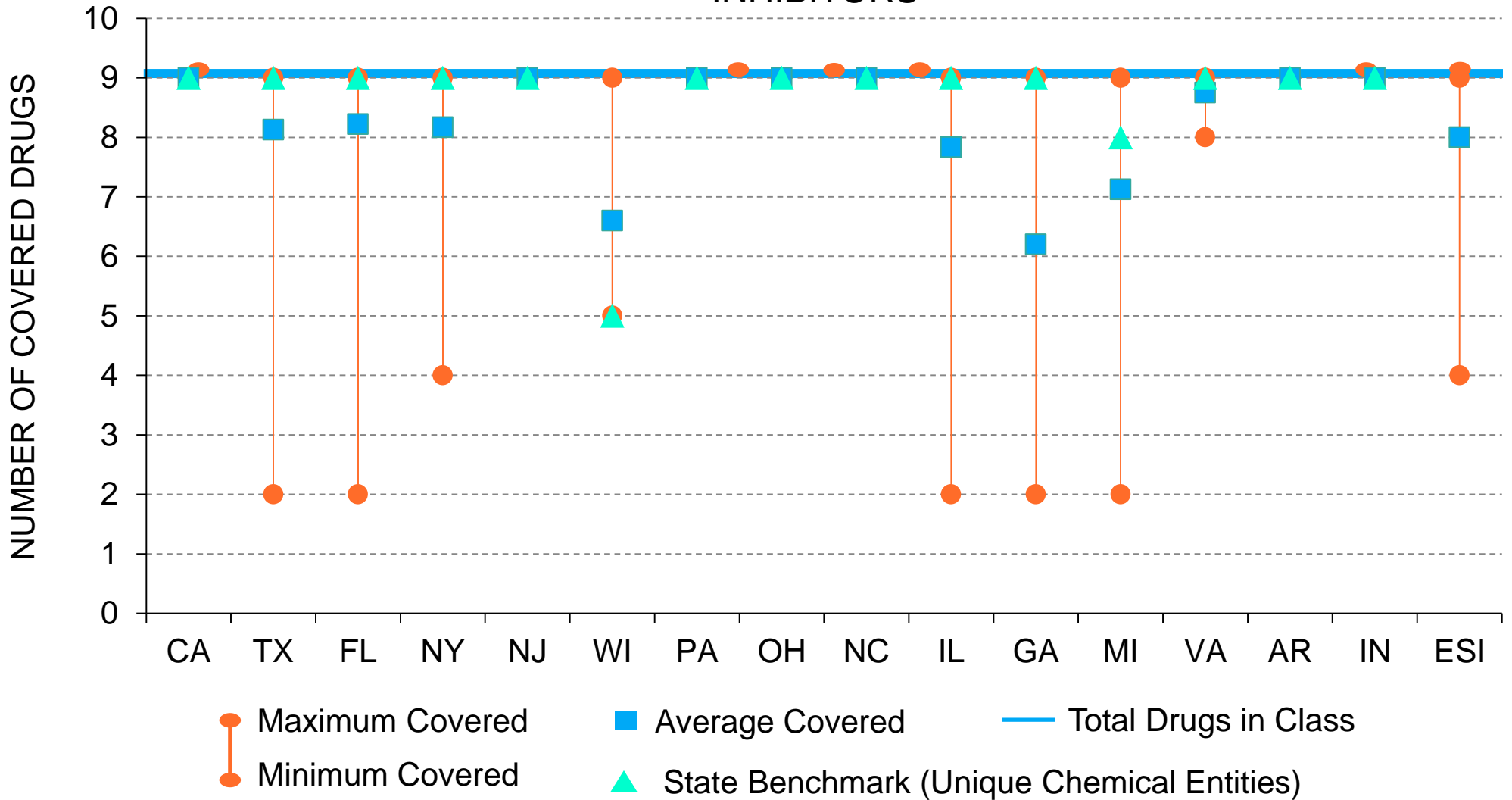
FREQUENCY OF AND AVERAGE COPAYMENT AND COINSURANCE FOR **SINGLE SOURCE BRANDED NRTI DRUGS, SILVER PLANS**



NRTIs = Nucleoside and nucleotide reverse transcriptase inhibitors  
Source: Avalere Health PlanScope,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.

# Several Plans Below EHB Floors for PIs Based on Public Formularies

## NUMBER OF DRUGS COVERED IN ANTI-HIV AGENTS, PROTEASE INHIBITORS<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

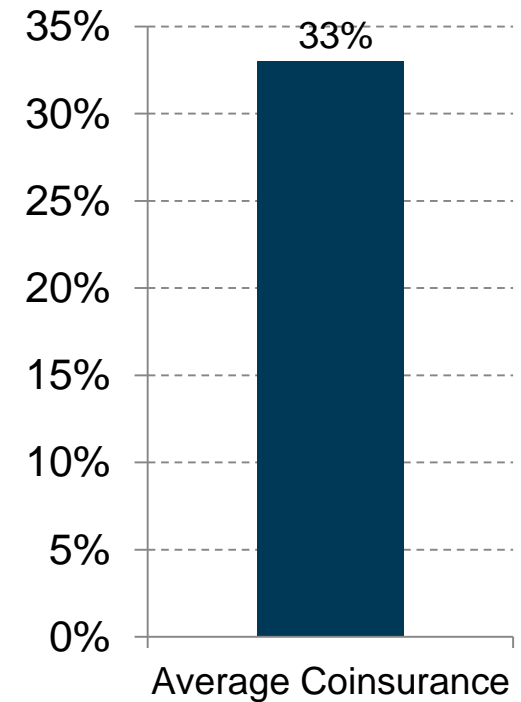
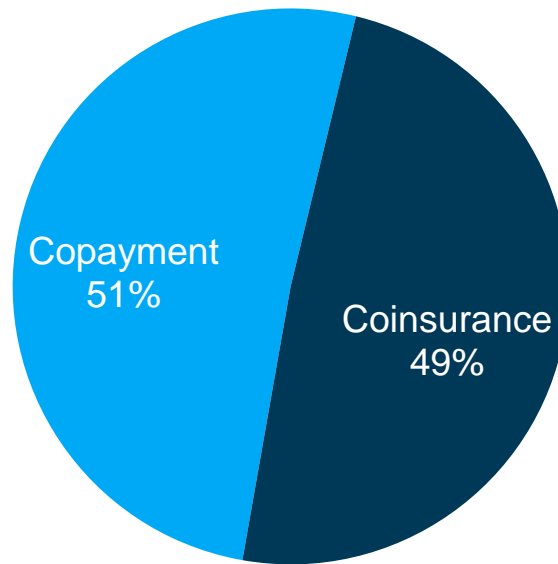
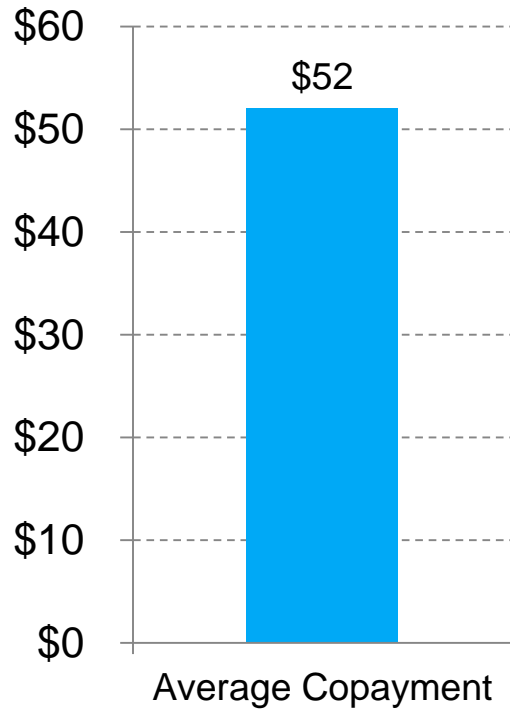
ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Branded Protease Inhibitors Face Moderate Cost-Sharing

## FREQUENCY OF AND AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED PROTEASE INHIBITORS DRUGS, SILVER PLANS

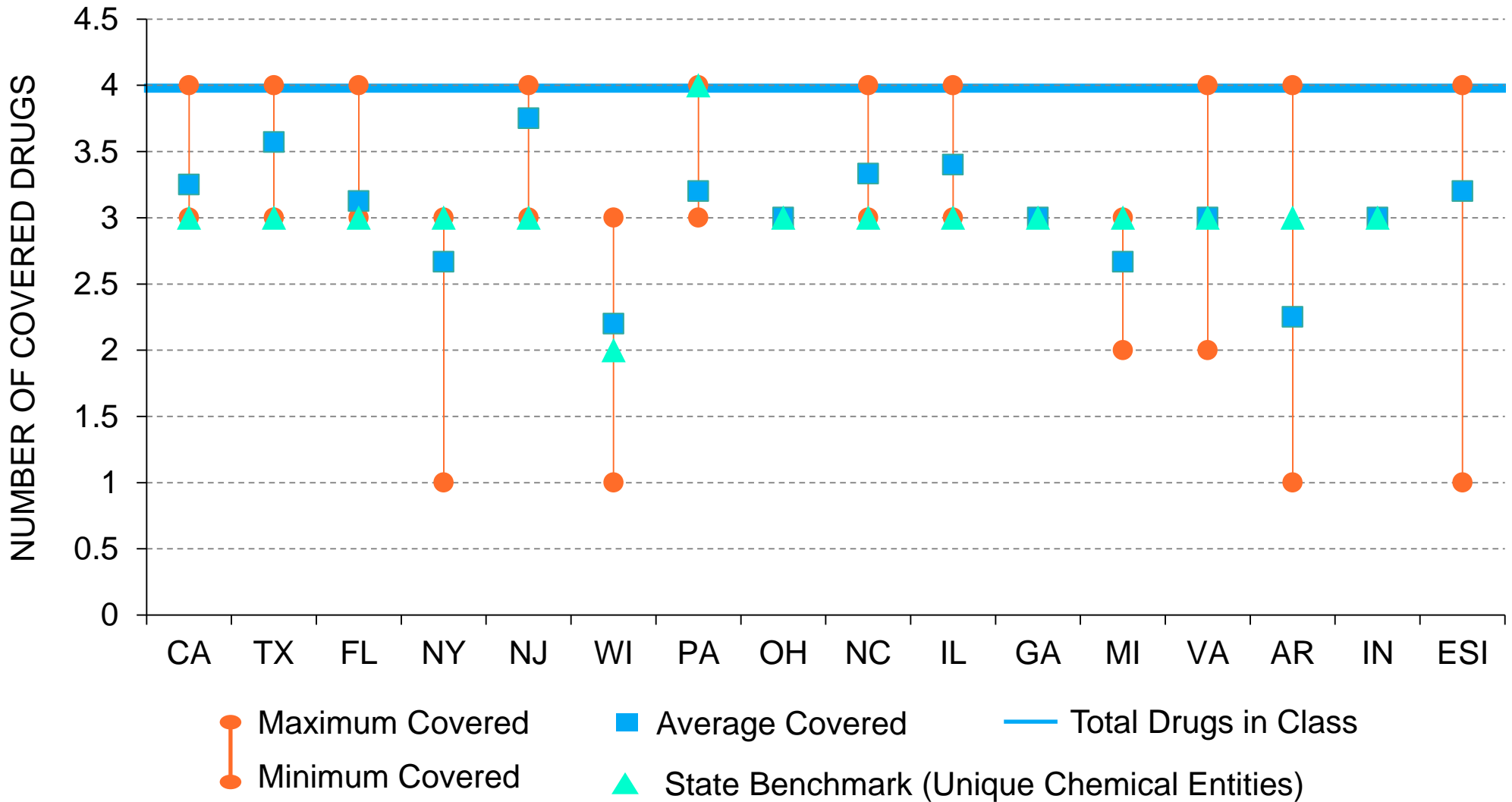


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# While Many States Cover Other Anti-HIV Agents Similarly, Five States Have Plans with Coverage Below EHB Minimums

## NUMBER OF DRUGS COVERED IN ANTI-HIV AGENTS, OTHER<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

ESI = Employer-Sponsored Insurance

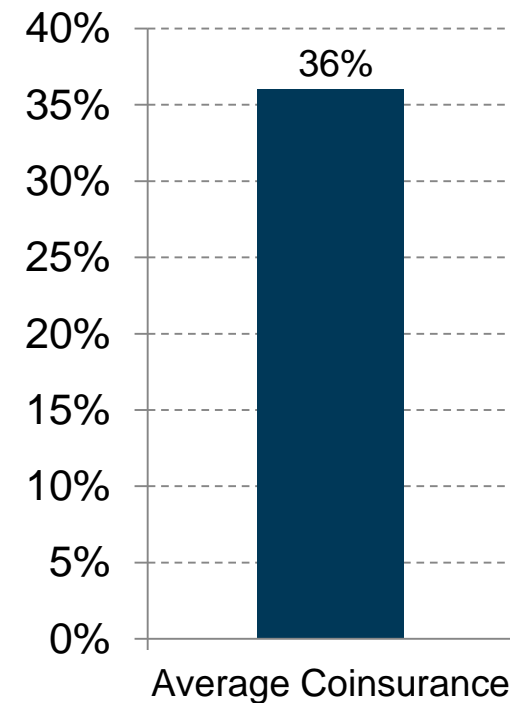
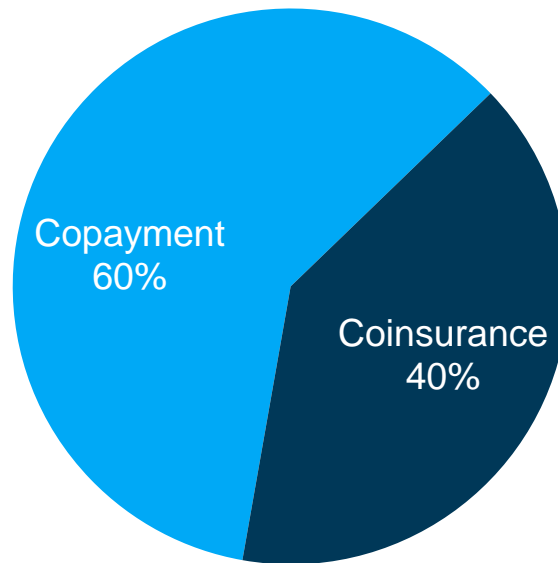
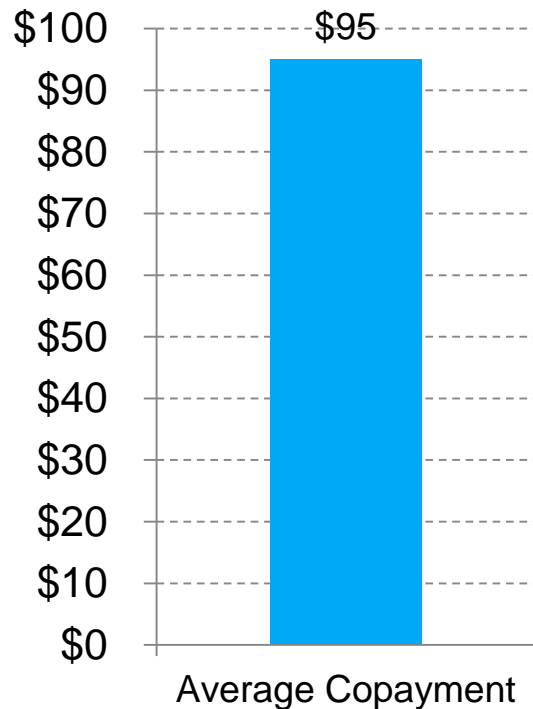
Source: Avalere Health PlanScope,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.





# Anti-HIV (Other) Branded Products Face Higher, More Frequent Copays than Drugs in Similar Classes

FREQUENCY OF AND AVERAGE COPAYMENT AND COINSURANCE FOR **SINGLE SOURCE BRANDED HIV-OTHER**<sup>1</sup> DRUGS, **SILVER** PLANS



1. Includes Enfuvirtide, Maraviroc, Raltegravir  
Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.





## Formulary Analysis in Top 15 States: Mental Health Treatments

# Mental Health: The Majority of Plans Far Exceed Benchmark

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## Coverage for Key MH Classes:

- Plans in the sample tend to cover SSRI/SNRIs, AD-other, 2nd generation atypical antipsychotics, and bipolar (other) agents significantly above benchmark
- While state benchmarks require coverage of only 1/3 of all marketed mental health drugs, plans are covering more drugs on average than are required by EHB
  - Plans average 8 more SSRIs/SNRIs than benchmark requires
  - Plans average 7 more Antidepressants than benchmarks require
  - Plans average 7 more Atypicals than benchmarks require
  - Plans average 7 more Bipolar-Other drugs than benchmarks require

## State Variation:

- Plans in PA, NJ, and NY cover SSRI/SNRIs, AD-other, and atypical classes most generously
- Plans in GA, NY, MI, and IN are less generous on average in coverage of atypicals; plans in OH, IL, GA, MI appear offer coverage below EHB requirements for this class

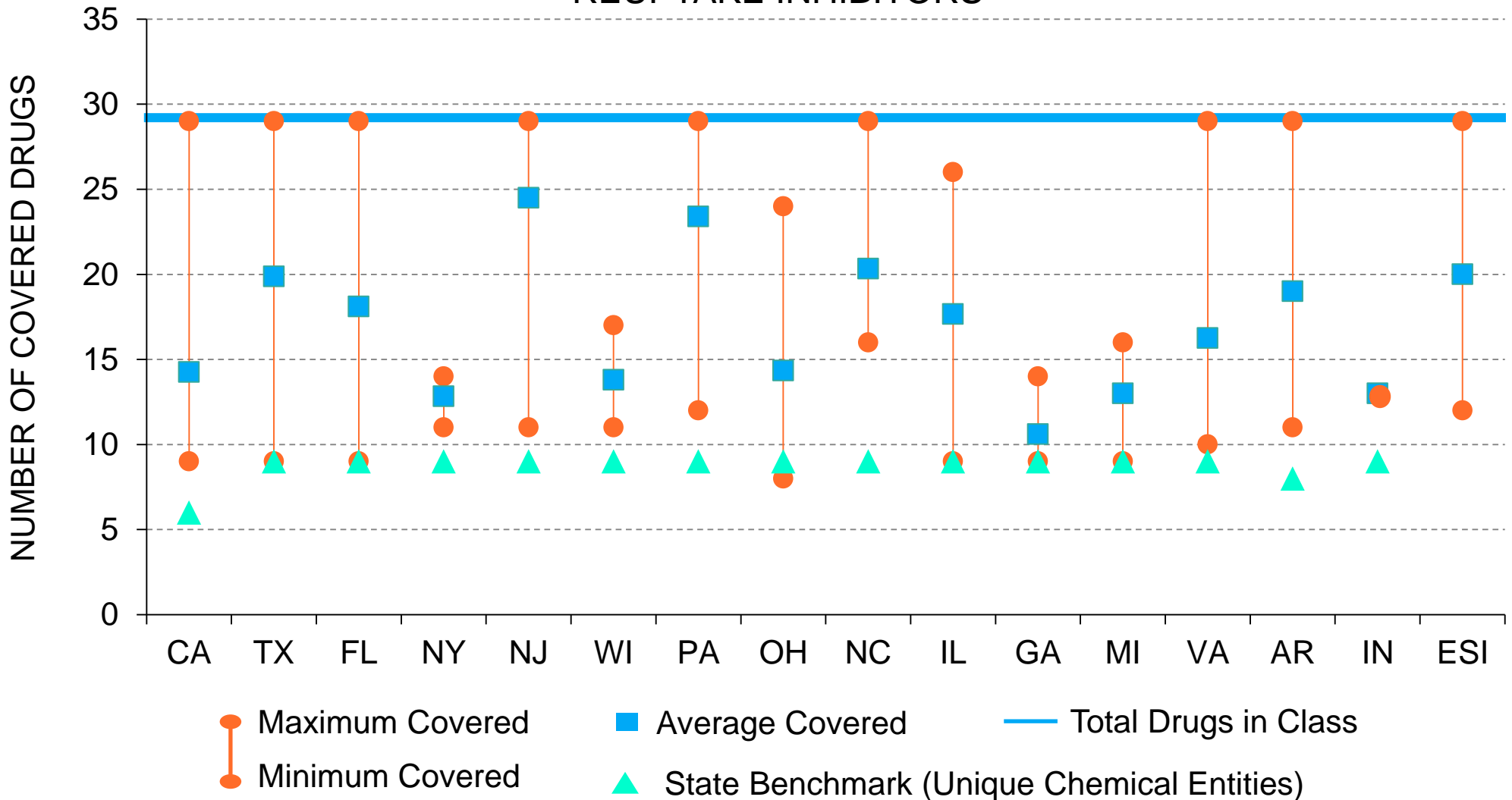
## Cost Sharing for Key MH Classes:

- Plans cost-sharing methods for branded products is split fairly evenly between copayments and coinsurance, with copayment class averages ranging \$64-\$70 and coinsurance ranging 37%-41%



# Although Most SNRI Benchmarks Require 9 Drugs on Formulary, State Averages Ranged From 10 to 24

## NUMBER OF DRUGS COVERED IN SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS<sup>1</sup>

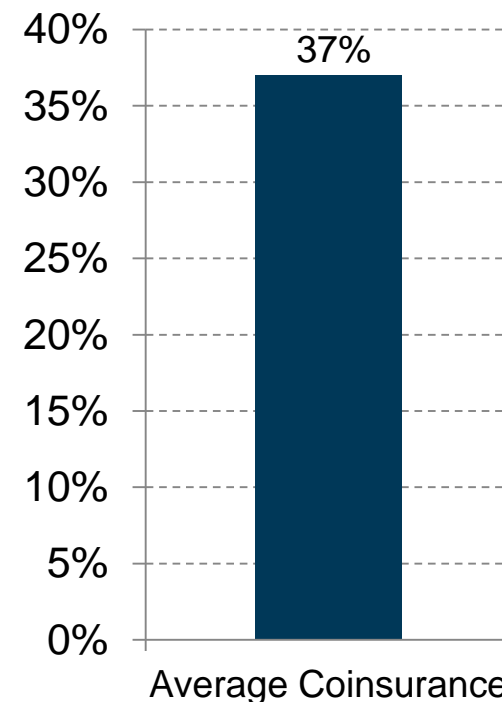
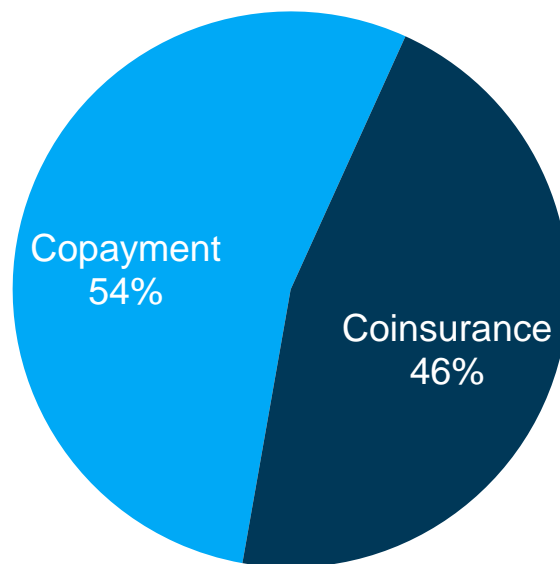
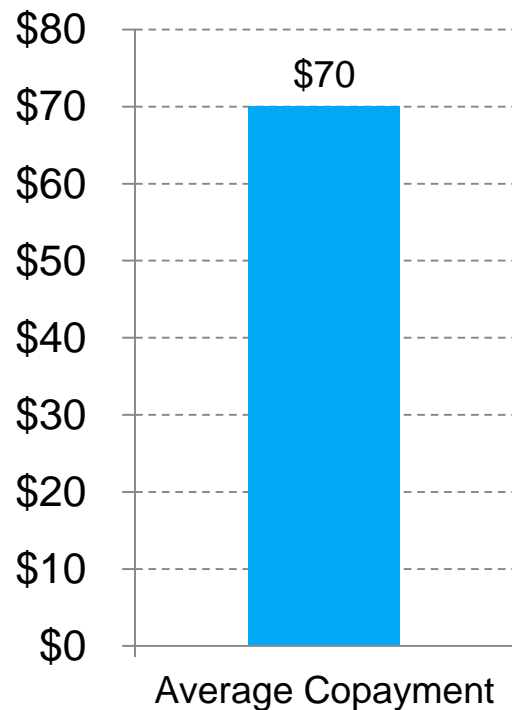


1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.

# Copayments, Averaging \$70, Occur More Frequently than Coinsurance for Branded SSRI/SNRIs

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED SSRI/SNRI DRUGS, SILVER PLANS

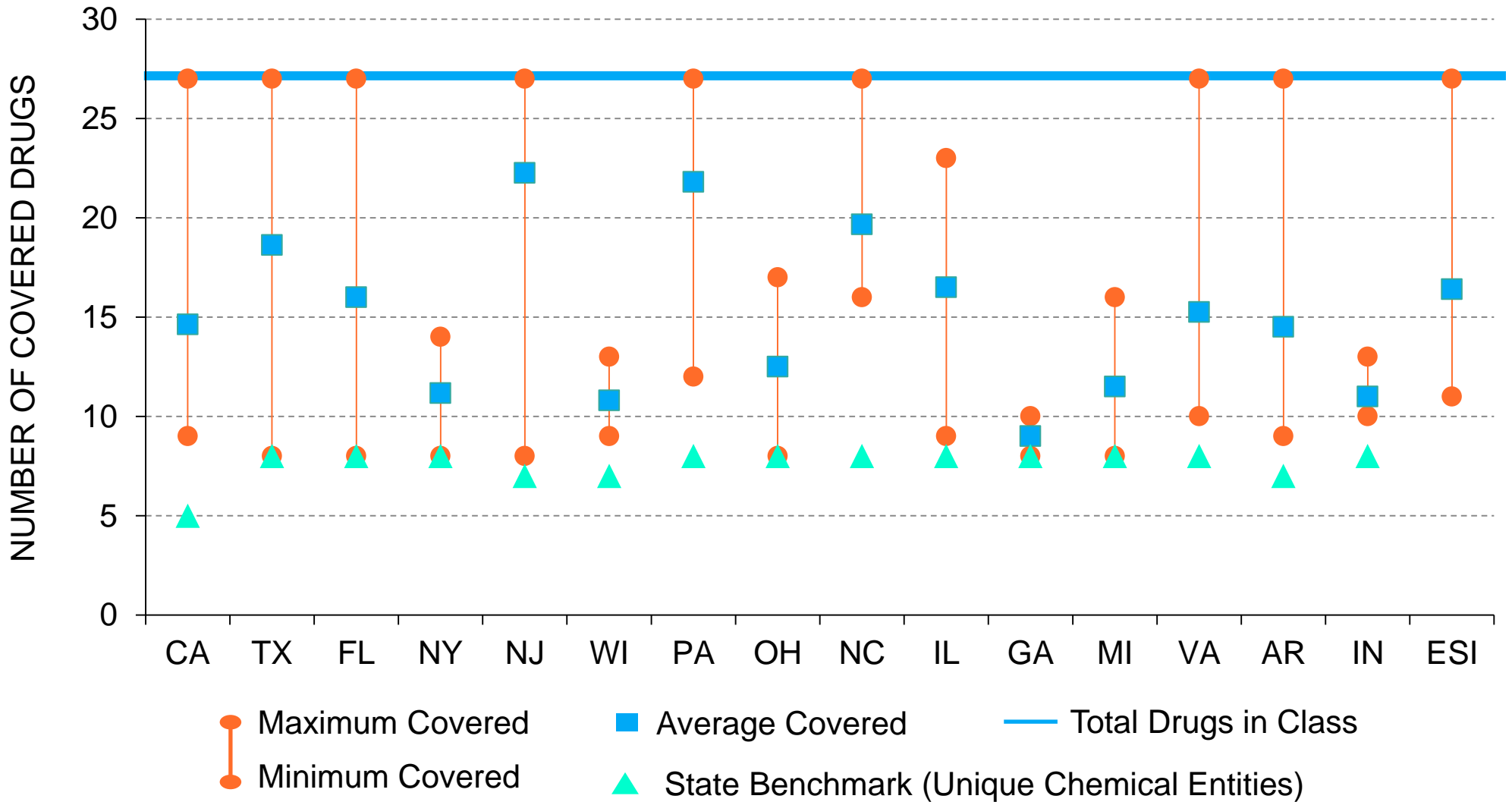


SSRI/SNRI = Serotonin/ Norepinephrine Reuptake Inhibitors  
Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Wide Range of Coverage in Antidepressants, Other Class; Some Averages More Than Double the Benchmark

## NUMBER OF DRUGS COVERED IN ANTIDEPRESSANTS, OTHER<sup>1</sup>



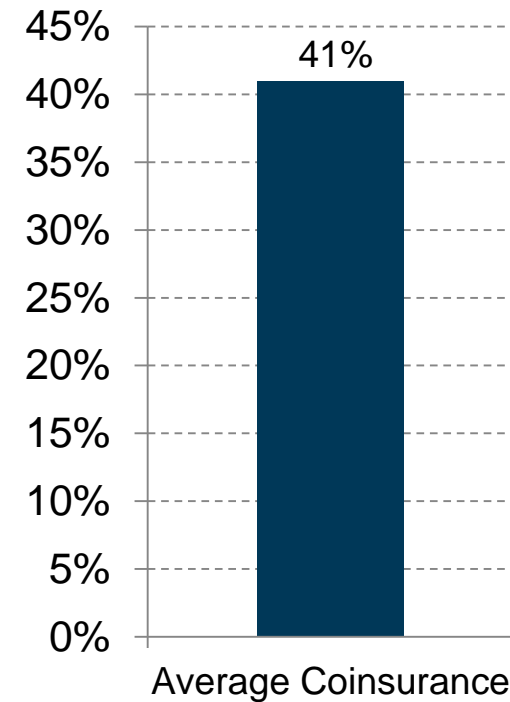
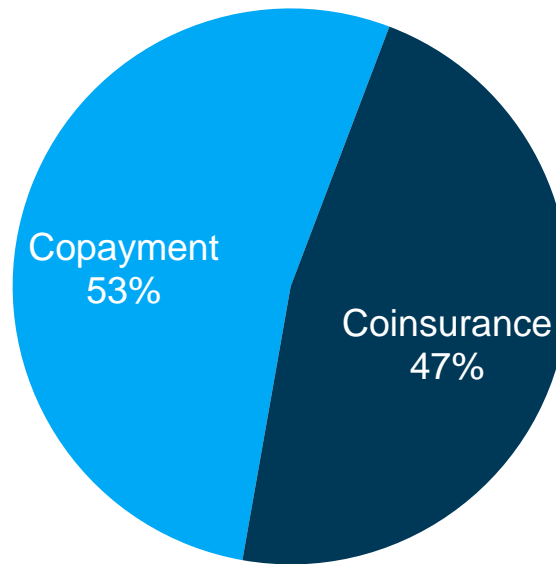
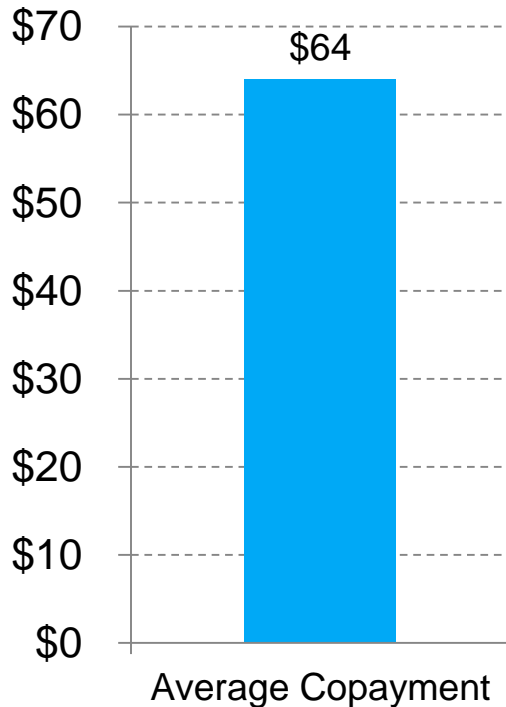
1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Cost-Sharing Techniques for Branded Antidepressants (Other) Split, With Copayments Slightly More Common

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED AD-OTHER DRUGS, SILVER PLANS

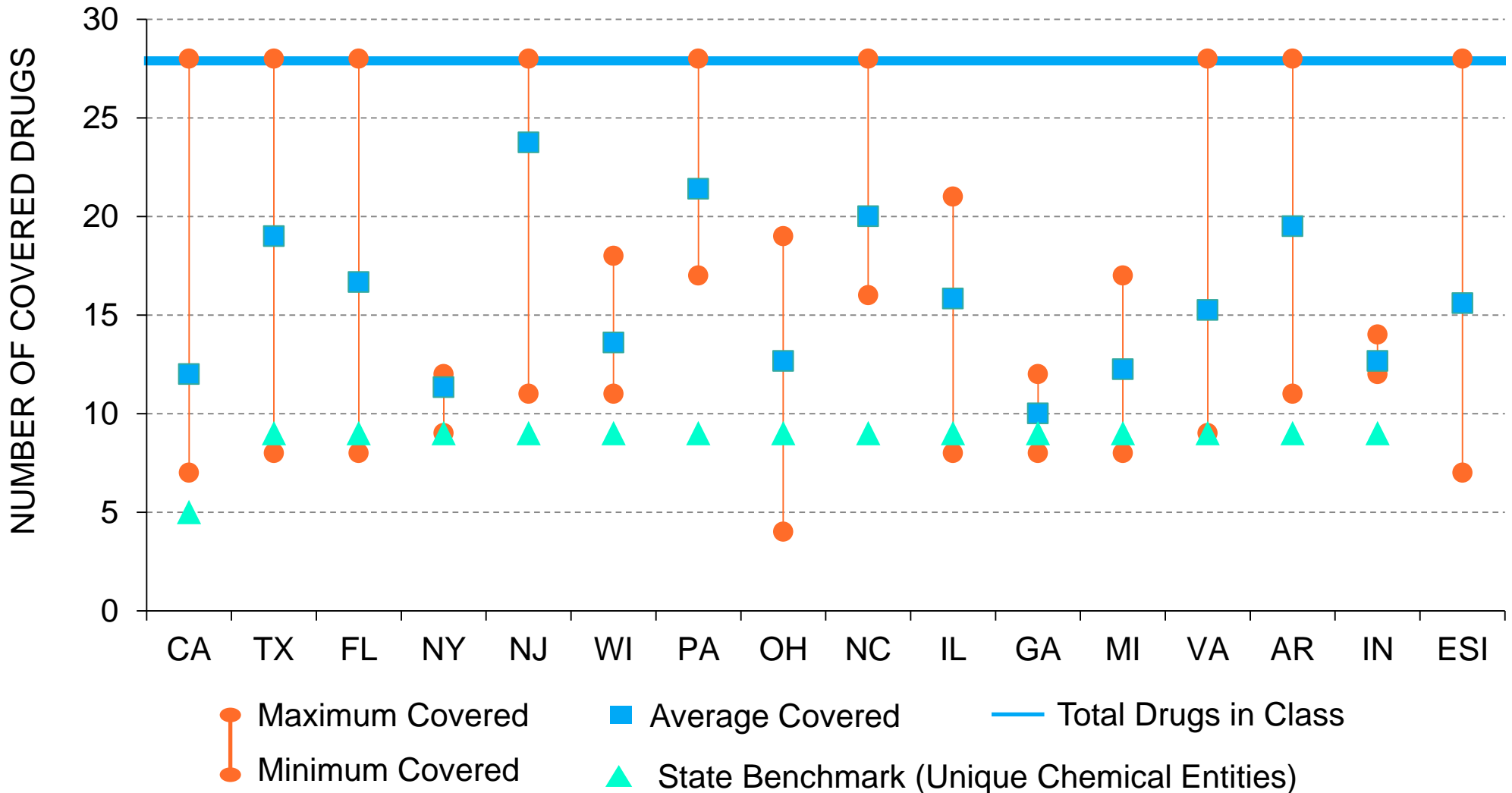


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Atypical Coverage Varies Widely By State, with NY and GA Averaging the Lowest

NUMBER OF DRUGS COVERED IN 2<sup>ND</sup> GENERATION/ATYPICAL<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

ESI = Employer-Sponsored Insurance

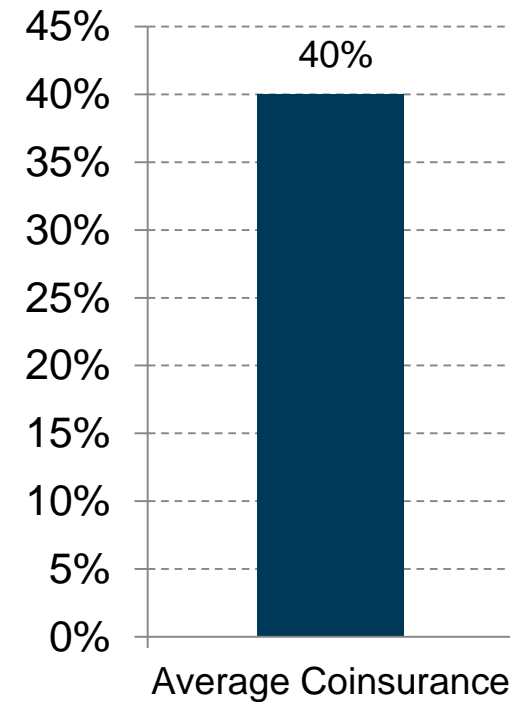
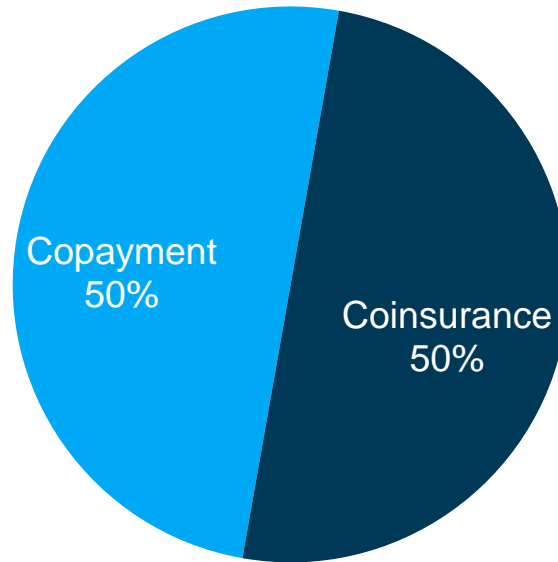
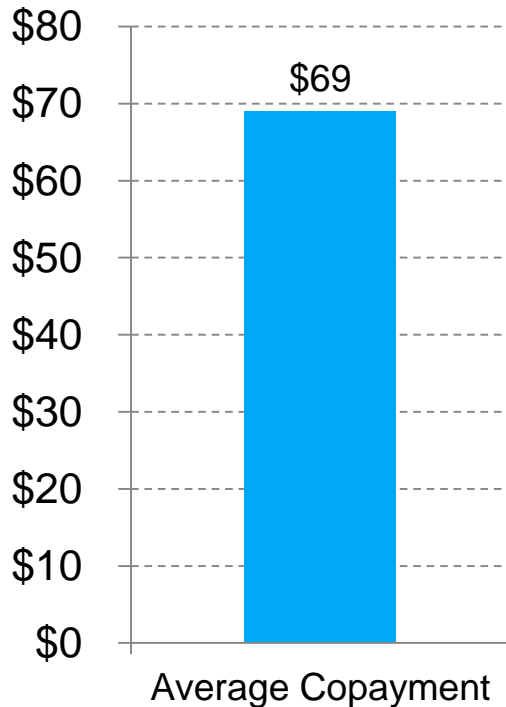
Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.





# For Branded 2nd Generation/ Atypical Antipsychotics, Copayments Average \$69, with Coinsurance Averages 40%

## AVERAGE COPAYMENT AND COINSURANCE FOR **SINGLE SOURCE BRANDED ATYPICAL ANTIPSYCHOTIC DRUGS**, SILVER PLANS

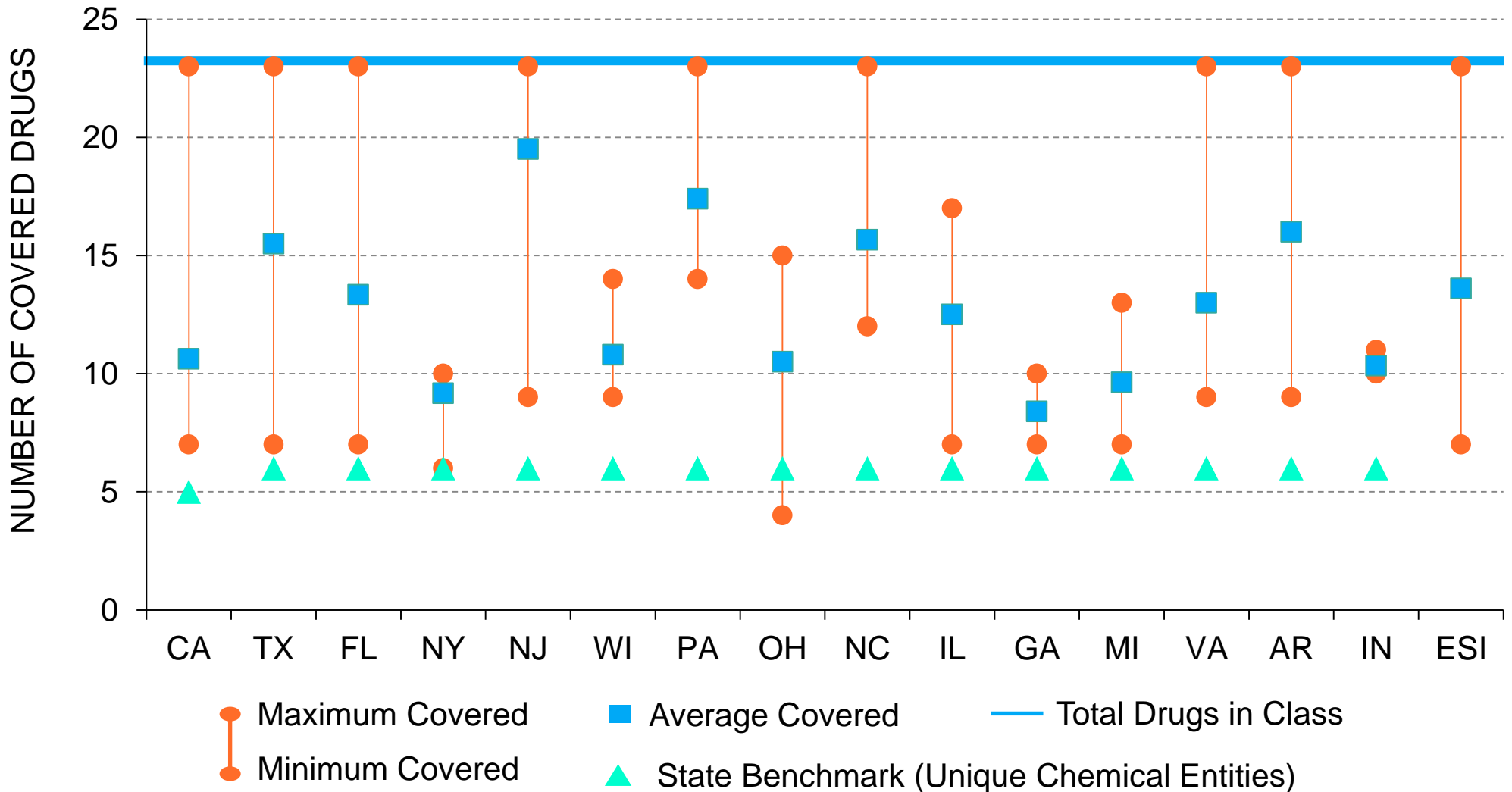


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Minimum Bipolar Coverage Exceeds Benchmark in Most States

## NUMBER OF DRUGS COVERED IN BIPOLAR AGENTS



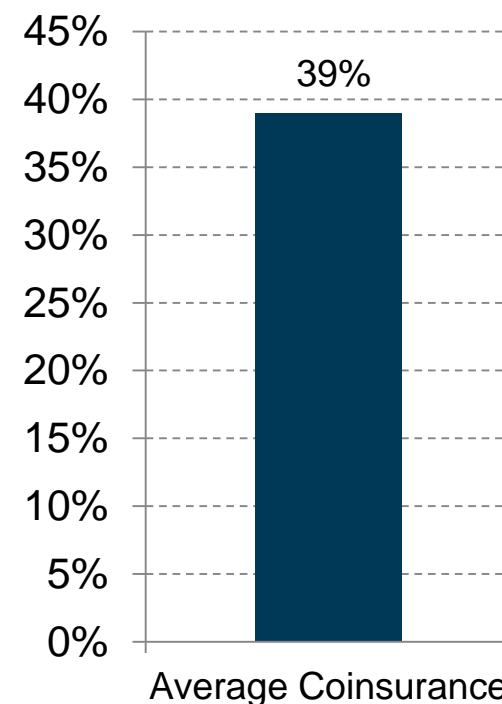
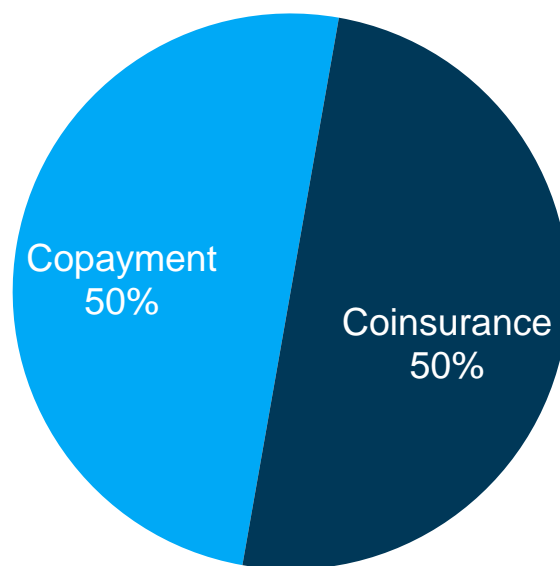
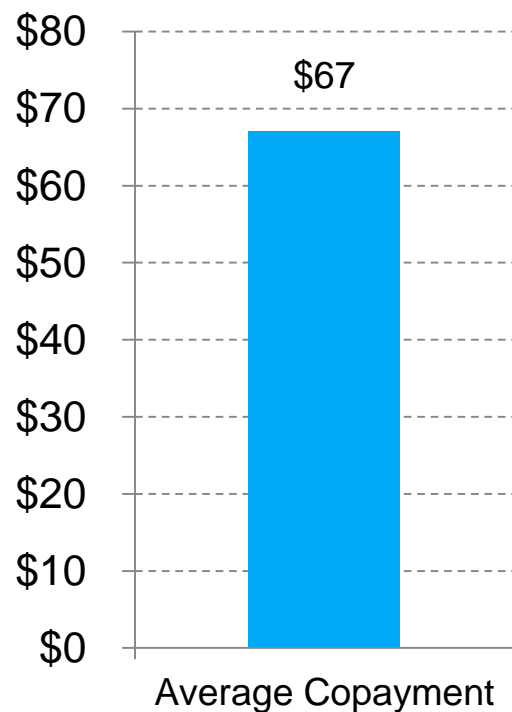
1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.

# Bipolar Agents Subject to Average Copay of \$67, though Coinsurance Occurs as Often

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED BIPOLAR AGENTS, SILVER PLANS



Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.





## Formulary Analysis in Top 15 States: Oncology Treatments

# Oncology: Coverage Exceeds State Benchmarks Across 6 Classes Analyzed

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## Coverage for Key Oncology Classes:

- Plans cover alkylating agents and molecular target inhibitors most generously, across top 15 states
- Medical benefit drugs are not consistently reflected in this data
- While state benchmarks are consistently low, plans are exceeding minimum requirements and covering an average of:
  - 5 more Metabolic Bone Disease Agents than benchmark requires
  - 8 more Alkylating Agents than benchmark requires
  - 9 more Molecular Target Inhibitors than benchmark requires
  - There is significant variation in coverage of emetogenics; many states have generous coverage, but average coverage is below state benchmark in OH, VA, and IN

## State Variation:

- Coverage is consistently high in NJ, possibly due to benefit mandates
- Some plans are non-compliant with state EHB requirements in all cancer classes, except Selective Estrogen Receptor Modifying Agents

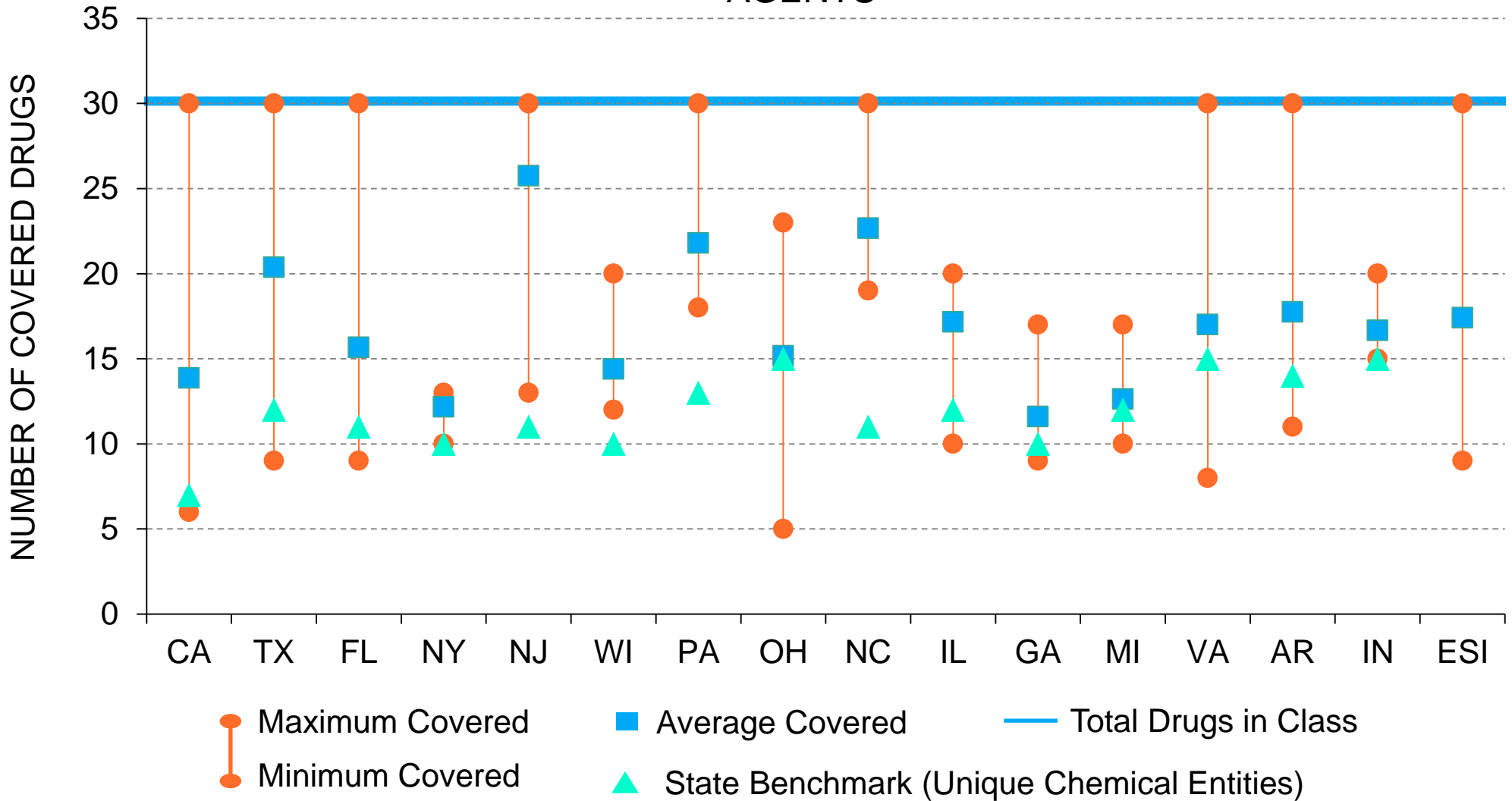
## Cost Sharing for Key Oncology Classes:

- Coinsurance most common among key classes, with class averages ranging from 31%-39%; copayments, when employed, tend to be high



# Coverage of Bone Disease Class Most Generous in NJ, NC, and PA with All Plans Exceeding the Benchmark

## NUMBER OF DRUGS COVERED IN METABOLIC BONE DISEASE AGENTS<sup>1</sup>

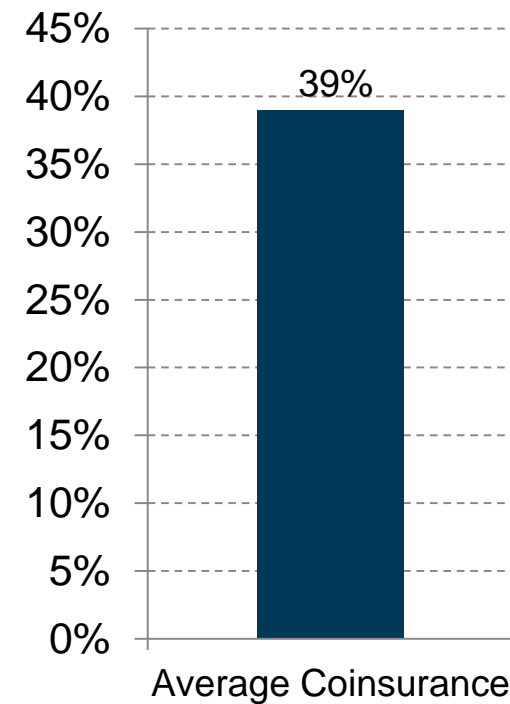
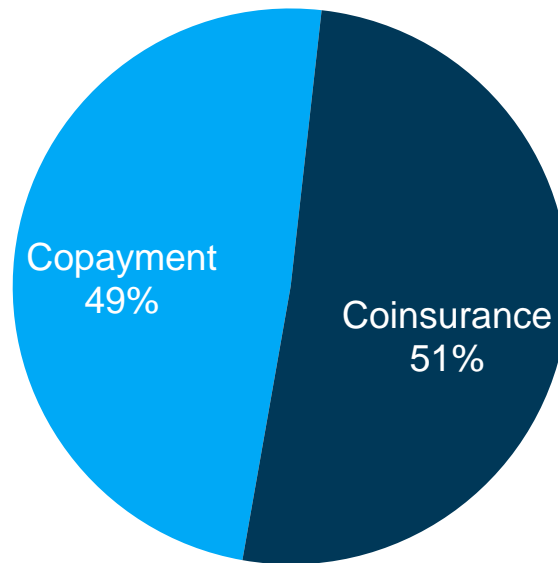
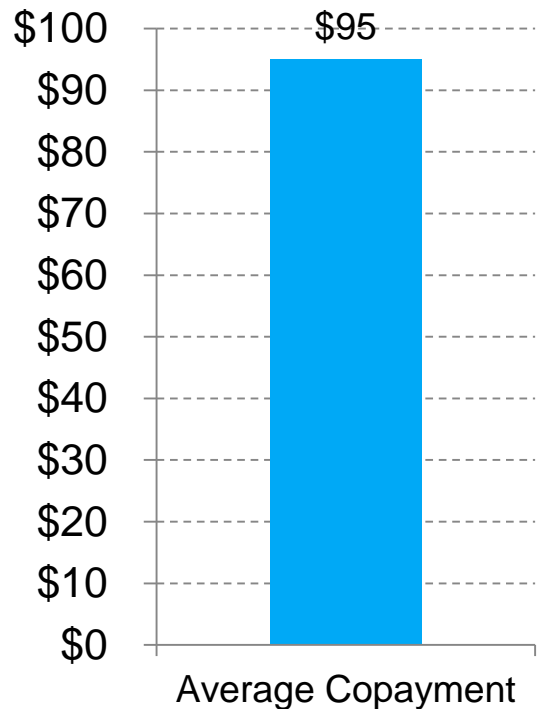


1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.

# Branded Metabolic Bone Disease Agents Require Copayment About as Often as Coinsurance

## AVERAGE COPAYMENT AND COINSURANCE FOR **SINGLE SOURCE** **BRANDED METABOLIC BONE DISEASE** DRUGS, **SILVER** PLANS

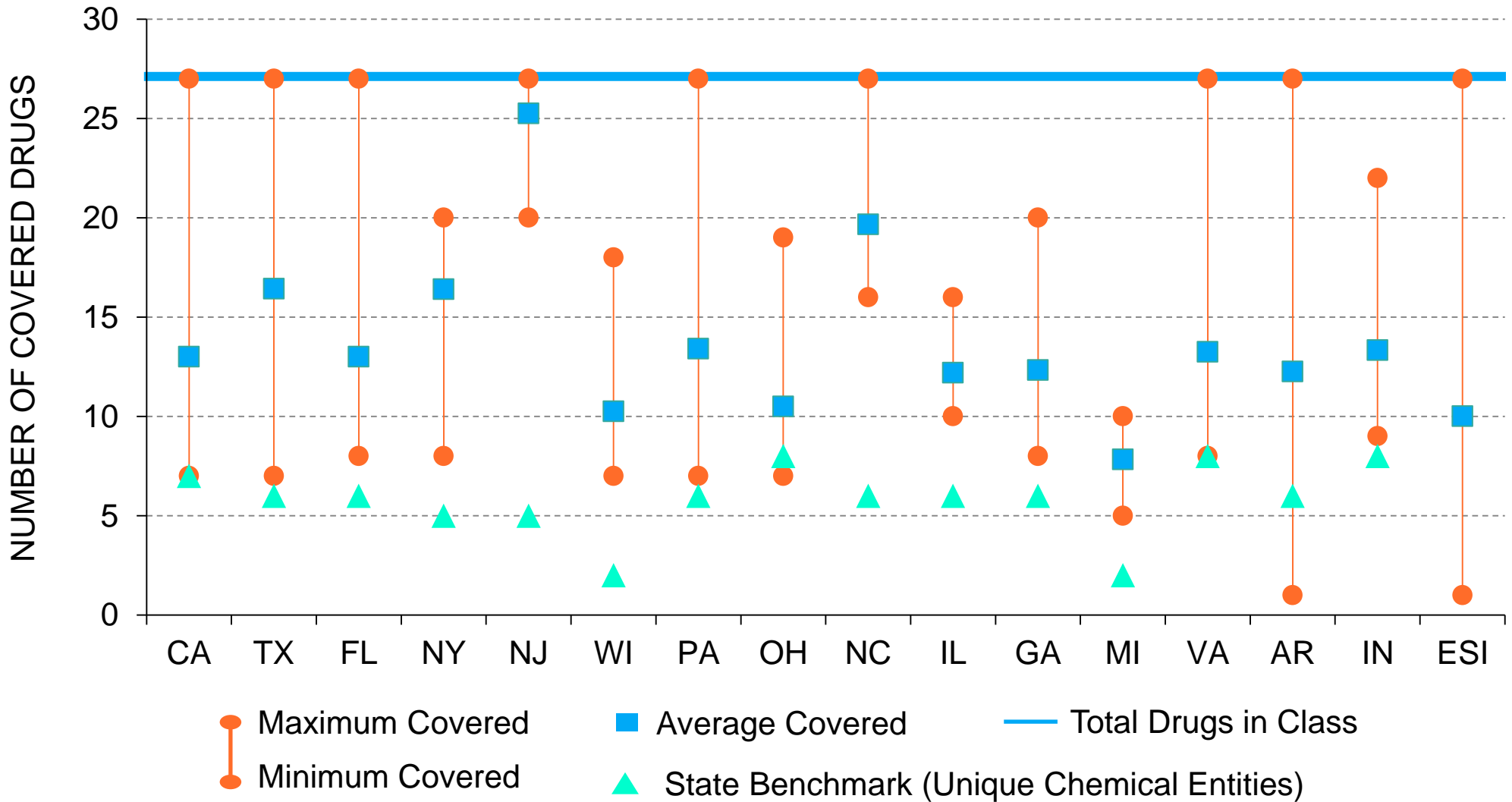


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Coverage of Alkylating Agents Significantly Higher in NJ than in Other States

## NUMBER OF DRUGS COVERED IN ALKYLATING AGENTS<sup>1</sup>



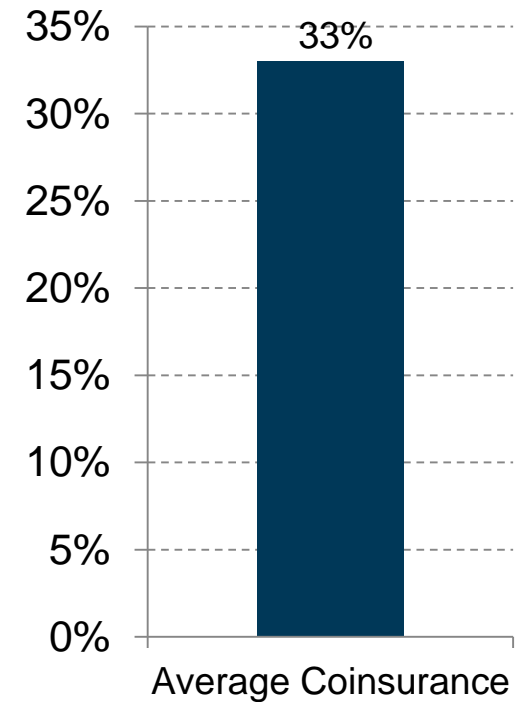
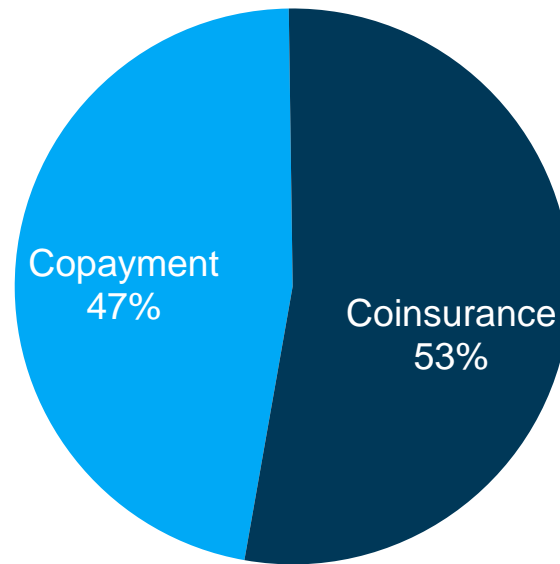
1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Cost-Sharing Tips Slightly Toward Coinsurance; Average Copay is Considerable at \$112

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED ALKYLATING AGENTS, SILVER PLANS

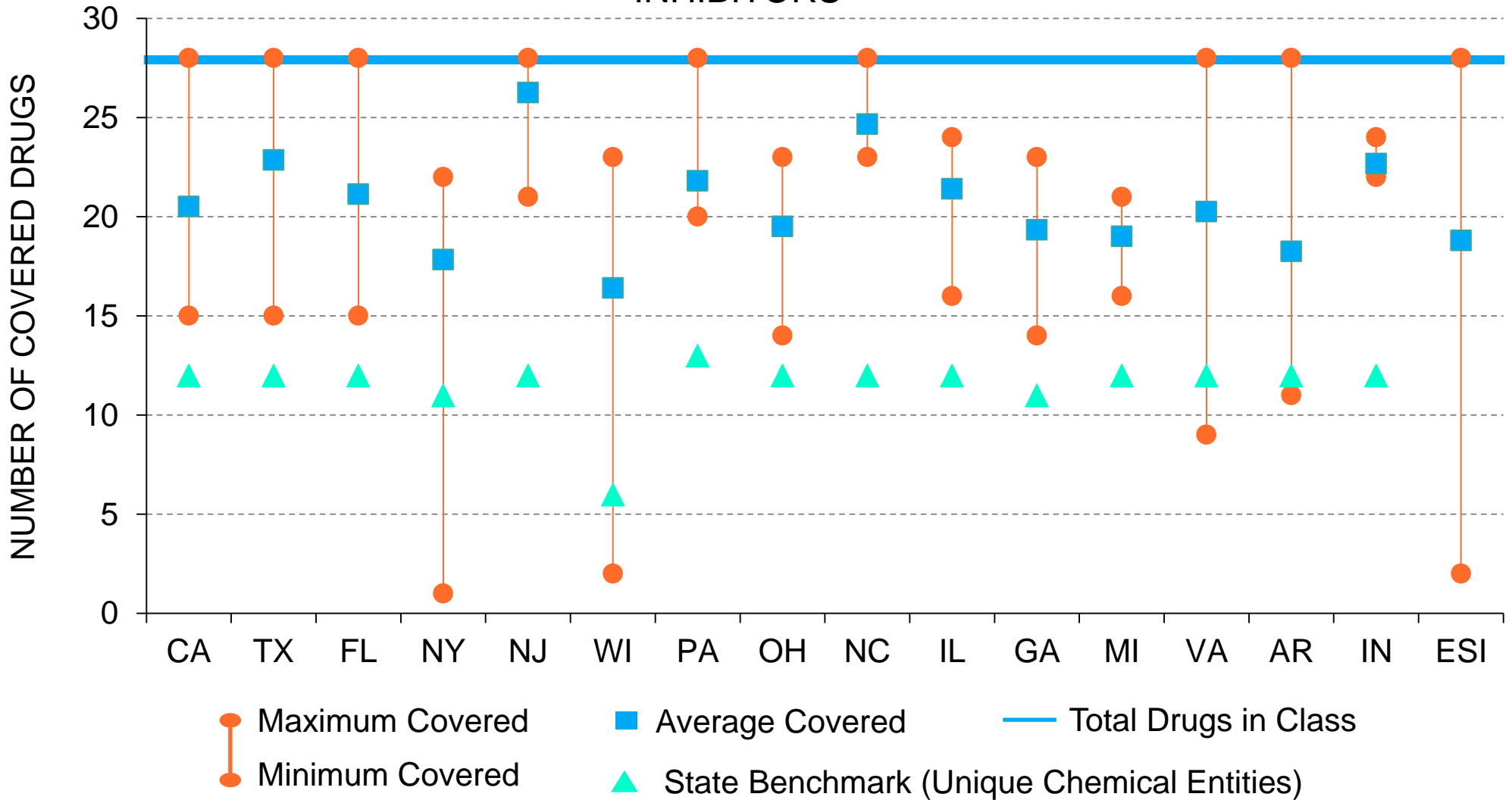


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Coverage of MTIs Is Typically Well Above Benchmark and Relatively Consistent Across States

## NUMBER OF DRUGS COVERED IN MOLECULAR TARGET INHIBITORS<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

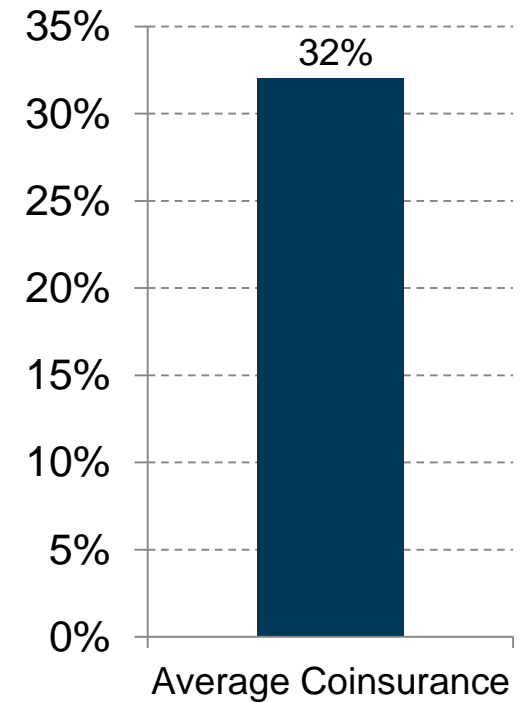
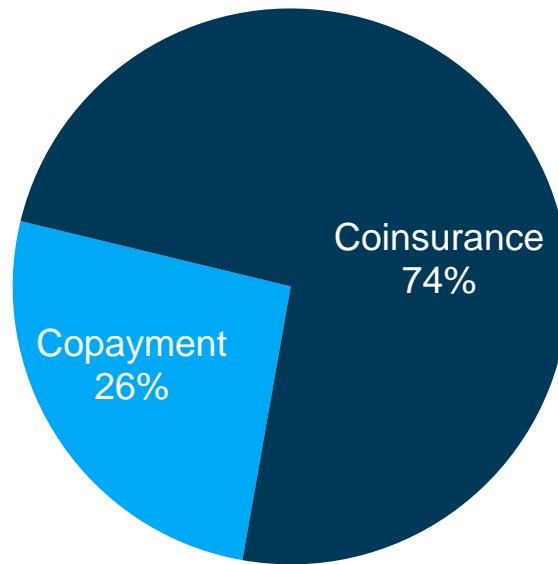
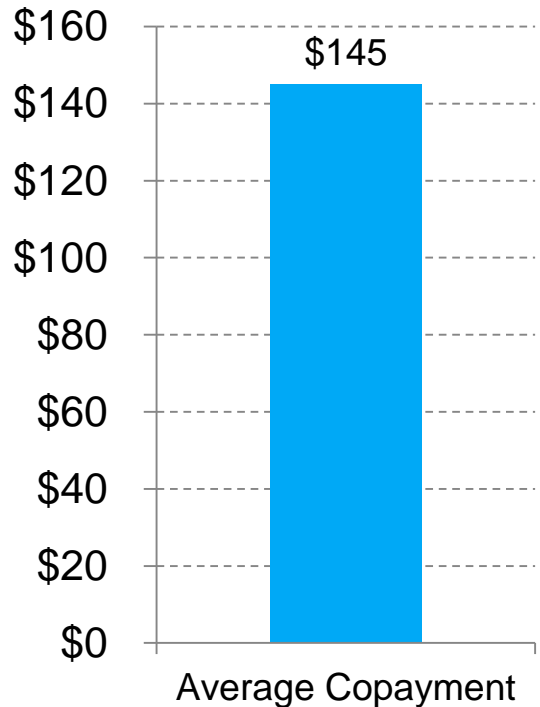
MTIs = Molecular Target Inhibitors ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Branded Molecular Target Inhibitors More Frequently Subject to Coinsurance, Averaging 32 Percent

## AVERAGE COPAYMENT AND COINSURANCE FOR **SINGLE SOURCE** **BRANDED MOLECULAR TARGET INHIBITORS**, **SILVER** PLANS

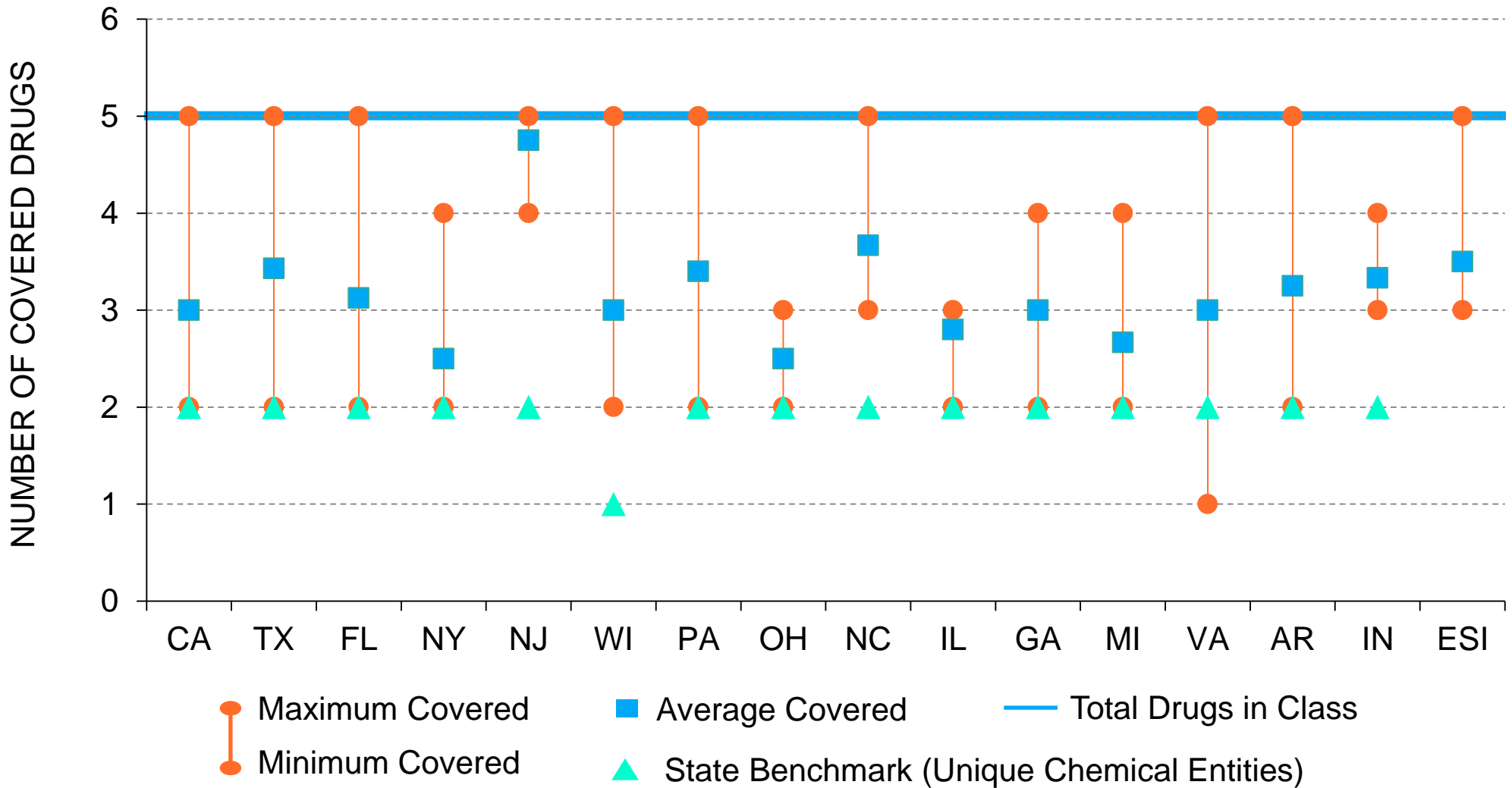


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Most Plans Cover One More Antiangiogenic Agent than Is Required

## NUMBER OF DRUGS COVERED IN ANTIANGIOGENIC AGENTS<sup>1</sup>



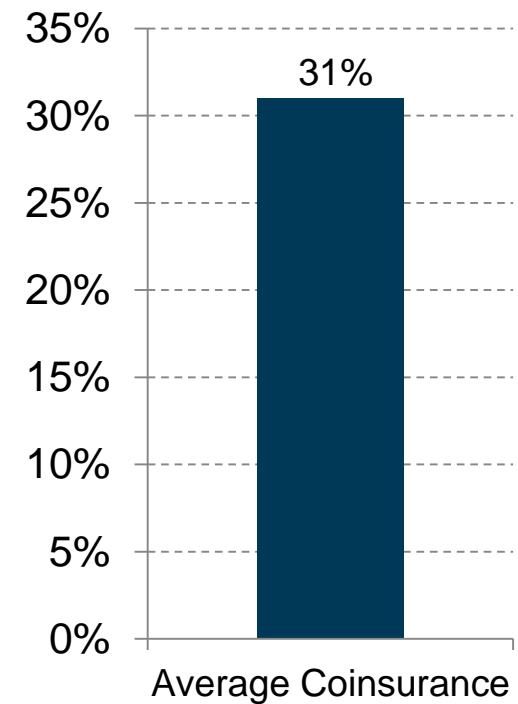
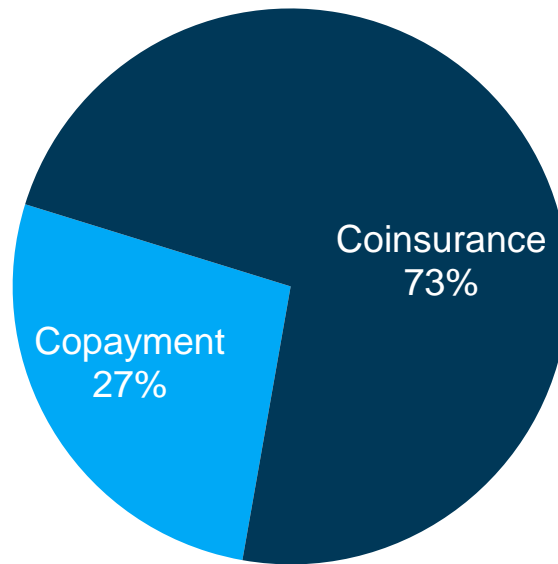
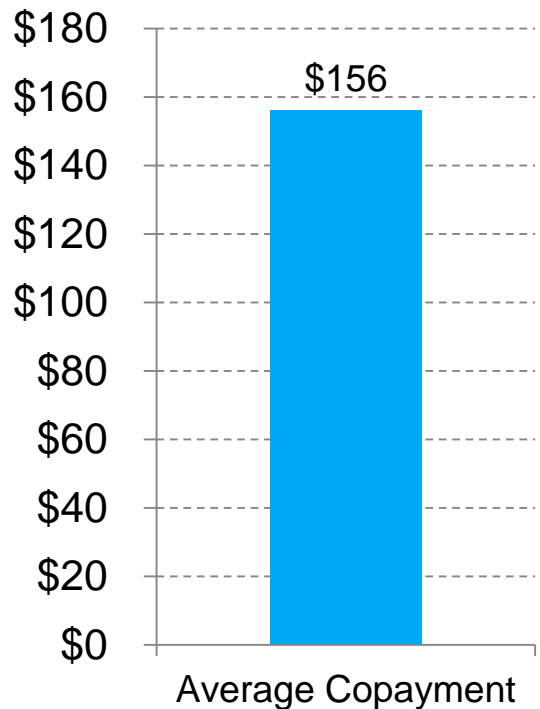
1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScope,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.

# Similar to Other Oncology Drugs, Branded Antiangiogenic Agents Most Often Subject to Coinsurance

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED ANTIANGIOGENIC DRUGS, SILVER PLANS

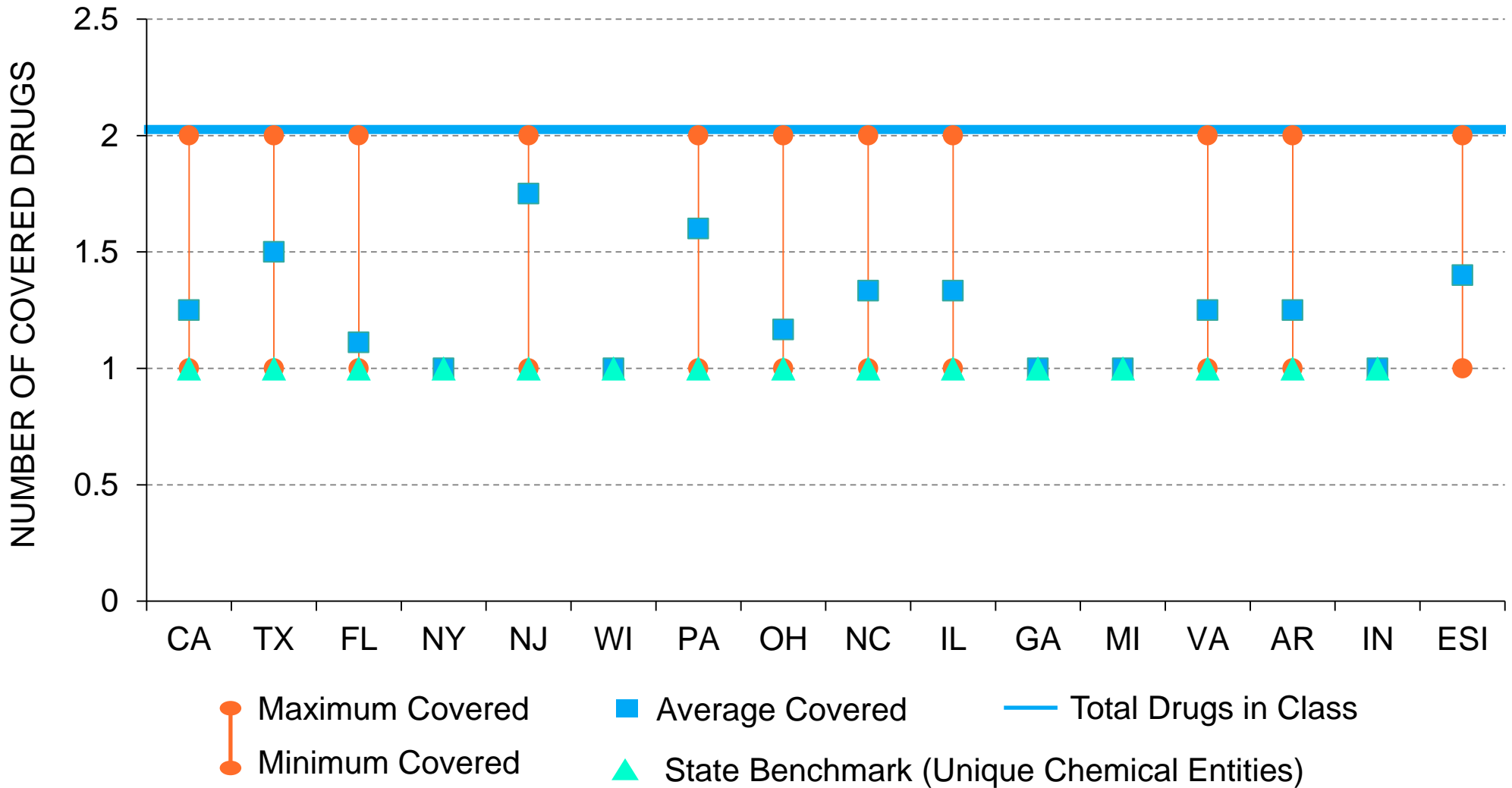


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# All States Require Coverage for 1 of 2 Marketed SERMs

## NUMBER OF DRUGS COVERED IN SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

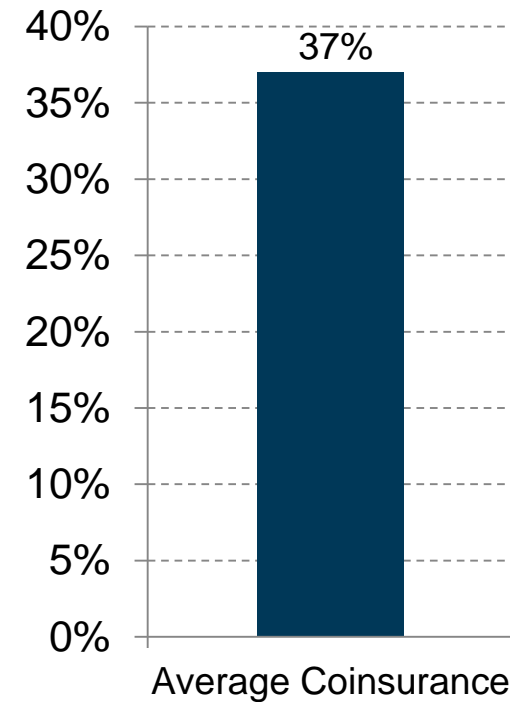
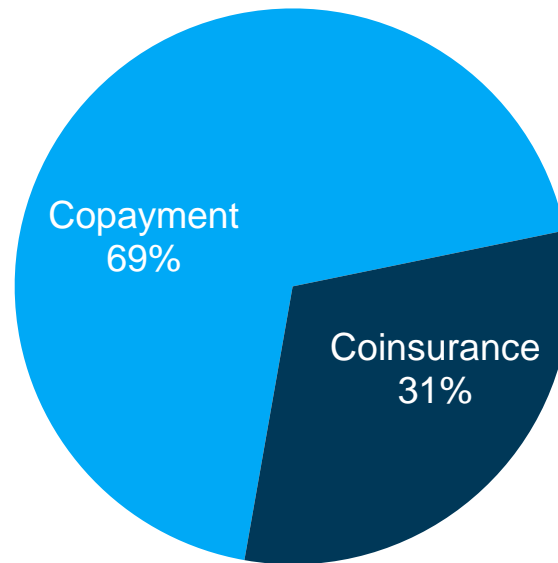
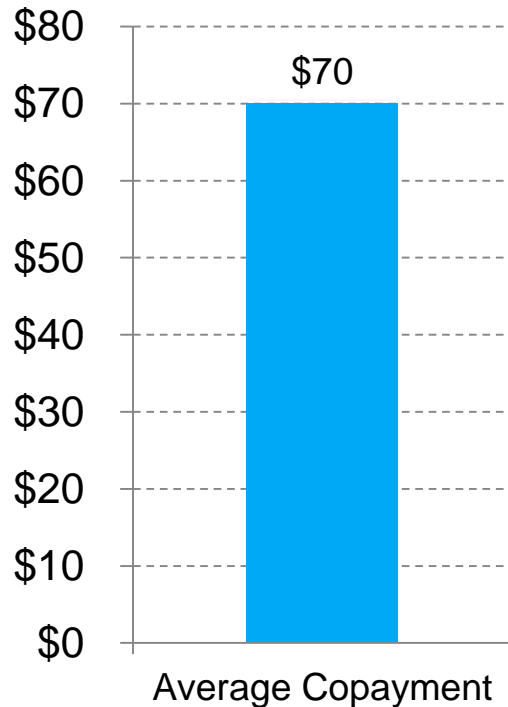
ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



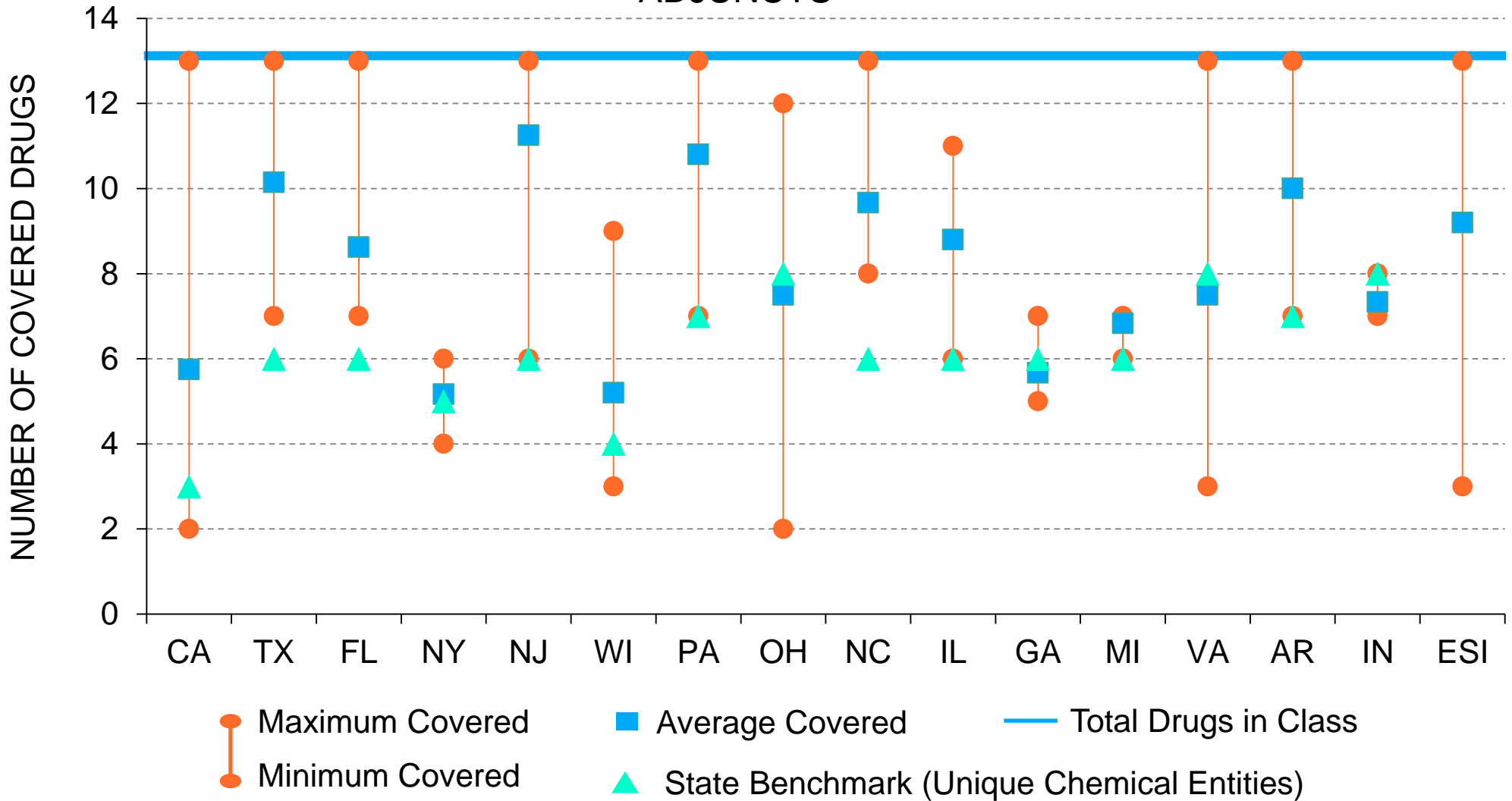
# Copayments, Averaging \$70, Most Prevalent for Branded Selective Estrogen Receptor Modifying Agents

## AVERAGE COPAYMENT AND COINSURANCE FOR **SINGLE SOURCE** **BRANDED SERMS**, **SILVER** PLANS



# Despite High Benchmarks for Emetogenics in IN, OH, and VA, Average Coverage Is Non-Compliant with Benchmark

## NUMBER OF DRUGS COVERED IN EMETOGENIC THERAPY ADJUNCTS<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

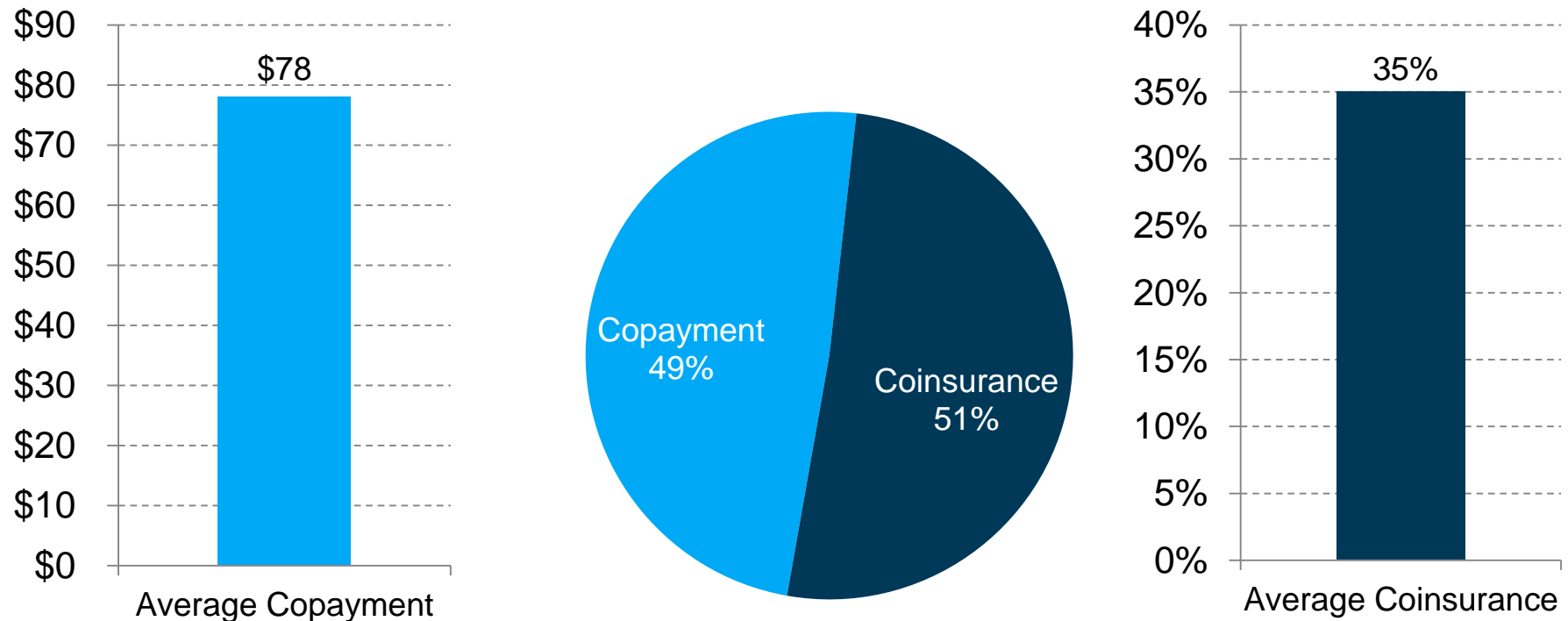
Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.





# Branded Emetogenic Therapy Adjuncts Are Subject to Copayment as Frequently as to Coinsurance

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED EMETOGENICS SILVER PLANS



Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.





## Formulary Analysis by Class: Additional Classes

# Other Classes: Drugs for Common Chronic Diseases Covered Generously

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## Coverage for Other Classes:

- Plans cover diabetes and asthma drugs very generously across top 15 states, with average number of drugs covered far exceeding state benchmark for chemical entities
- Coverage of immune suppressants is much higher than the benchmark in about half of top 15 states, remaining states' averages are close to, or even below, state minimums

## State Variation:

- Coverage is consistently generous across classes in NJ, PA, and NC, and in most classes in TX
- Plans in GA appear non-compliant with EHB minimums for antihepatitis agents, but coverage is generous in NJ, WI, and PA

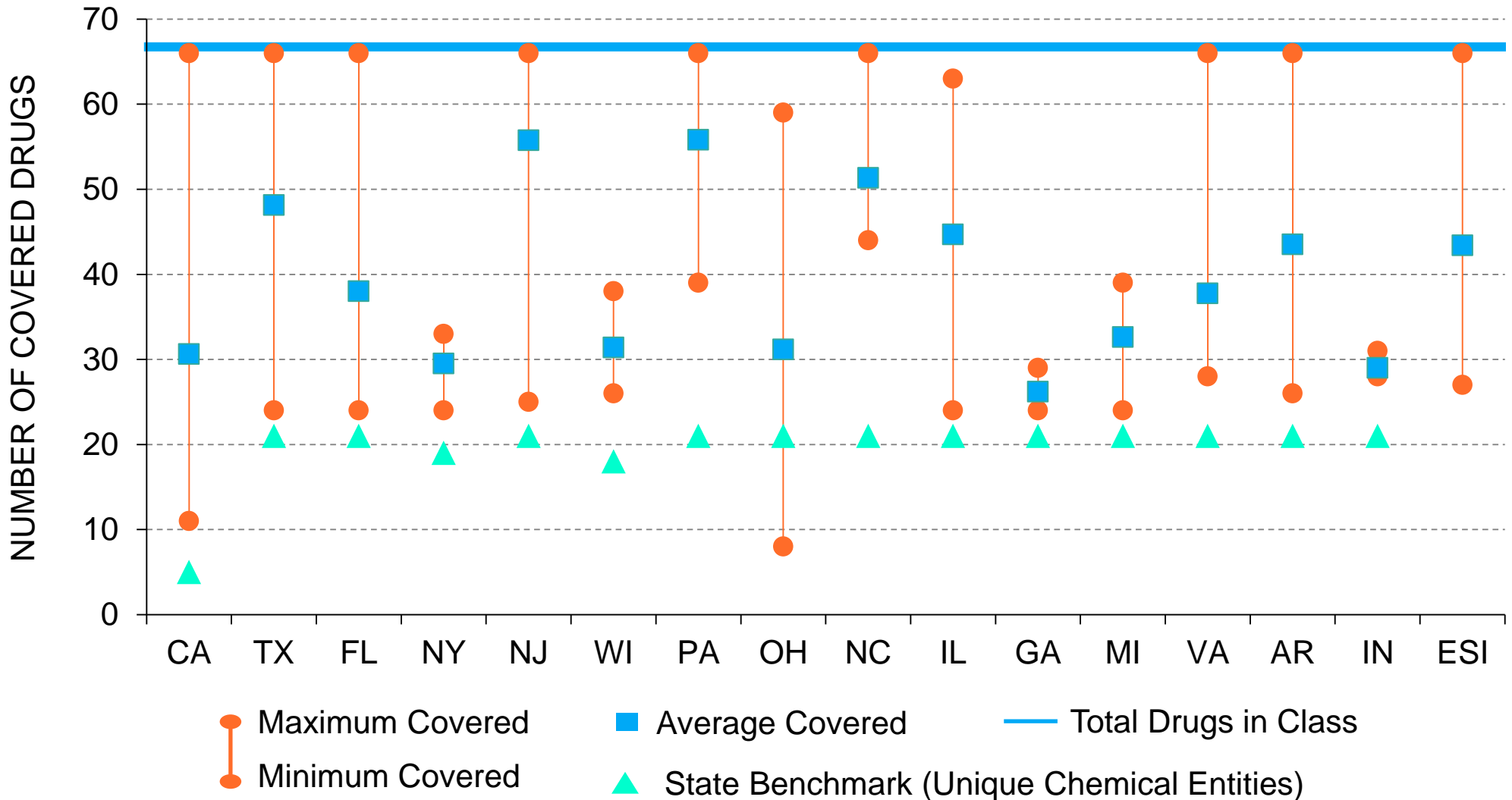
## Cost Sharing for Other Classes:

- Diabetes classes commonly subject to copayments, with averages under \$100; conversely, branded immune suppressants, anti-hepatitis agents, and MS agents face coinsurance frequently
- Copayments for asthma products are common, averaging \$68 across branded drugs in the sympathomimetic bronchodilators class and \$66 among branded inhaled corticosteroids



# While EHB Standards for Antidiabetic Agents Are Consistent Across Class, Average Coverage Varies Widely by State

NUMBER OF DRUGS COVERED IN ANTIDIABETIC AGENTS<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

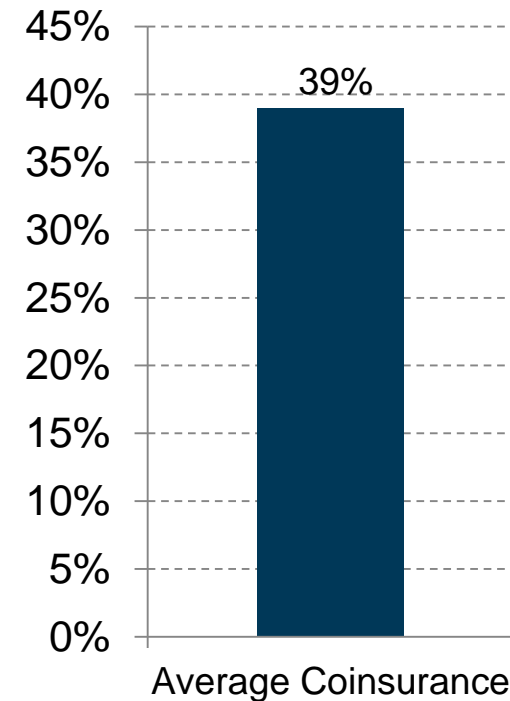
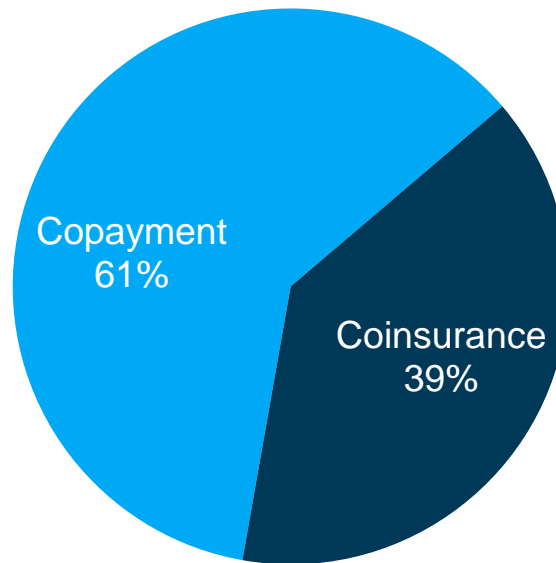
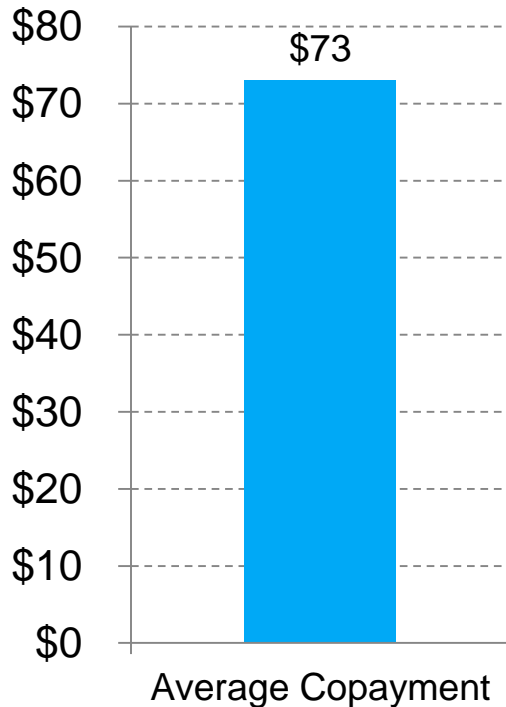
ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Branded Antidiabetic Agents Are More Commonly Subject to Copayments, Averaging \$73

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED ANTIDIABETIC AGENTS, SILVER PLANS

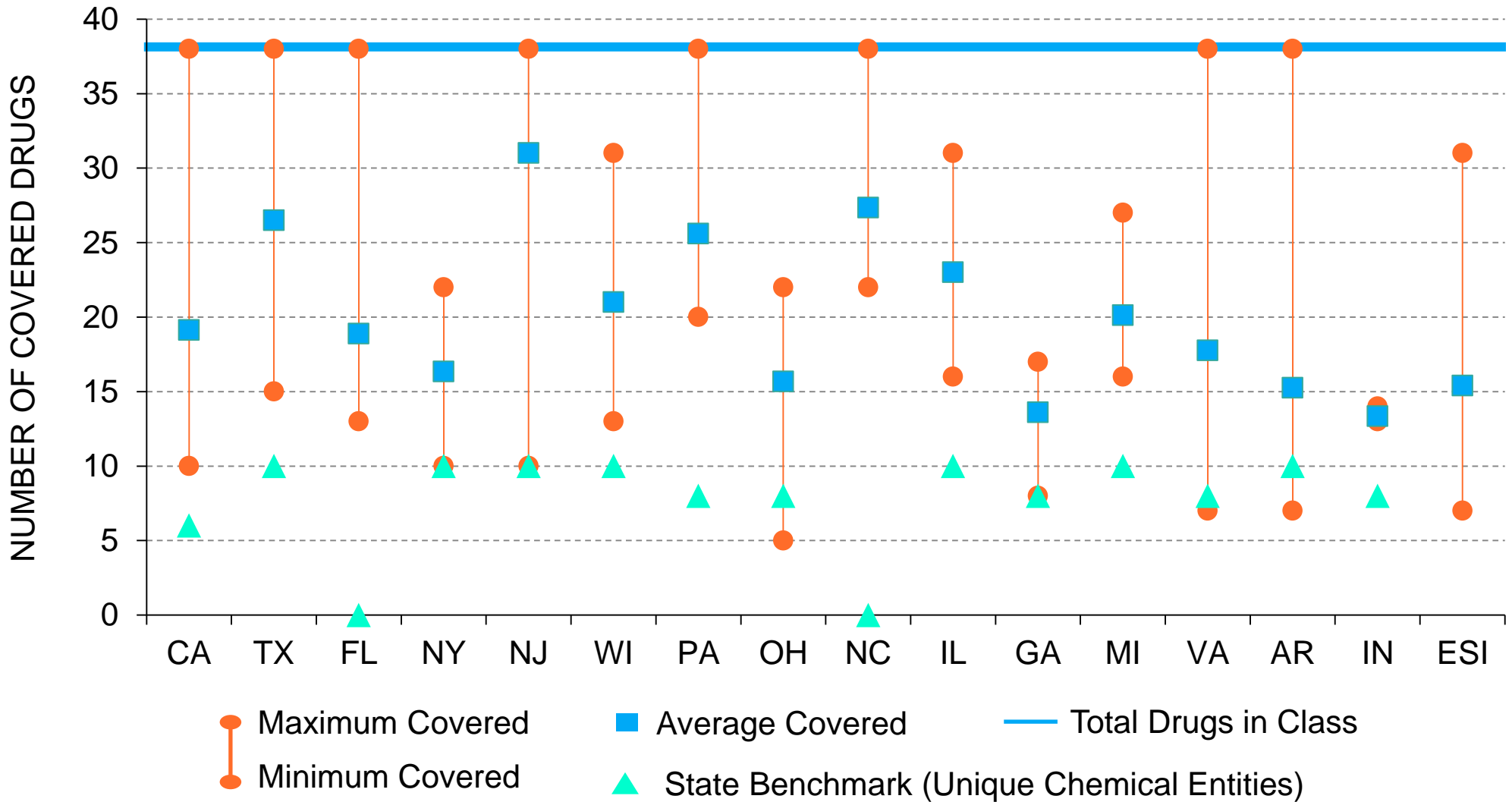


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Coverage of Insulins is Most Generous in NJ, But Significant Variation By Plan and State Exists

NUMBER OF DRUGS COVERED IN INSULINS<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

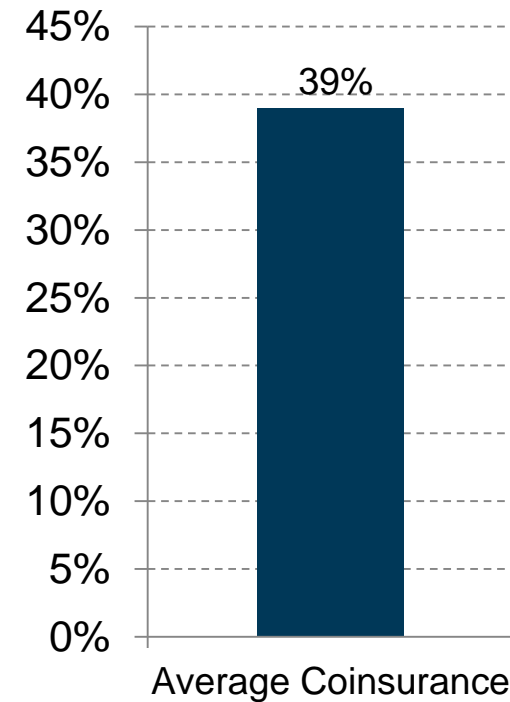
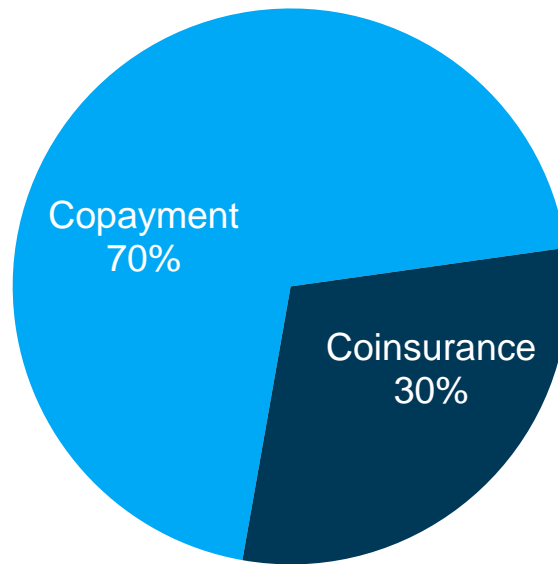
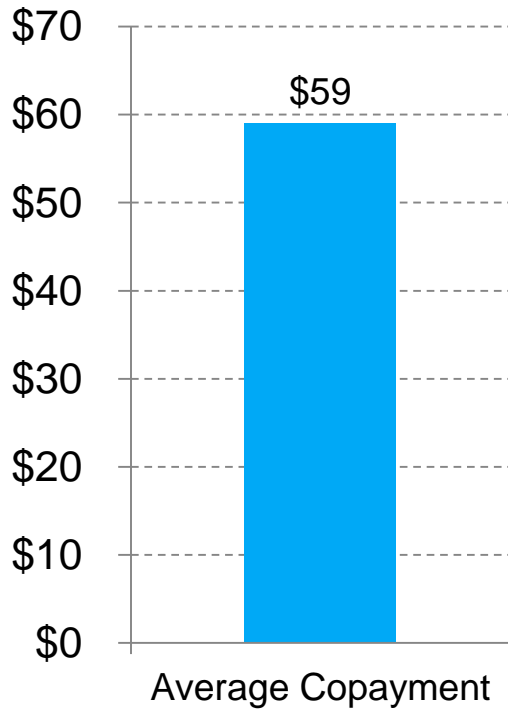
ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Branded Insulins Most Often Subject to Copayment, Averaging \$59

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED INSULINS, SILVER PLANS

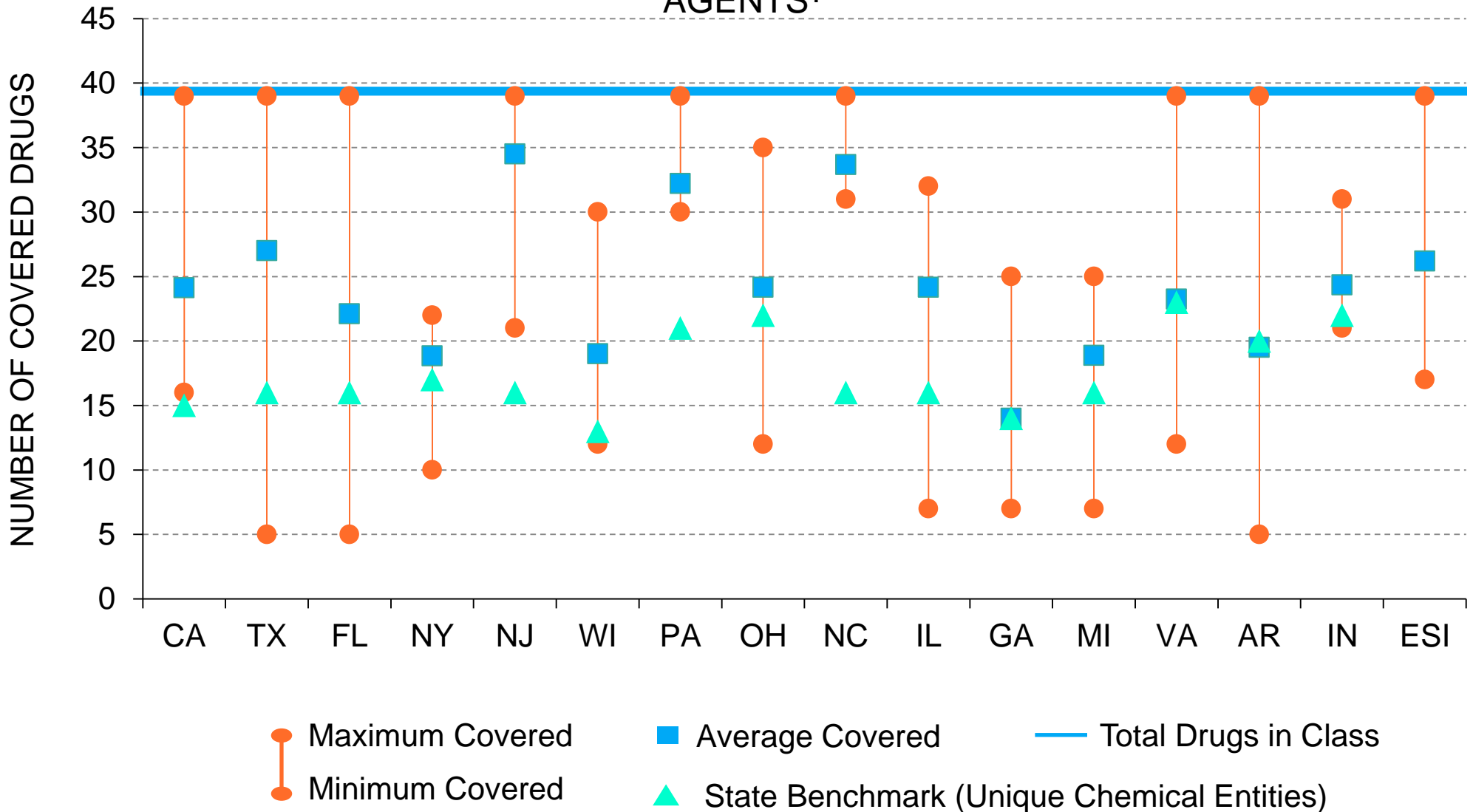


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Coverage of Immune Suppressants Most Generous in NJ, NC, and PA; Average Is Below Benchmark in AR

## NUMBER OF DRUGS COVERED IN IMMUNE SUPPRESSANTS AGENTS<sup>1</sup>



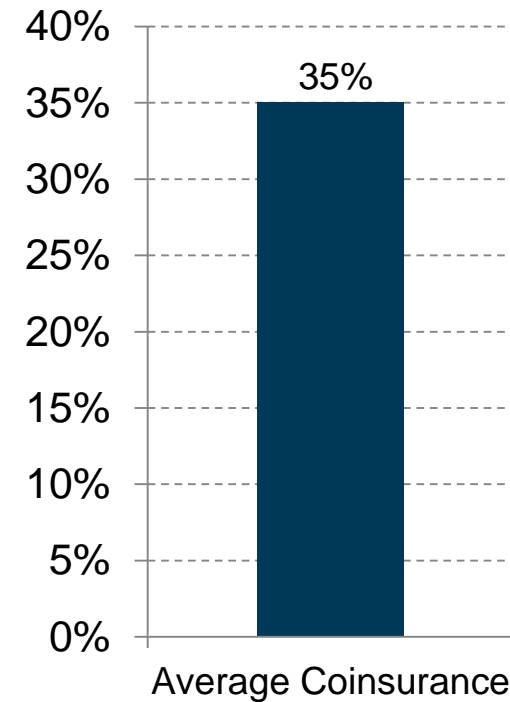
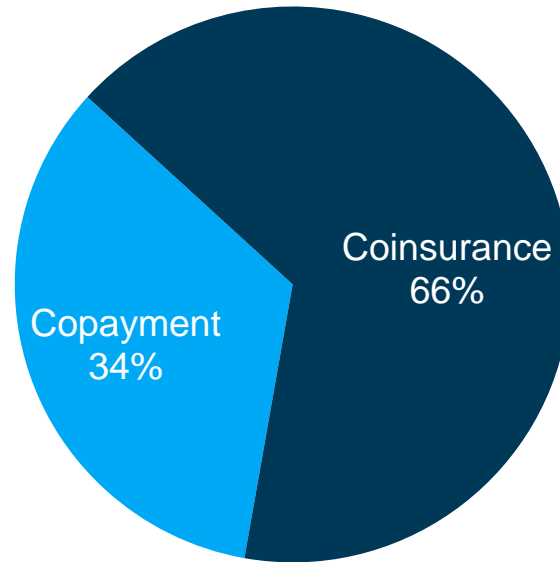
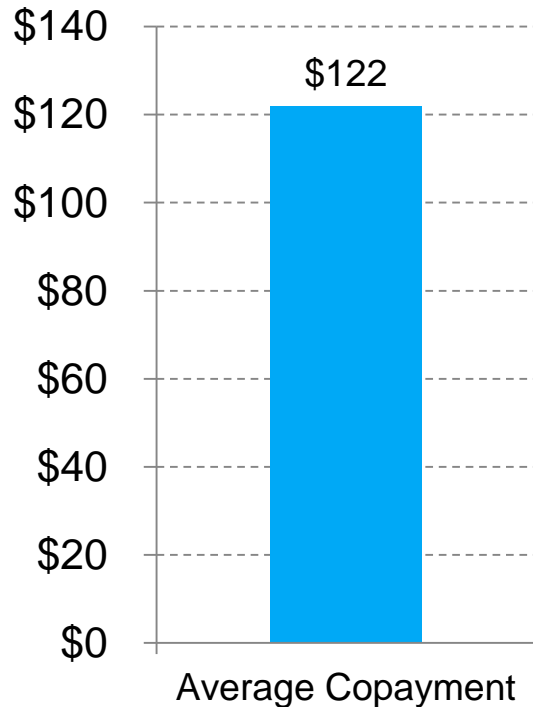
1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

Source: Avalere Health PlanScope,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Branded Immune Suppressants Face Coinsurance More than 60 Percent of the Time, Averaging 35%

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED IMMUNE SUPPRESSANTS, SILVER PLANS

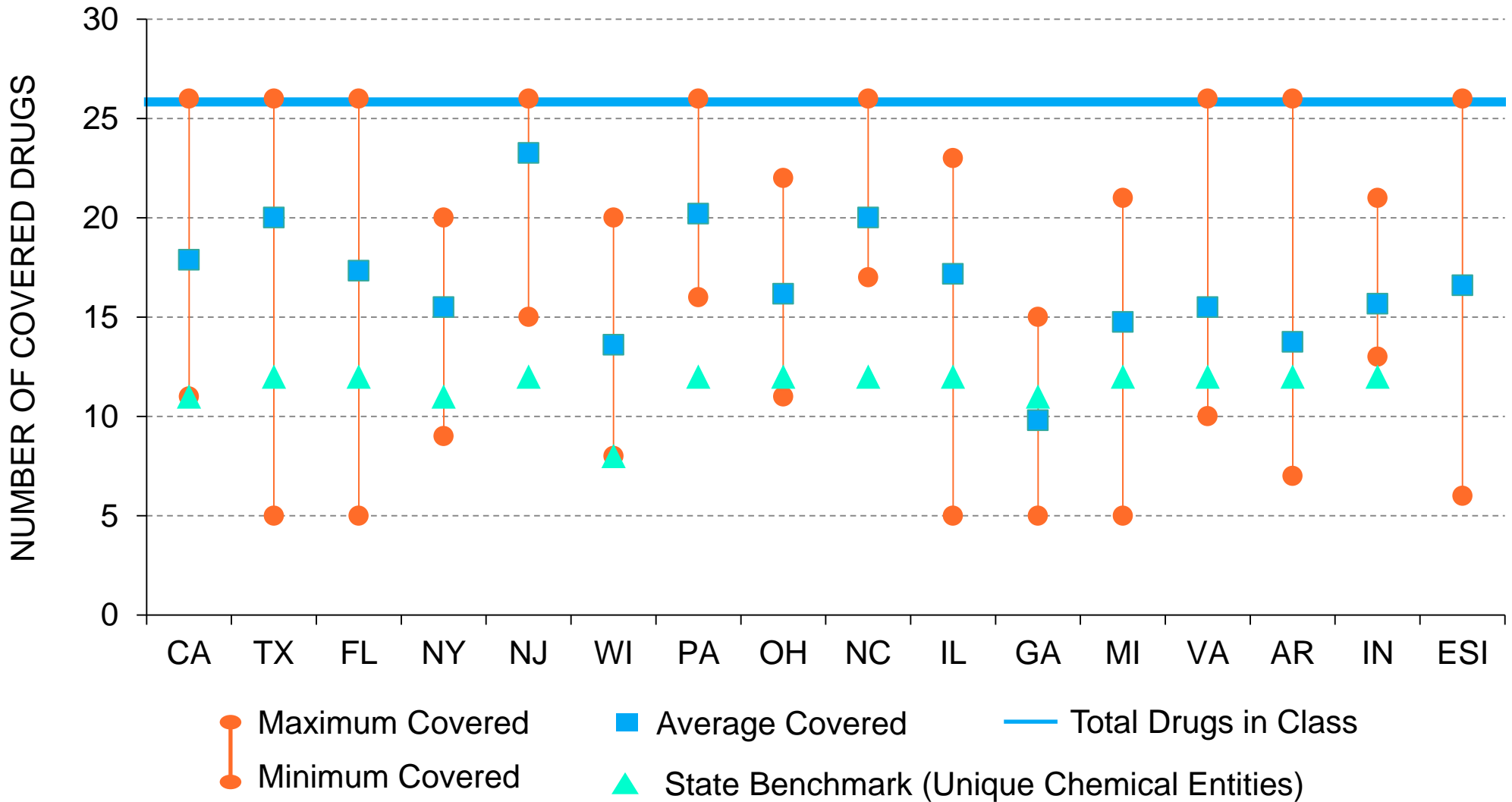


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Average Coverage for Antihepatitis Agents Falls Below Benchmark in GA

## NUMBER OF DRUGS COVERED IN ANTIHEPATITIS AGENTS<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

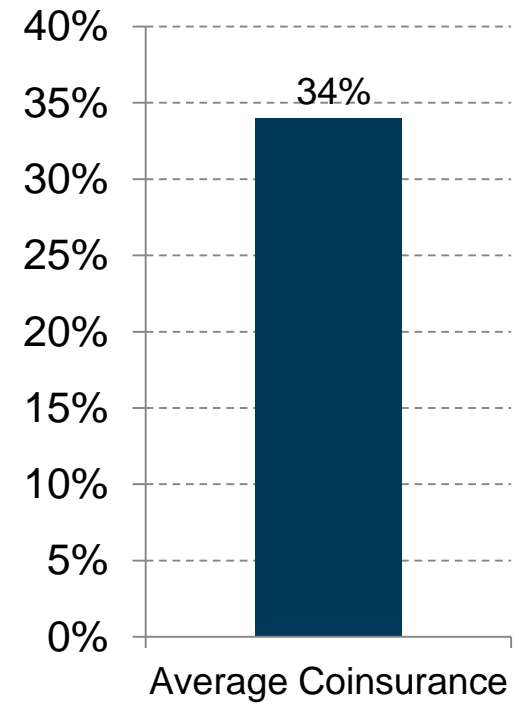
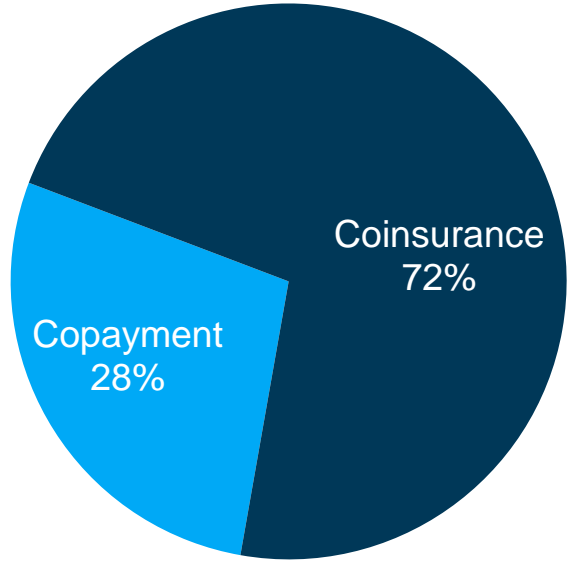
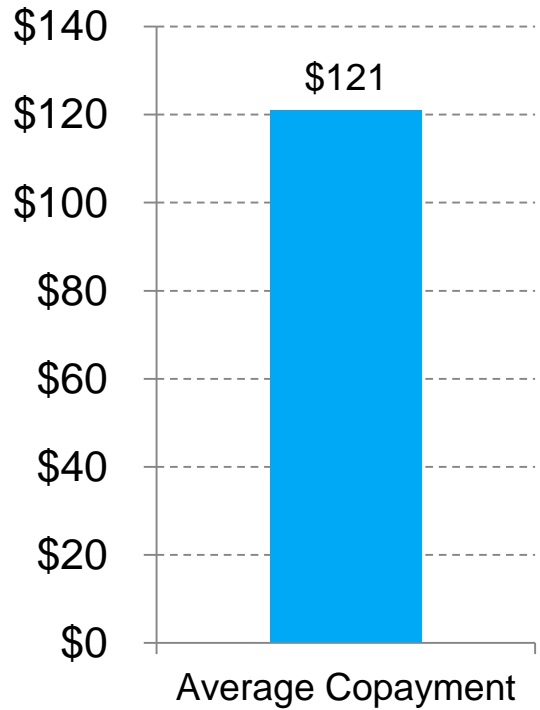
ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Branded Hepatitis Frequently Subject to Coinsurance

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED ANTIHEPATITIS, SILVER PLANS

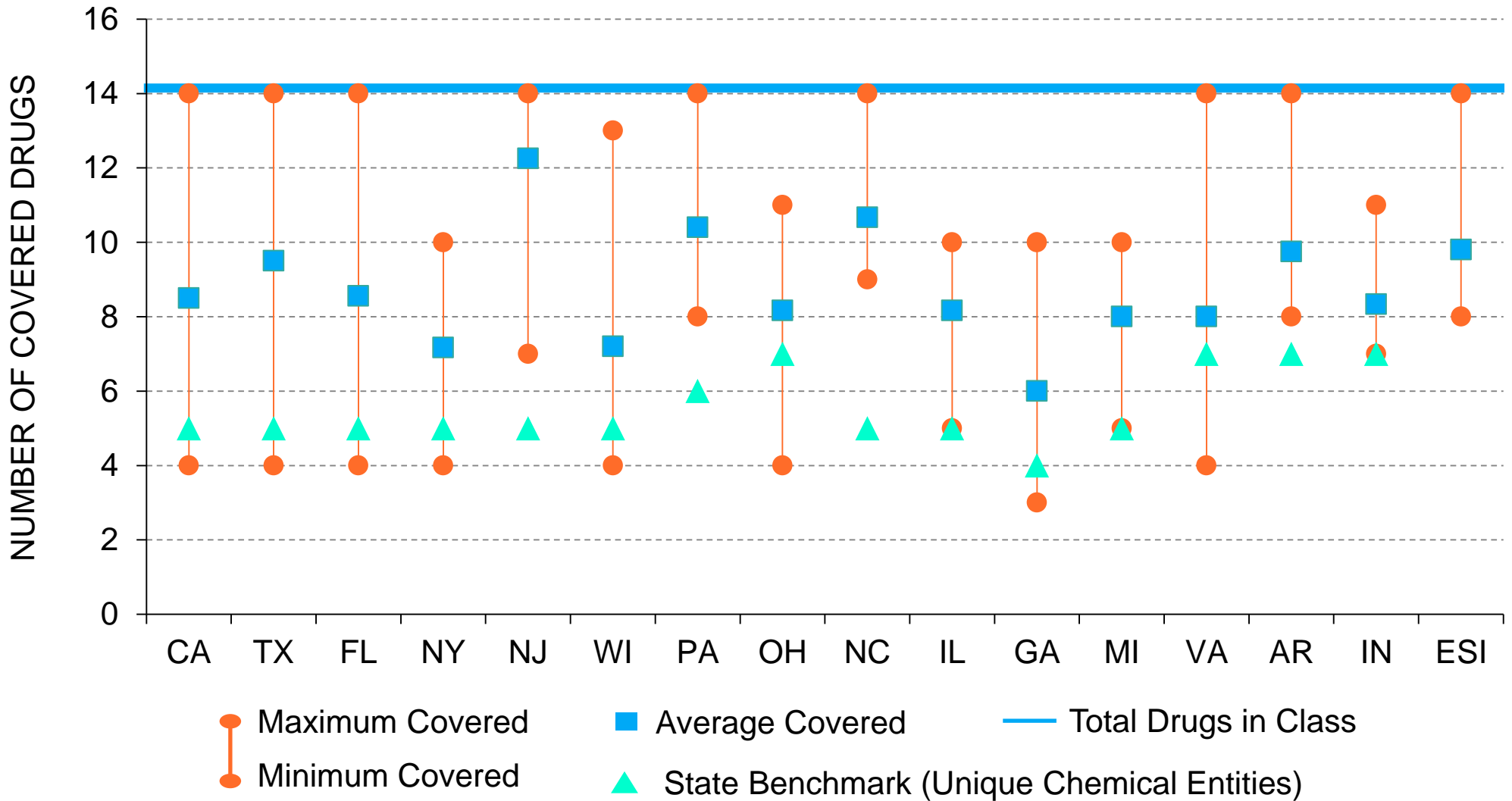


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Coverage of MS Agents Most Generous in AR, NC, NJ, and PA

## NUMBER OF DRUGS COVERED IN MULTIPLE SCLEROSIS AGENTS<sup>1</sup>



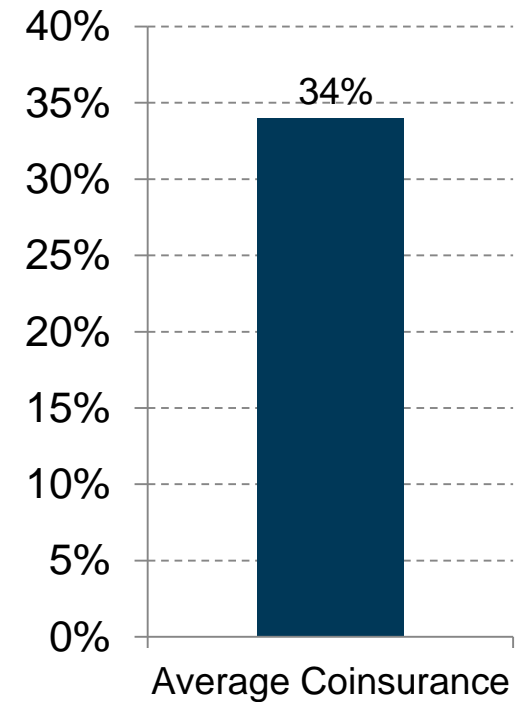
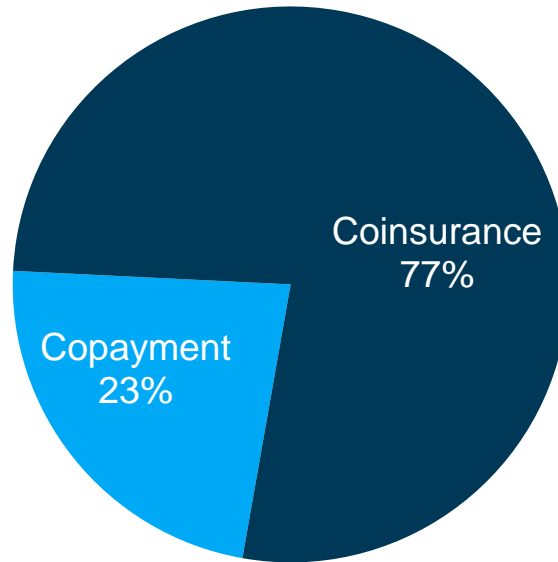
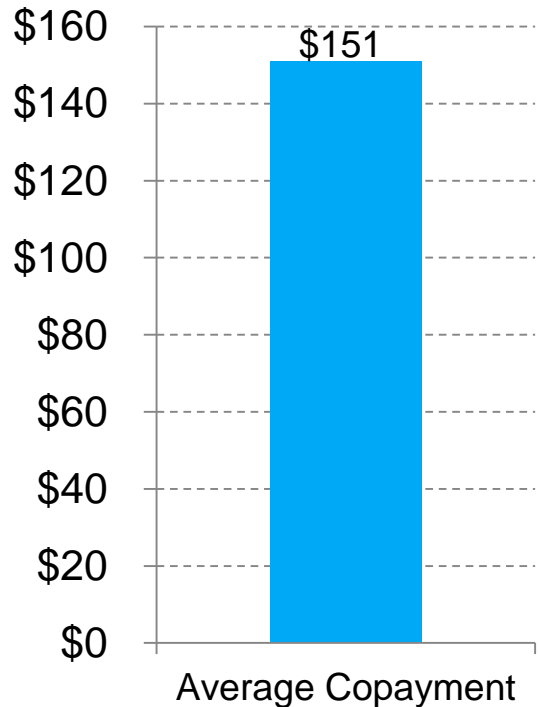
1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScope,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.

# Cost Sharing for Branded Multiple Sclerosis Agents Skews High, With Coinsurance Techniques Common

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED MULTIPLE SCLEROSIS AGENTS, SILVER PLANS

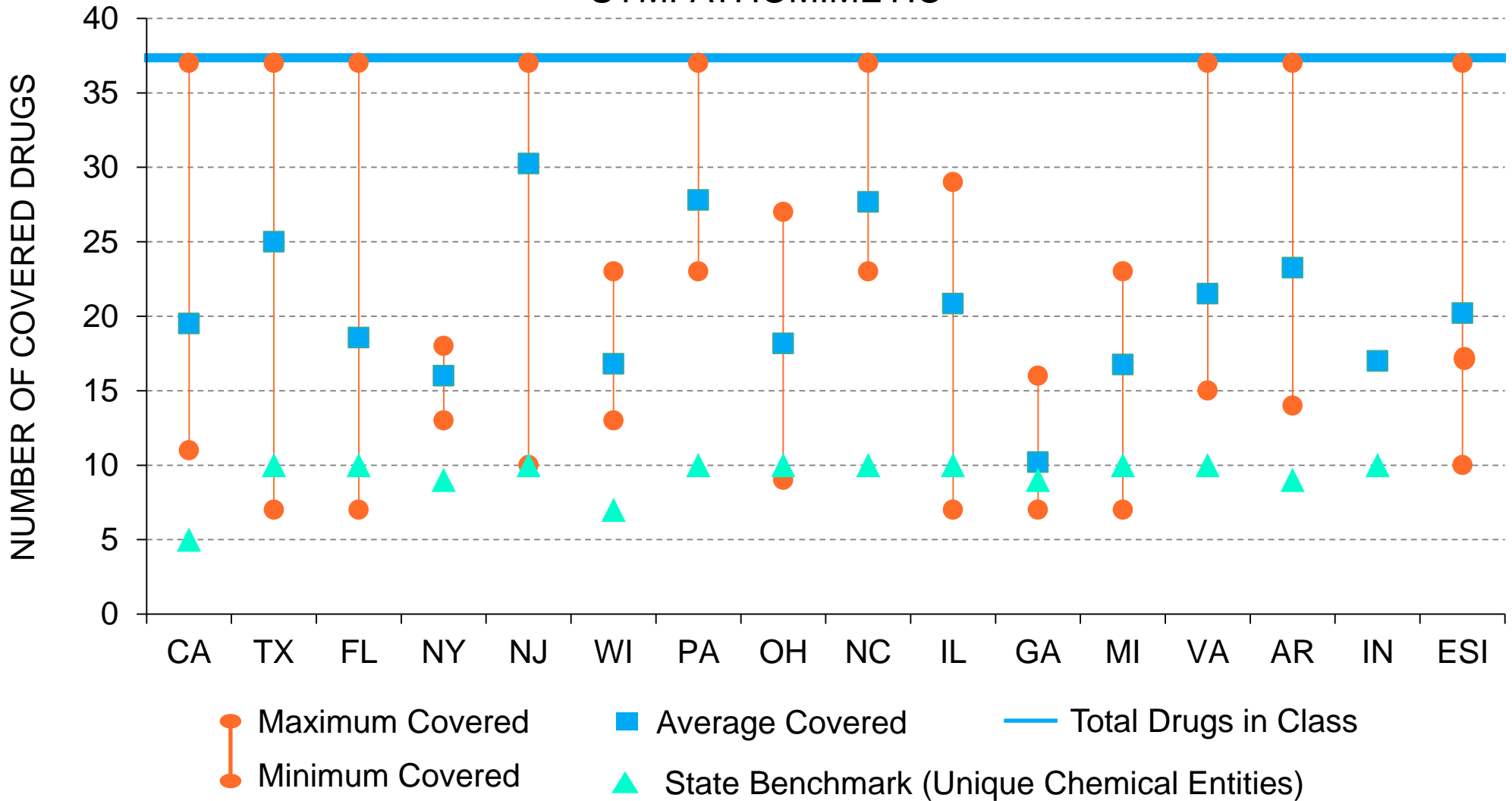


Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Wide Variation in Asthma Coverage Across Plans and States, with Consistently Low Coverage in GA

## NUMBER OF DRUGS COVERED IN BRONCHODILATORS, SYMPATHOMIMETIC<sup>1</sup>

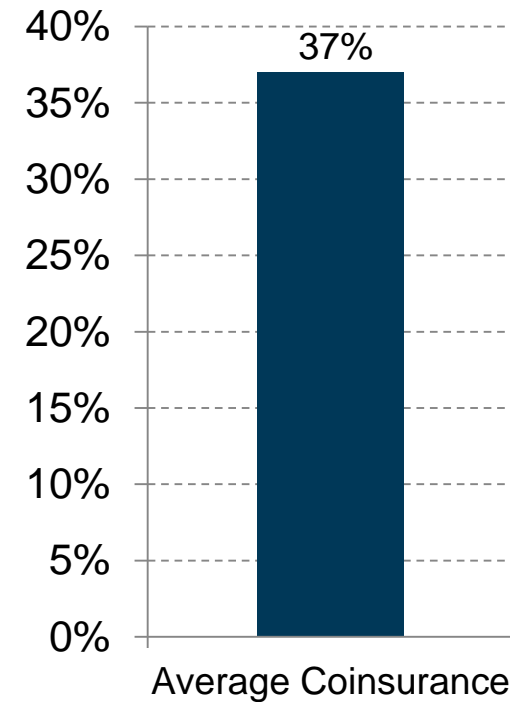
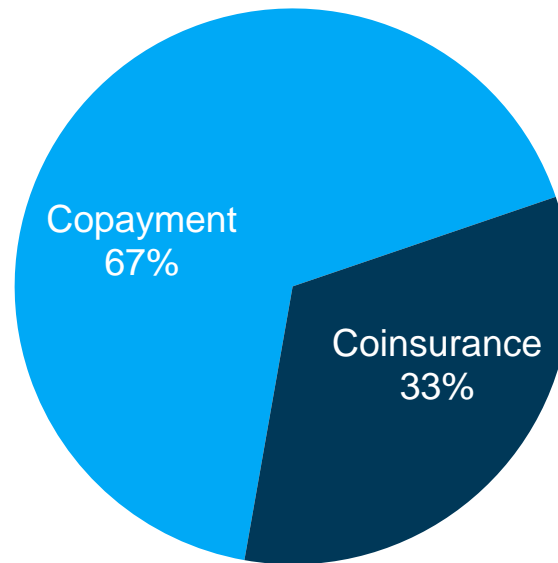
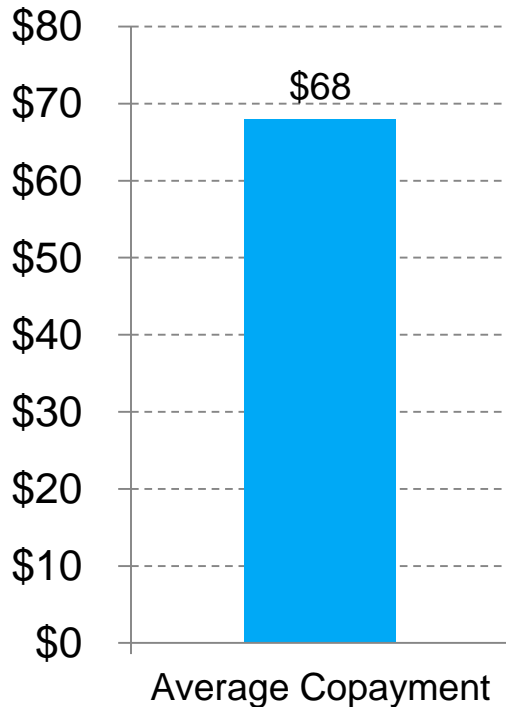


1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.

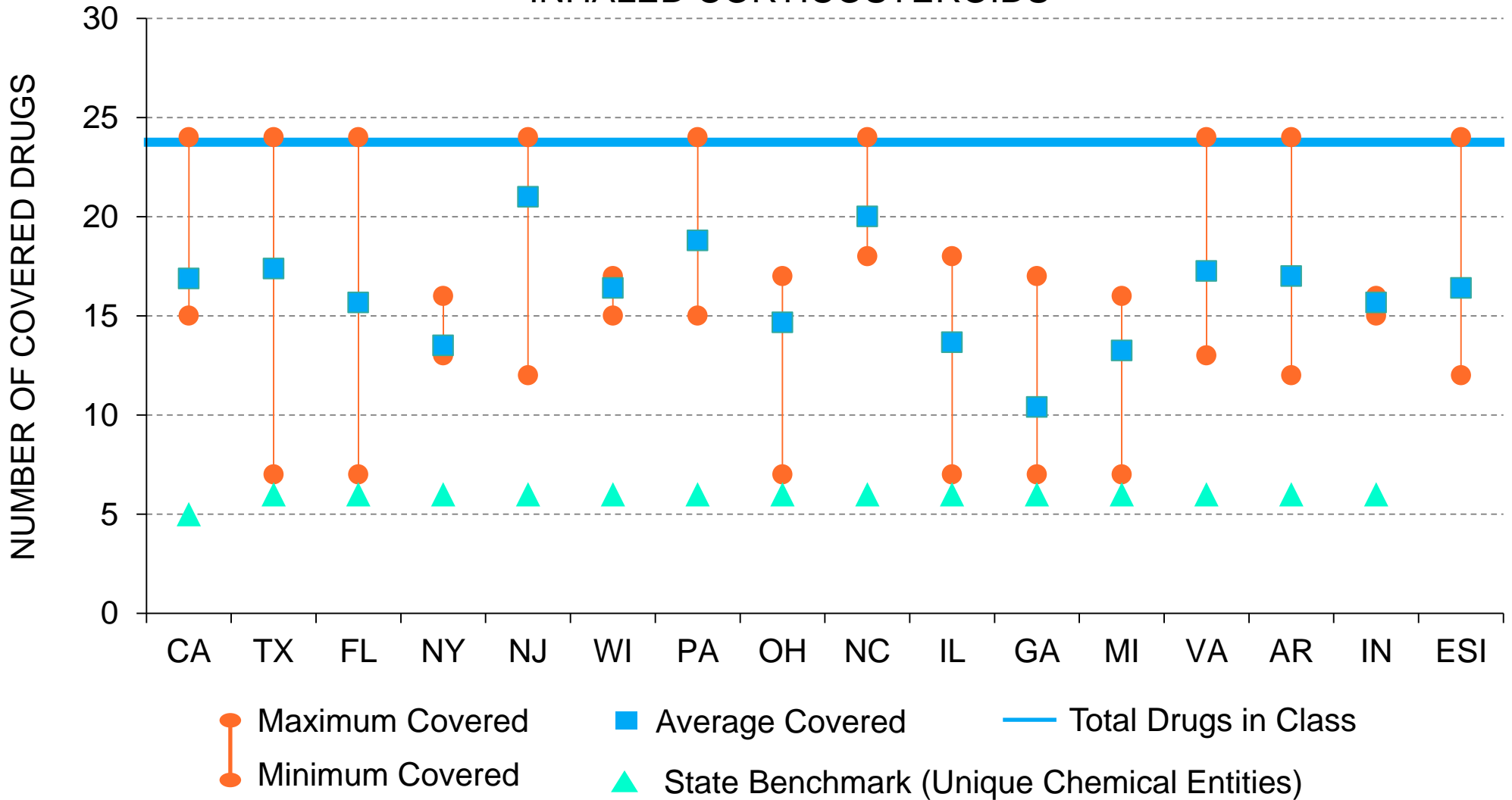
# Copayment for Branded Sympathomimetic Bronchodilators are Frequent, Averaging \$68

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED B<sub>2</sub> AGONISTS, SILVER PLANS



# Coverage of Class Most Generous in NC, NJ, and PA

## NUMBER OF DRUGS COVERED IN ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS<sup>1</sup>



1. Maximum, minimum, and average is count of all drugs in the class (brand, generics, and formulations receive a distinct count); conversely, state benchmark, is a count of unique chemical entities.

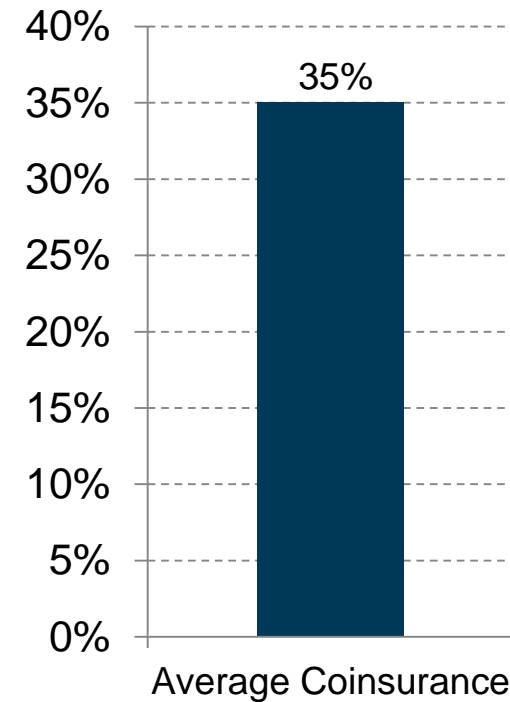
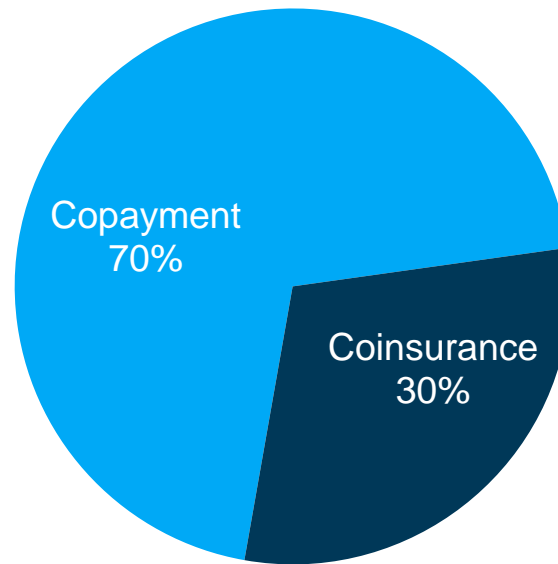
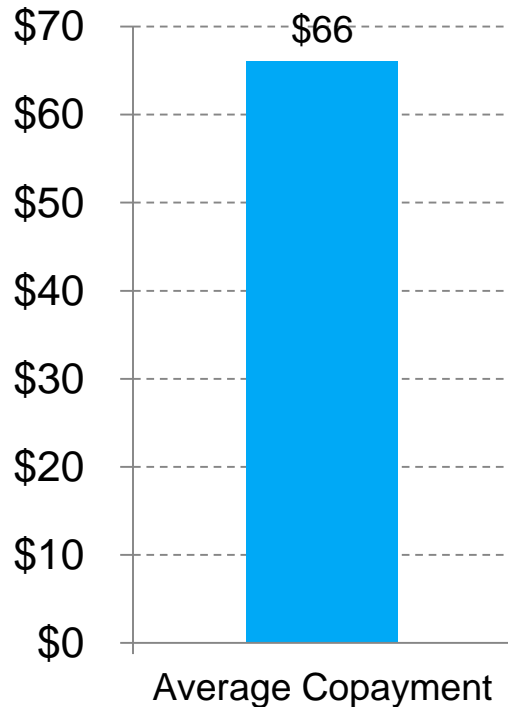
ESI = Employer-Sponsored Insurance

Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.



# Similarly, Copayment for Branded Inhaled Corticosteroids Common, Averaging \$66

## AVERAGE COPAYMENT AND COINSURANCE FOR SINGLE SOURCE BRANDED INHALED CORTICOSTEROIDS, SILVER PLANS



Source: Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.





## Appendix

# PlanScape™ Methodology: Snapshot

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## *84 FORMULARIES INCLUDED IN DATA SET*

- **Plan Selection**
  - 84 formularies from plans likely to win market share in the top 15 states by projected 2014 exchange enrollment
  - Formularies come from plans offered in zip codes in the largest city in all states and, in some cases, from the second largest city
  - Formularies include selections from low-cost silver and bronze plan options, low-cost strategic players (e.g., Medicaid managed care plans), and additional formularies in states with a high number of silver plan options and very high expected enrollment
- **Data Collection**
  - SBC and formulary data was collected directly from PDF documents posted on carrier websites
  - For a limited number of plans where we could not independently confirm benefit design info via SBC, we used information from FFM/SBE websites
- **Drug List Creation**
  - To develop the list of drugs per class, Avalere consulted the United States Pharmacopeia (USP) Medicare Model Guidelines v5.0 to obtain a listing of the USP Category, USP Class, and Example Drugs
  - Additional drugs were identified based on the USP Model v6.0 guidelines, Medi-Span®, and CenterWatch drug databases and internal clinical assessment to reflect updates not reflected in USP v 5.0
- While Avalere has made every effort to verify the accuracy of information, given the technical challenges facing both the federal and state exchanges at present, data discrepancies are possible



# PlanScape™ Methodology: Plan Selection

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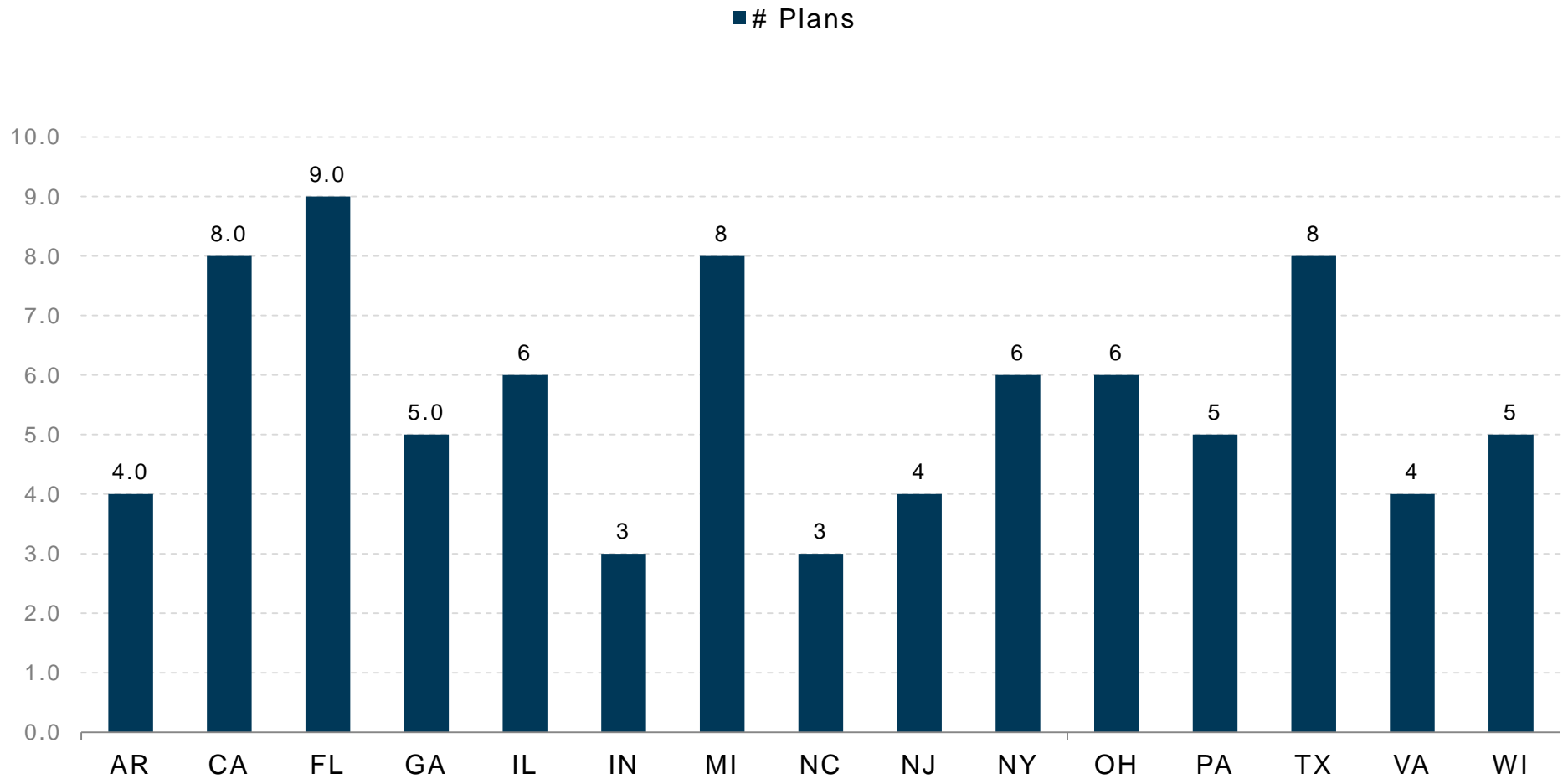
- Avalere analyzed a total of 84 plans in the top 15 states by enrollment. Avalere initially selected plans from a zip code in the largest city in each of these states. In some states, Avalere selected additional plans from a zip code in the second largest city in the state in order to include more of the carriers participating in those states
  - Avalere included plans from a zip code in the second largest city in the state for Florida, Ohio, Pennsylvania, and Virginia
- In order to best approximate plans that will have the greatest enrollment, Avalere selected the second lowest cost silver plan from a zip code in the largest city in each of the fifteen states
- Additionally, Avalere selected the lowest cost silver plan offerings from other sponsors in the zip code
  - Avalere plan selections represented over 90% of issuers in the largest zip code in each of the top 15 states
- In all states but NY, Avalere also selected the lowest cost bronze plan offering in each zip code from the same sponsor that offered the second lowest cost silver plan (where available) or the lowest cost silver plan\*
- Plan selections included offerings from national, regional, and local carriers. The sample includes Blues organizations, Medicaid MCO carriers, CO-OPs, and provider-sponsored organizations
- Where formulary and coverage documents were not publicly available for selected plans, we replaced those selections with other plans offered by the same carrier at the same metal level, or from another carrier in the same zip code using the selection criteria above

\*In NY, Avalere decided to include additional plan sponsors at the silver level and did not select a corresponding bronze plan for this state.  
CO-OPs = Consumer Operated and Oriented Plans      MCO = Managed Care Organization



# PlanScape™ Methodology: Distribution of Plan Sample By State

NUMBER OF PLANS IN SAMPLE BY STATE



# PlanScape™ Methodology: Employer Plan Data

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- Employer-sponsored insurance (ESI) data sample comes from formularies utilized by the following plans:
  - Largest federal employee health plan (FEHBP)
  - Large public, non-governmental, self-insured employer plan
  - Large, self-insured employer plan
  - National carrier plan sponsored by a large employer
  - National carrier plan sponsored by a mid-size employer
- ESI data available for coverage, utilization management, and tier placement
- Cost-sharing information not available for these plans because benefit design varies among within plan types



# PlanScape™ Methodology: Formulary Review Approach

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## ANALYZING PRESCRIPTION DRUG COVERAGE

- Formulary coverage is based on a drug's listing on the plan's published formulary
  - In some cases, formularies are not a complete list of the drugs covered by a plan. In other cases, brands listed on the formulary are solely to aid in identifying a formulary drug and do not indicate that a particular brand-name version of a drug is covered
  - Avalere reviewed carrier websites and other drug coverage documents to determine how to interpret each formulary, and relied on these documents to determine coverage information
- Formularies are subject to change. Avalere's analyzed 2014, exchange-specific formularies publicly available at the time of this analysis
- Avalere captured all coverage, tiering, and utilization management data available in public documents
  - Some formularies only report a subset of these data points. In these cases, data is captured in the analysis as having "No Data"
  - Utilization management data captured includes the following:
    - Prior authorization
    - Step therapy
    - Other UM: quantity limits and other restrictions that were not identified in formularies as prior authorization or step therapy, such as dose optimization, age and gender edits, or general indicators of utilization management



# PlanScape™ Methodology: Formulary Review Caveats

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## ANALYZING PRESCRIPTION DRUG COVERAGE

- Analysis represents cost-sharing requirements after the deductible, if any, is met
- SBCs may relay multiple cost sharing amounts for a particular formulary tier. Our analysis reflects the highest cost-sharing amount reported for that tier for a 30-day supply purchased at a retail pharmacy
- Avalere considered plans that require coinsurance up to a copayment cap (e.g., 25% coinsurance up to \$300) to be requiring coinsurance for that particular formulary tier
- Some plans require patients to pay an additional charge if they select a brand that has a generic equivalent available (“reference pricing”). This charge – often the difference in price between the brand and the generic – applies in addition to the copayment or coinsurance required for the brand drug itself, but is not reflected in our cost-sharing analysis
- Medicaid Benefit Notes: Some drugs are covered under a plan’s medical benefit. In cases where information about coverage of these products is available, Avalere listed the product as covered but without a specific formulary tier. However, in most cases, information on drugs covered under the medical benefit is not provided





# PlanScape™ Methodology: List of Plans Analyzed

## LIST OF PLANS ANALYZED BY STATE AND TYPE

State	# of Plans	Plan Type	Plan Name
AR	4	Regional	AR BCBS Bronze 6300, Silver 2500
		Local	QualChoice Silver Basic Plus
		Medicaid MCO	Ambetter Silver 2 (AR)
CA	8	National	Anthem Blue Cross Bronze 60 EPO, Silver 70 HMO
		Regional	Blue Shield of CA Silver 70 Enhanced PPO; Health Net CommunityCare HMO Silver \$45 / \$2,000; Kaiser Permanente CA Silver 2000/45
		Local	LA Care Silver HMO
		Medicaid MCO	Molina Bronze 60 HMO, Silver 70 HMO
FL	9	National	Aetna Classic 5000 (FL); Cigna myCigna Health Flex 1500; Coventry Silver \$10 Copay HMO Carelink; Humana Connect Silver 4600/6300 Plan (FL)
		Regional	FL Blue BlueSelect Everyday Health 1443, BlueSelect Essential (HSA) 1452, BlueCare Everyday Health 1477
		Local	Ambetter Silver 5 (FL); Molina Marketplace Silver Plan (FL)



# PlanScape™ Methodology: List of Plans Analyzed

## LIST OF PLANS ANALYZED BY STATE AND TYPE

State	# of Plans	Plan Type	Plan Name
<b>GA</b>	5	National	Anthem BCBS Silver DirectAccess w/HSA – cbbg; Humana National Preferred Bronze 6300/6300 Plan, National Preferred Silver 4250/6250 Plan
		Regional	Kaiser GA Silver 1750/25%/HSA
		Medicaid MCO	Ambetter Silver 5 (GA)
<b>IL</b>	6	National	Aetna Classic 5000 (IL); Coventry Silver \$10 Copay PPO Select; Humana Connect Silver 4600/6300 Plan (IL)
		Regional	BCBS of IL Blue Choice Bronze PPO 006, Blue Precision Silver HMO 002
		CO-OP	Land of Lincoln National Freedom PPO Plan
<b>IN</b>	3	National	Anthem BCBS Bronze DirectAccess – caca, Silver DirectAccess - cbds
		Medicaid MCO	MDwise Marketplace Silver Plan



# PlanScape™ Methodology: List of Plans Analyzed

## LIST OF PLANS ANALYZED BY STATE AND TYPE

State	# of Plans	Plan Type	Plan Name
<b>MI</b>	8	National	Humana Connect Bronze 6300/6300 Plan, Connect Silver 4600/6300 Plan (MI)
		Regional	BCBS of Michigan Select Silver, Premier Silver; Health Alliance Personal Alliance 2500
		Local	Total Health Care Totally You
		Medicaid MCO	Molina Marketplace Silver Plan (MI)
		CO-OP	Consumers Mutual Choice - Low Deductible
<b>NC</b>	3	National	Coventry Bronze 100% HMO HSA Eligible Carolinas HealthCare System, Silver \$10 Copay POS Carolinas HealthCare System
		Regional	BCBS of NC Blue Value Silver 3000
<b>NJ</b>	4	Regional	Horizon BCBS of NJ Advance EPO Silver
		Local	AmeriHealth NJ Tier 1 Advantage Bronze EPO HSA
		CO-OP	Health Republic Insurance of NJ Solid Silver



# PlanScape™ Methodology: List of Plans Analyzed

## LIST OF PLANS ANALYZED BY STATE AND TYPE

State	# of Plans	Plan Type	Plan Name
NY	6	Regional	EmblemHealth Select Care Silver; Empire BCBS Silver Guided Access w/HSA - cdib
		Local	Oscar Silver Edge
		Medicaid MCO	Fidelis Care Silver; MetroPlus SilverPlus-S1
		CO-OP	Health Republic PrimarySelect EPO Silver Plan
OH	6	National	Anthem BCBS Bronze DirectAccess – cabu, Silver DirectAccess - cbwl
		Regional	Kaiser Silver 1750/25%/HSA
		Medicaid MCO	CareSource Just4me Dental and Vision! Healthcare with Heart; Molina Marketplace Silver Plan (OH)
		Provider Sponsored	SummaCare Individual 5000



# PlanScape™ Methodology: List of Plans Analyzed

## LIST OF PLANS ANALYZED BY STATE AND TYPE

State	# of Plans	Plan Type	Plan Name
PA	5	National	Aetna Classic 5000 (PA)
		Regional	Highmark Shared Cost Blue PPO 2650 a Community Blue Plan; Independence Blue Cross Personal Choice PPO Bronze Reserve, Keystone HMO Silver
		Provider Sponsored	UPMC Advantage Value Silver Select
TX	8	National	Aetna Classic 5000 (TX); Blue Cross Blue Shield Solution 4, a Multi-State Plan; Cigna myCigna Health Flex 2750; Humana Connect Silver 4600/6300 Plan (TX)
		Regional	BCBS of TX Blue Advantage Bronze HMO 006, Blue Advantage Silver HMO 004
		Medicaid MCO	Community Care Silver; Molina Marketplace Silver Plan (TX)
VA	4	National	Anthem BCBS HealthKeepers Bronze DirectAccess w/HSA – caas, HealthKeepers Silver DirectAccess - cbau
		Regional	CareFirst BlueChoice HSA Silver \$1,300 (VA)
		Provider Sponsored	Optima Vantage FourSight 3500 80%

# PlanScape™ Methodology: List of Plans Analyzed

## LIST OF PLANS ANALYZED BY STATE AND TYPE

State	# of Plans	Plan Type	Plan Name
VA	4	National	Anthem BCBS HealthKeepers Bronze DirectAccess w/HSA – caas, HealthKeepers Silver DirectAccess - cbau
		Regional	CareFirst BlueChoice HSA Silver \$1,300 (VA)
		Provider Sponsored	Optima Vantage FourSight 3500 80%
WI	5	National	Anthem BCBS Bronze DirectAccess w/HSA – caar, Silver DirectAccess - cbds
		Local	Arise Healthy1Engage
		Medicaid MCO	Molina Marketplace Silver Plan (WI)
		CO-OP	Common Ground Envision - Silver 3000/80

