



2014 Individual Exchange Policies in Four States: An Early Look for Patients with Blood Cancer

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
BACKGROUND TO THIS STUDY	3
INSURANCE PRODUCTS OFFERED ON AND OFF THE EXCHANGE	3
CHOICE OF STATES	4
IMPORTANT ORAL DRUGS FOR TWO BLOOD CANCERS	4
NATIONAL CANCER INSTITUTE DESIGNATED CANCER CENTERS AND TRANSPLANT CENTERS	6
SELECTED ELEMENTS OF PLAN DESIGN	7
PREMIUM RATES	7
FINDINGS	9
FORMULARY COVERAGE	9
COVERAGE OF CANCER CENTERS / TRANSPLANT CENTERS	10
BENEFIT DESIGN ELEMENTS	10
PREMIUM RATES	11
METHODOLOGY AND SOURCES	12
INSURANCE PRODUCTS EXAMINED	12
IMPORTANT ORAL DRUGS	12
NCI CANCER CENTERS AND TRANSPLANT CENTERS	12
SELECTED ELEMENTS OF PLAN DESIGN	12
PREMIUM RATES	12
LIMITATIONS	13
APPENDIX	14
SUMMARY OF COVERED DRUGS	14
SUMMARY OF CANCER CENTERS / TRANSPLANT CENTERS	19
SUMMARY OF BENEFIT DESIGNS	23
SUMMARY OF PREMIUM RATES	32
DATA SOURCES	37

EXECUTIVE SUMMARY

This report provides an early look at the 2014 individual benefit designs and premiums for policies sold on four state health insurance exchanges—California, New York, Florida, and Texas. We focus on several items that are very relevant to people with blood cancer—which drugs are covered and whether cancer centers and transplant centers designated by the National Cancer Institute are covered.

The Patient Protection and Affordable Care Act (ACA) mandates the creation and operation of exchanges by 2014. The exchanges are marketplaces for individuals to purchase health insurance, where certain low-income individuals will be eligible for premium and cost-sharing subsidies. Some exchanges are operated by states, while others are operated partially or completely by the federal government.

Many ACA rules will make obtaining insurance easier for people with blood cancer or other serious conditions. ACA rules for individual and small group “Qualified Health Plans” (QHPs) also require comprehensive coverage—the essential health benefits (EHBs), which can vary by state. To allow buyers to make apples-to-apples comparisons among insurance company offerings, all QHPs must meet standard benefit design values—platinum, gold, silver, or bronze (known as the “metallic plans”).

The ACA rules do permit variation among exchange plans, and these variations can be significant for services important to people with blood cancer. This variation among plans is high in the initial 2014 exchange launch, but the authors believe it may diminish in future years as competing insurers converge toward lower-cost and more restrictive features. Based on our review of four states—California, New York, Florida and Texas, we have the following high-level observations:

- Many QHPs include only a limited number of National Cancer Institute designated cancer centers or transplant centers in their networks. This could discourage enrollment in these QHPs or result in non-coverage of treatments that would otherwise be recommended for some patients with blood cancer. We note that expert care and clinical trials can be provided outside NCI-designated cancer centers.
- As expected, we found high cost-sharing levels for the silver and bronze plans, which most observers expect to be the most popular choices because they will have the lowest premium rates. Deductibles for silver and bronze plans were often at least \$2,000 and at least \$4,000, respectively.
- Within particular cities, there is significant variation in premium rates.
- Among the drugs that are important for people with blood cancer, there is variation from plan to plan in which drugs are covered.

The annual out-of-pocket limits set for 2014 – \$6,350 for an individual policy and \$12,700 for a family policy – are particularly important to people with blood cancer because their treatments can be very expensive. Some insurers offer plans in some states with lower out-of-pocket limits. However, the out-of-pocket limit does not apply to non-covered drugs or treatment centers.

Details of our findings are included in the Appendix.

We caution the reader that the technical issues with exchanges combined with the rapid implementation of the metallic plans mean the information we obtained could be incomplete or may change. Insurers are likely to change their offerings for the 2015 calendar year, and may well update or change the information they are providing for the 2014 calendar year. We believe the information in this report fairly presents data as of mid-November 2013 for insurers in selected major cities, although we did obtain data in mid-December 2013 for other insurers; new or more complete information may become available over time.

This report was commissioned by The Leukemia & Lymphoma Society (LLS), a voluntary health agency dedicated to blood cancer. LLS funds blood cancer research and provides free information and support services. LLS received funding from Celgene, Millennium, Novartis, Genentech, and GlaxoSmithKline for this work. This report should not be interpreted as an endorsement of any particular legislation by Milliman or the authors. One of the authors, Bruce Pyenson, is a member of the American Academy of Actuaries and meets the qualification standards to render the opinions expressed in this report. The report reflects the authors' findings and opinions. Because extracts of this report taken in isolation can be misleading, we ask that this report be distributed only in its entirety.

BACKGROUND TO THIS STUDY

This section provides summary information on exchanges and the key benefit issues we examined. A complete explanation of exchanges is not provided here, and we refer the reader to more complete treatments.¹

INSURANCE PRODUCTS OFFERED ON AND OFF THE EXCHANGE

Under ACA, qualified health plans (QHPs), whether sold on or off of exchanges must meet one of the following benefit design value standards:²

- Platinum, with 90% actuarial value (roughly 10% cost sharing)
- Gold, with 80% actuarial value (roughly 20% cost sharing)
- Silver, with 70% actuarial value (roughly 30% cost sharing)
- Bronze, with 60% actuarial value (roughly 40% cost sharing)

For a group of metallic products sold by a given insurer, the premium rates will be highest for a platinum plan, followed by gold, silver, and finally bronze with the lowest premium rates. However, different insurers have different premiums. The metallic standards allow the buyer to price-shop among competing insurers for a particular metallic plan.

In 2014, an out-of-pocket maximum no higher than \$6,350 for individual coverage or \$12,700 for family coverage, is required for any of the metallic plans. States may impose additional requirements, and several states have required specific elements of cost sharing for plans sold in their state. California and New York require insurers to offer specific standard benefit plans. Individuals and families with income in the prior year of less than 400% of federal poverty level (FPL) can receive premium subsidies. In 2013, 400% of FPL is \$45,960 for an individual or \$94,200 for a family of four for the 48 contiguous states and District of Columbia. Individuals and families with income less than 250% of FPL can also receive cost-sharing subsidies, where cost sharing is reduced through “silver plan variants.” In 2013, 250% of FPL is \$28,725 for an individual or \$58,875 for a family of four for the 48 contiguous states and District of Columbia.³ Individuals or families with lower incomes receive greater premium and cost-sharing subsidies.

Plans may be sold either on or off of exchanges. However, subsidies are available only to people purchasing coverage through the exchanges.

¹ Kaiser Family Foundation (2013). State Health Insurance Marketplace Profiles. Retrieved December 4, 2013, from <http://kff.org/state-health-marketplace-profiles/>.

² Technically, the actuarial value for each plan is determined by the federally produced “actuarial value calculator,” and the actual coverage percentages may be different.

³ Andrews, M. (July 9, 2013). In addition to premium credits, health law offers some consumers help paying deductibles and co-pays. Kaiser Health News, Retrieved December 4, 2013, from <http://www.kaiserhealthnews.org/features/insuring-your-health/2013/070913-michelle-andrews-on-cost-sharing-subsidies.aspx>.

Because of the subsidies available and the premium rates charged, we expect the majority of exchange lives to be in silver and bronze plans. For this reason, in this report, we focus on the details for those plans. We examined only plans intended to be sold on the exchanges.

CHOICE OF STATES

While ACA sets many details for exchange-sold policies, there are variations across states, as certain details of the essential health benefits (EHBs) could be based on the coverage provided by the most popular small group plan in that state (including minimum formulary requirements). Furthermore, states had the option of operating their own exchanges or using the mechanism provided by the federal government. Seventeen states (including the District of Columbia) developed their own exchanges, seven are using a state-federal partnership, and 27 are using the federal mechanism.⁴

The four states we chose to examine, California, New York, Florida, and Texas, are large states in different geographic regions. California and New York operate their own exchanges, while Florida and Texas are using the federal mechanism.

IMPORTANT ORAL DRUGS FOR TWO BLOOD CANCERS

ACA's rules for drug coverage are complex. In summary, each state chose a benchmark plan to determine the details of EHBs. For drugs covered by the pharmacy benefit, the number of drugs covered by the benchmark in each "category and class" was tabulated.⁵ Plans sold on or off of exchanges in a state must cover at least the number in each category and class in the state's benchmark plan—although an insurer may limit coverage to particular dosages or versions. However, the particular drugs need not be the same as in the benchmark plan. The list of drugs covered by an insurer is called a "formulary."

Prescription drugs are an important treatment for many people with blood cancer. Prescription drugs may be covered through the pharmacy benefit (for example, drugs obtained through a drugstore) or through the medical benefit (for example, drugs administered in a doctor's office or a hospital outpatient setting). We examined drugs covered through the pharmacy benefit only, which are typically oral drugs. We note that, in some circumstances, a plan can meet its benchmark requirements through drugs covered in the medical benefit, which are typically infused or injected drugs. We did not study the medical benefit.

We examined insurers' formularies to determine whether each insurer covered particular oral drugs for two blood cancers: chronic myelogenous leukemia (CML) and multiple myeloma (MM). We examined three drugs for CML and five drugs for MM.

⁴ Kaiser Family Foundation (May 28, 2013). State Decisions for Creating Health Insurance Marketplaces. Retrieved December 4, 2013, from <http://kff.org/health-reform/state-indicator/health-insurance-exchanges/>.

⁵ Center for Consumer Information and Insurance Oversight. Additional Information on Proposed State Essential Health Benefits Benchmark Plans. Centers for Medicare and Medicaid Services. Retrieved December 4, 2013, from <http://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html>.

In the United States, there are approximately 6,000 new cases of CML yearly and there are approximately 31,500 people living with CML.⁶ The use of oral agents (tyrosine kinase inhibitors) has changed this disease from one with a life expectancy of several years to one in which the life expectancy is measured in decades. As the age of onset of the disease is typically in midlife, many people experience a normal life expectancy following the diagnosis of CML. For this reason, it is expected that the number of people in the United States living with CML will continue to grow over time.⁷ We chose to examine the three oral tyrosine kinase inhibitors that are described as primary treatment for CML in the National Comprehensive Cancer Network (NCCN) guideline for CML:

- > Gleevec (imatinib)
- > Tassigna (nilotinib)
- > Sprycel (dasatinib)⁸

There are approximately 22,500 new cases of MM yearly and approximately 88,500 people living with MM in the United States, with an overall five-year survival rate of 44.9%.⁶ Thalidomide and its analogues are oral agents that have changed the treatment paradigm for multiple myeloma. They are used in “induction regimens” to prepare patients for stem cell transplant. They also extend progression-free survival when used in combination with traditional chemotherapy. For this reason, we chose to examine thalidomide and its analogues, as well as the oral agents used in traditional chemotherapy regimens:

- > Thalomid (thalidomide)
- > Revlimid (lenalidomide)
- > Pomalyst (pomalidomide)
- > Cytoxan (cyclophosphamide)
- > Alkeran (melphalan)

According to NCCN guidelines, these are the oral drugs recommended for treatment of MM.⁹

⁶ The Leukemia & Lymphoma Society. Facts 2013. Retrieved December 6, 2013, from <http://www.lls.org/resourcecenter/freeeducationmaterials/generalcancer/facts>.

⁷ National CML Society (2010). General Leukemia Questions. Retrieved December 4, 2013, from <http://www.nationalcmlsociety.org/faq/general-leukemia-questions>.

⁸ Chronic Myelogenous Leukemia. NCCN Clinical Practice Guidelines in Oncology [Internet] National Comprehensive Cancer Network (NCCN). v.2.2014; 2013 Nov. Accessed at http://www.nccn.org/professionals/physician_gls/pdf/cml.pdf (requires registration).

⁹ Multiple Myeloma. NCCN Clinical Practice Guidelines in Oncology [Internet] National Comprehensive Cancer Network (NCCN). v.2.2014; 2013 Nov. Accessed at: http://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf (requires registration).

NATIONAL CANCER INSTITUTE DESIGNATED CANCER CENTERS AND TRANSPLANT CENTERS

ACA rules do not specify that insurers must provide coverage for particular named hospitals. Of particular interest to blood cancer patients are NCI-designated cancer centers and transplant centers that have programs in bone marrow and peripheral blood stem cell transplants. For each insurer, we examined coverage for the NCI centers and transplant centers located in-state.

NCI designates cancer centers in the United States. These centers conduct cancer research, provide clinical programs, and train oncologists and scientists. The NCI has designated 68 cancer centers, which conduct laboratory, clinical, and population-based cancer research. NCI centers must also conduct multidisciplinary research across these subject areas, develop professional and public education programs, and reach out to their communities to disseminate advances in cancer screening, prevention, and treatment.¹⁰ These centers have the capability to provide blood cancer patients with the most current, multidisciplinary approaches, and they have experts well-versed in these less-common diseases. Additionally, they can provide access to clinical trials of treatments that are not yet available. A small number of cancer centers perform basic research only and do not treat patients, and we excluded these centers from our study.

Allogeneic bone marrow (transplants using donors) and peripheral blood stem cell transplantation (BMT and SCT) may be included in the treatment plan for blood cancer. These procedures restore blood cell precursors (stem cells) destroyed by chemotherapy or radiation therapy. The largest registry of donors is the National Marrow Donor Program (NMDP), a nonprofit, nongovernmental organization. The NMDP operates a program called Be The Match, which connects patients with appropriate donors. Be The Match lists all U.S. bone marrow and peripheral blood stem cell transplant centers.¹¹ The opportunity to access BMT or SCT at one of these transplant centers, when medically appropriate, is critical for patients who have a blood cancer.

Our study looked for the presence or absence, within the state, of particular institutions in the “covered network” materials made available by insurers. It is possible that these materials are incomplete at the time of our study. We also note that some cancer centers have close ties to university hospitals. For example, Albert Einstein Cancer Center in New York operates in partnership with Montefiore Medical Center. It is also possible that some plans will, as policy, cover patients who are referred to these centers even though the centers are not listed. However, in general, most exchange products offer no coverage for non-network providers, and any patient expenditures on non-network providers do not apply to the out-of-pocket maximum.

¹⁰ National Cancer Institute NCI-Designated Cancer Centers. Retrieved December 4, 2013, from <http://www.cancer.gov/researchandfunding/extramural/cancercenters/about>.

¹¹ Be the Match (2013). Transplant Centers. Retrieved December 4, 2013, from <http://bethematch.org/About-Us/Global-transplant-network/Transplant-centers/>.

SELECTED ELEMENTS OF PLAN DESIGN

Plan design refers to member cost sharing—for example, deductibles, copays, coinsurance, and out-of-pocket maximums. By statute, the aggregate cost sharing must meet the requirements of the metallic levels—coverage of 90% for platinum, 80% for gold, 70% for silver, and 60% for bronze. (Technically, the actuarial value for each plan is determined by the federally produced “actuarial value calculator,” which does not consider formulary drug placement, and the actual coverage percentages may be different.) This means the member cost sharing—after all the plan design features—must average 10% for platinum, 20% for gold, 30% for silver, or 40% for bronze. These figures are calculated across a population, and the percent cost sharing for any individual may be higher or lower.

While the ACA does not specify how a plan meets the actuarial value requirements, some states do require standard plans with very specific cost-sharing levels for particular services. Aside from meeting state requirements, if any, insurers have flexibility in plan design as long as they meet the actuarial value requirement for a given metallic level.

However, the various ACA requirements interact in a way that constrains permissible plan designs. The ACA-specified out-of-pocket maximum is \$6,350 for 2014 for individual coverage or \$12,700 for family coverage—after which the member pays no cost sharing. Some states have specified lower maximums for particular metallic levels in their standard plans. The ACA also specifies that preventive benefits are covered at 100% (no cost sharing). These rules are very much part of the actuarial value calculation. For example, the actuarial value for a silver plan is 70%, but that includes 100% coverage after the member has spent \$6,350 (for individual coverage). To reach the 70% actuarial value, coverage before the member reaches the out-of-pocket maximum must be less than 70% (i.e., cost sharing over 30%). To meet these requirements, many insurers have large deductibles before the plan pays anything.

Because members with blood cancer will rely on specialist care (usually hematologists) and on specialty drugs, we captured this information, along with the deductible and out-of-pocket maximum.

Insurers often require different cost sharing for lower- and higher-cost drugs in their pharmacy benefits. Cost sharing is often lower for lower-cost drugs such as generic drugs and higher for brand drugs. The highest-cost drugs often fall into a category known as “specialty drugs” or the “specialty tier.” Because specialty drugs are often used by patients with blood cancer who are undergoing chemotherapy, we captured the cost sharing for specialty drugs.

PREMIUM RATES

The ACA contains many rules for how plans may set their premium rates¹² and includes features across plans, such as risk adjustment and reinsurance that are designed to stabilize

¹² Center for Consumer Information & Insurance Oversight. Regulations and Guidance (see “Health Insurance Marketplaces”). Centers for Medicare and Medicaid Services. Retrieved December 4, 2013, from <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html>.

the market.¹³ Premium rates may not vary by sex or health status, although some states allow higher premiums for tobacco users. Rates can vary to a limited extent by age, although some states (such as New York) do not permit age-based rating at all.

Rates do vary by metallic level. The market shows that the premium rates charged by insurers vary from one another—in some cases, significantly. Some insurers sell more than one kind of policy in a given metallic level. For example, an insurer may sell two different bronze plans—one with a higher deductible and lower coinsurance and another with a lower deductible and higher coinsurance. The premium rates for those different plans within a metallic level sold by an insurer may vary.

For this study, we captured rates presented for 50-year-old nonsmoking individuals earning an annual income of \$90,000 and residing in Los Angeles, California; Miami, Florida; Houston, Texas; and New York, New York.

¹³ Center for Consumer Information & Insurance Oversight. Premium Stabilization Programs. Centers for Medicare and Medicaid Services. Retrieved December 4, 2013, from <http://cms.hhs.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/index.html>.

FINDINGS

For 2014, exchange-sold policies represent a departure from the past business of insurers. Insurers did not have the benefit of significant past experience when designing and pricing their exchange policies. As a result, we have observed significant variation in insurer premium rates, how insurers cover the eight drugs we studied, and their inclusion of cancer centers and transplant centers. Benefit designs for silver and bronze plans tend to be similar across insurers because of the constraints of meeting actuarial value rules and, for some states, because the state required standard benefits.

We did not uniformly observe that lower premium rates were associated with more restrictive benefits, although that is the case for some insurers. This may be due to the newness of the exchanges, or a strategy by some plans of offering low prices to enroll many members while various federal transitional supports are available. The authors expect that in future years, as insurers can reflect on their own experience and the experience of their competitors, some elements of the variation will diminish.

FORMULARY COVERAGE

For the eight drugs we studied, we found that, when covered, most drugs were in a specialty tier [see Appendix Tables 1-2]. Most insurers require prior authorization for these drugs. The majority of insurers covered all three CML drugs. Of the five MM drugs, many did not cover Pomalyst or Cytosan (but did include generic cyclophosphamide).

The vast majority of insurers we studied do not vary their drug formularies by metallic level, although we believe, from a regulatory standpoint, such variation would be permissible. The one exception we observed is Humana Medical Plan, which offers one formulary for its bronze plan members in Florida and Texas, and another formulary for silver, gold, and platinum plan members in both states. Coverage of the three CML and five MM drugs is the same in the two Humana formularies.

Insurers use tiers to segment formulary drugs for the purpose of assigning cost-sharing and prior authorization requirements. For exchange policies, there are few standards for how insurers define tiers—and which tiers they use. We identified the tier assignments shown in Figure 1 for the three CML and five MM drugs across the insurers we studied, and these categories are identified in the Appendix.

Figure 1: Tier Abbreviations

Abbreviation	Definition
GEN	Generic
PRG	Preferred Generic
PRB	Preferred Brand
NPB	Non-Preferred Brand
SPC	Specialty
PRS	Preferred Specialty
NPS	Non-Preferred Specialty
NBS	Non-Preferred Brand or Specialty

Although the generic, brand, and specialty tiers are common, many insurers do not further split generic, brand, and specialty into “preferred” and “non-preferred” categories. In general, generic drugs have lower cost sharing than brand or specialty drugs. If the insurer uses preferred and non-preferred categories, the preferred categories have lower cost sharing than the non-preferred.

Insurers may use various medical management techniques to ensure that usage of a particular drug is consistent with their medical policies for medical necessity or is obtained through a contracted specialty pharmacy. Insurers vary in how they apply medical management techniques to prescription drugs. In our study, we identified the techniques shown in Figure 2 for the three CML and five MM drugs we examined, and these categories are identified in the Appendix.

Figure 2: Medical Management Abbreviations

Abbreviation	Definition
PA	Prior Authorization. The insurer requires notification and may not approve of the purchase of a particular drug based on medical evidence or other criteria
QL	Quantity Limits. The insurer will limit the amount of the drug that will be dispensed at one time
ST	Step Therapy. The insurer requires certain drugs are tried as a first step to treat a particular medical condition before covering another drug.

COVERAGE OF CANCER CENTERS / TRANSPLANT CENTERS

Most insurers indicate whether they include some of the cancer centers and transplant centers in their network, but most do not include all such centers [see Tables 3-6]. A few insurers do not cover any of the centers. Among the insurers we studied, we did not find any that varied their network by metallic level, although we believe, from a regulatory standpoint, such variation would be permissible. We expect more insurers may, in the future, vary their network by metallic level.

BENEFIT DESIGN ELEMENTS

We found high cost-sharing levels for the silver and bronze plans, which most observers expect to be the most popular choices because they will have the lowest premium rates. Deductibles for silver and bronze plans were often, respectively, at least \$2,000 and at least \$4,000.

Most insurers apply cost sharing to specialty drugs after the deductible is met.

The details in the Appendix [see Tables 7-10] are before any cost-sharing subsidies for silver plans, which are available to people with family incomes below 250% of FPL.

PREMIUM RATES

As expected, we found large variation in premium rates [see Tables 11-14]. For the four city/state combinations we studied, we found the results shown in Figure 3.

Figure 3: Individual Monthly Premium Rates

State	Ratio of Highest to Lowest Premium Across Bronze or Across Silver Plans (50-year-old nonsmoker)	
	Bronze	Silver
Los Angeles, CA	About 1.18 to 1.00	About 1.32 to 1.00
New York, NY	About 1.78 to 1.00	About 1.79 to 1.00
Miami, FL	About 1.62 to 1.00	About 1.45 to 1.00
Houston, TX	About 1.60 to 1.00	About 1.44 to 1.00

We note that California, the state with the smallest variation, also rejected some insurers' bids to sell products on the exchange through their "active purchaser" model.

The details in the Appendix are before the application of advance premium tax credits (premium subsidies) available to members with family incomes below 400% FPL.

METHODOLOGY AND SOURCES

When the research for this study was performed, the exchanges were not operating or were not fully functional. Consequently, most information about insurance offerings was obtained from the insurers' websites. A listing of sources is included in the Appendix.

INSURANCE PRODUCTS EXAMINED

California and New York have specified the details of standard plan designs that insurers must offer, although insurers may also offer other plans. We selected the standard plans of all insurers selling individual exchange products in California and New York.

For Florida and Texas, we studied all insurers selling individual exchange products and selected the lowest-priced product for each insurer within each metallic tier.

IMPORTANT ORAL DRUGS

For each insurer studied, we identified the formulary for the individual exchange product and checked the formulary for mention of the specific blood cancer drugs of interest, along with the tier or any medical management techniques mentioned.

We note that an infused version of Alkeran (melphalan), one of the five oral MM drugs we studied, may be available. In some formularies, Alkeran and melphalan are shown separately, and we report the two names separately in the Appendix. However, we believe infused drugs are generally not shown explicitly in formularies. Formularies may be updated for new products or new information about existing products.

NCI CANCER CENTERS AND TRANSPLANT CENTERS

For each insurer studied, we identified the network hospitals, the individual cancer centers, or transplant centers located in the insurer's state.

SELECTED ELEMENTS OF PLAN DESIGN

For California and New York, we reported the standard plan, which did not vary by insurer. For Florida and Texas, for each insurer, we reported the insurer's description of plan design details.

PREMIUM RATES

For each insurer offering products in Los Angeles, Miami, Houston and New York, we collected the premium rates reported on the New York, California, and the federally operated exchange websites.

LIMITATIONS

We caution the reader that the technical issues with exchanges combined with the rapid implementation of the metallic plans means the information we obtained could be incomplete or may change. Insurers are likely to change their offerings for the 2015 calendar year, and may well update or change the information they are providing for the 2014 calendar year. We believe the information in this report accurately presents data as of mid-November 2013, but new or more complete information may become available from insurers.

We note the following potential sources of inaccuracies or ambiguities, but this list is not comprehensive:

- On a few insurers' websites, it was not clear which network list or formulary list applied to exchange offerings. For some insurers, we relied on verbal instructions communicated to us by telephone. Most insurers who sell individual products on the exchange also offer programs for small groups and large groups. It is possible that the listings we studied were not intended for exchanges.
- NCI centers and transplant centers sometimes operate as part of a larger organization, but they have a distinct name. It may be the case that some insurers' materials used nonstandard names or the names of umbrella organizations instead of the name of the center itself.
- Some insurers may, as policy, arrange referrals to non-network cancer centers or transplant centers, but they do not consider such centers as part of their networks, and they do not appear as network providers.
- We could not find some information for some insurers. In the Appendix, this is indicated by "n/a."

The authors expect that the information available from insurers or through exchanges will become more complete over time.

APPENDIX

SUMMARY OF COVERED DRUGS

Table 1: Formulary Coverage for Chronic Myelogenous Leukemia

		Gleevec			Sprycel			Tasigna		
		Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt
CA	Anthem ¹	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Blue Shield	Y	SPC	PA QL	Y	SPC	PA QL	Y	SPC	PA QL
	CCHP ²	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contra Costa	Y	SPC	PA	Y	-	PA	Y	-	PA
	Health Net ³	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Kaiser	Y	n/a	n/a	Y	n/a	n/a	Y	n/a	n/a
	L.A. Care	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Molina	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Sharp	N	-	-	N	-	-	N	-	-
	Valley	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
Western Health	Y	SPC	PA	Y	SPC	-	Y	SPC	PA	
FL	Aetna	Y	NPB	PA	Y	NPB	PA ST	Y	NPB	PA
	Ambetter	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Cigna	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	CoventryOne	Y	NPS	PA	Y	NPS	PA QL	Y	NPS	PA QL
	Florida Blue	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Florida HealthCare	Y	SPC	-	Y	SPC	-	Y	SPC	PA
	Health First	Y	SPC	PA	N	-	-	N	-	-
	Humana ⁴	Y ⁴	SPC	n/a	Y ⁴	SPC	n/a	Y ⁴	SPC	n/a
	Molina	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Preferred	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TX	Aetna	Y	NPB	PA QL	Y	NPB	PA ST QL	Y	NPB	PA QL
	Ambetter	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	BCBS Texas ⁵	Y	SPC	PA QL	Y	SPC	PA QL	Y	SPC	PA QL
	Cigna	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Community First	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Community Health	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	First Care	N	-	-	N	-	-	N	-	-
	Humana ⁴	Y ⁴	SPC	n/a	Y ⁴	SPC	n/a	Y ⁴	SPC	n/a
	Molina	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Scott & White	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
Sendero	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA	
NY	Affinity	Y	NBS	PA	Y	NBS	PA	Y	NBS	PA
	CDPHP	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Emblem	Y	n/a	-	N	-	-	N	-	-
	Empire	Y	NPB	PA	Y	NPB	PA	Y	NPB	PA
	Excelsus	Y	PRB	QL	Y	SPC	PA QL	Y	SPC	PA QL

		Gleevec			Sprycel			Tasigna		
		Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt
	Fidelis	Y	NPB	PA	Y	NPB	PA	Y	NPB	PA
	Healthfirst	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	HealthNow	Y	PRB	PA QL	Y	PRB	PA QL	Y	PRB	PA QL
	Health Republic	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Independent Health	Y	PRB	PA	Y	PRB	ST	Y	PRB	ST
	MetroPlus	Y	NPB	PA	Y	NPB	PA	Y	NPB	PA
	MVP	Y	PRB	-	Y	SPC	PA	Y	SPC	PA
	North Shore-LIJ	Y	NPB	PA	Y	NPB	PA	Y	NPB	PA
	Oscar	Y	NPB	-	Y	NPB	-	Y	NPB	-
	Today's Options	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	United	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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¹One formulary for Anthem EPO and HMO products.

²CCHP's website unavailable.

³One formulary for Health Net PPO and HMO products.

⁴Assumes Humana's specialty drug formulary applies to Humana's bronze, silver, gold, and platinum plans in Florida and Texas.

⁵BCBS Texas' HMO formulary and PPO formulary show equivalent coverage of these particular CML drugs.

Table 2A: Formulary Coverage for Multiple Myeloma

		Thalomid			Revlimid			Pomalyst		
		Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt
CA	Anthem ¹	Y	SPC	PA	Y	SPC	PA QL	Y	SPC	-
	Blue Shield	Y	SPC	PA QL	Y	SPC	PA QL	N	-	-
	CCHP ²	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contra Costa	Y	-	PA	Y	-	PA	N	-	-
	Health Net ³	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Kaiser	Y	n/a	n/a	Y	n/a	n/a	N	n/a	n/a
	L.A. Care	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	Molina	Y	SPC	PA	Y	SPC	PA	N	-	-
	Sharp	N	-	-	N	-	-	N	-	-
	Valley	Y	SPC	PA	Y	SPC	PA QL	N	-	-
Western Health	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA	
FL	Aetna	Y	NPB	PA	Y	NPB	PA	N	-	-
	Ambetter	Y	SPC	PA	Y	SPC	PA	N	-	-
	Cigna	Y	SPC	PA	Y	SPC	PA	N	-	-
	CoventryOne	Y	NPS	PA	Y	NPS	PA QL	Y	NPS	PA QL
	Florida Blue	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Florida HealthCare	Y	SPC	-	Y	SPC	PA	N	-	-
	Health First	N	-	-	Y	SPC	PA	N	-	-
	Humana ⁴	Y ⁴	SPC	n/a	Y ⁴	SPC	n/a	Y ⁴	SPC	n/a
	Molina	Y	SPC	PA	Y	SPC	PA	N	-	-
Preferred	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

		Thalomid			Revlimid			Pomalyst		
		Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt
TX	Aetna	Y	NPB	PA QL	Y	NPB	PA	N	-	-
	Ambetter	Y	SPC	PA	Y	SPC	PA	N	-	-
	BCBS Texas ⁵	Y	SPC	PA QL	Y	SPC	PA QL	Y	SPC	PA QL
	Cigna	Y	SPC	PA	Y	SPC	PA	N	-	-
	Community First	Y	SPC	PA	Y	SPC	PA QL	N	-	-
	Community Health	Y	SPC	PA	Y	SPC	PA QL	N	-	-
	First Care	N	-	-	N	-	-	N	-	-
	Humana ⁴	Y ⁴	SPC	n/a	Y ⁴	SPC	n/a	Y ⁴	SPC	n/a
	Molina	y	SPC	PA	Y	SPC	PA	N	-	-
	Scott & White	Y	SPC	-	Y	SPC	-	Y	SPC	PA
	Sendero	Y	SPC	PA	Y	SPC	PA QL	N	-	-
NY	Affinity	Y	NBS	PA	Y	NBS	PA	N	-	-
	CDPHP	Y	SPC	PA	Y	SPC	PA	N	-	-
	Emblem	Y	n/a	PA	Y	n/a	PA	N	-	-
	Empire	Y	NPB	PA	Y	NPB	PA QL	Y	NPB	-
	Excellus	N	-	-	Y	SPC	PA QL	N	-	-
	Fidelis	Y	NPB	PA	Y	NPB	PA	N	-	-
	Healthfirst	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	HealthNow	Y	PRB	-	Y	PRB	PA	Y	PRB	PA QL
	Health Republic	Y	SPC	PA	Y	SPC	PA	N	-	-
	Independent Health	Y	SPC	-	Y	PRB	PA	N	-	-
	MetroPlus	Y	NPB	PA	Y	NPB	PA	N	-	-
	MVP	Y	SPC	PA	Y	SPC	PA	Y	SPC	PA
	North Shore-LIJ	Y	NPB	PA	Y	NPB	PA	N	-	-
	Oscar	Y	NPB	-	Y	NPB	-	N	-	-
	Today's Options	Y	SPC	PA	Y	SPC	PA	N	-	-
United	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

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¹One formulary for Anthem EPO and HMO products.

²CCHP's website unavailable.

³One formulary for Health Net PPO and HMO products.

⁴Assumes Humana's specialty drug formulary applies to Humana's bronze, silver, gold, and platinum plans in Florida and Texas.

⁵BCBS Texas' HMO formulary and PPO formulary show equivalent coverage of these particular MM drugs.

Table 2B: Formulary Coverage for Multiple Myeloma

		Cytosan			Cyclophosphamide			Alkeran			Melphalan		
		Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt
CA	Anthem ¹	N	-	-	Y	SPC	-	Y	SPC	-	Y	SPC	-
	Blue Shield	N	-	-	Y	GEN	-	N	-	-	N	-	-
	CCHP ²	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contra Costa	N	-	-	Y	SPC	-	Y	SPC	-	Y	SPC	PA
	Health Net ³	N	-	-	Y	GEN	-	Y	PRB	PA	N	-	-
	Kaiser	N	n/a	n/a	Y	n/a	n/a	Y	n/a	n/a	Y	n/a	n/a
	L.A. Care	N	-	-	Y	SPC	-	Y	PRB	-	Y	PRB	-
	Molina	N	-	-	Y	GEN	-	Y	NPB	-	N	-	-
	Sharp	N	-	-	Y	SPC	-	Y	SPC	-	N	-	-
	Valley	N	-	-	Y	GEN	-	N	-	-	Y	SPC	-
Western Health	N	-	-	Y	GEN	-	N	-	-	N	-	-	
FL	Aetna	N	-	-	Y	GEN	-	N	-	-	Y	GEN	-
	Ambetter	N	-	-	Y	SPC	PA	Y	PRB	-	Y	GEN	-
	Cigna	N	-	-	Y	SPC	-	Y	SPC	-	N	-	-
	CoventryOne	N	-	-	Y	PRS	-	Y	PRS	-	Y	NPS	-
	Florida Blue	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Florida HealthCare	N	-	-	Y	NPG	-	Y	SPC	-	N	-	-
	Health First	N	-	-	Y	NPB	-	N	-	-	N	-	-
	Humana ⁴	N	-	-	N	-	-	N	-	-	N	-	-
	Molina	N	-	-	Y	GEN	-	Y	PRB	-	N	-	-
	Preferred	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TX	Aetna	N	-	-	Y	GEN	-	Y	NPB	-	Y	GEN	-
	Ambetter	N	-	-	Y	SPC	-	Y	PRB	-	Y	GEN	-
	BCBS Texas ⁵	N	-	-	Y	PRB	-	Y	PRB	-	Y	PRB	-
	Cigna	N	-	-	Y	SPC	-	Y	SPC	-	N	-	-
	Community First	N	-	-	Y	GEN	-	Y	PRB	-	Y	SPC	PA
	Community Health	N	-	-	Y	PRG	-	N	-	-	Y	SPC	PA
	First Care	N	-	-	N	-	-	N	-	-	N	-	-
	Humana ⁴	N	-	-	N	-	-	N	-	-	N	-	-
	Molina	N	-	-	Y	GEN	-	Y	NPB	-	N	-	-
	Scott & White	N	-	-	Y	NPB	-	N	-	-	N	-	-
Sendero	N	-	-	Y	GEN	-	Y	SPC	PA	Y	SPC	PA	
NY	Affinity	N	-	-	Y	GEN	-	Y	PRB	-	N	-	-
	CDPHP	N	-	-	Y	GEN	-	Y	PRB	-	N	-	-
	Emblem	N	-	-	N	-	-	N	-	-	N	-	-
	Empire	N	-	-	Y	NPB	-	Y	NPB	-	N	-	-
	Excelsus	N	-	-	Y	GEN	-	N	-	-	N	-	-
	Fidelis	N	-	-	Y	GEN	-	Y	PRB	-	N	-	-
	Healthfirst	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	HealthNow	N	-	-	Y	GEN	-	Y	PRB	-	N	-	-
Health Republic	N	-	-	Y	SPC	PA	Y	PRB	-	Y	GEN	-	

		Cytosan			Cyclophosphamide			Alkeran			Melphalan		
		Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt	Cov	Tier	Med Mgmt
	Independent Health	N	-	-	Y	PRB	-	N	-	-	N	-	-
	MetroPlus	N	-	-	Y	GEN	-	Y	PRB	-	N	-	-
	MVP	N	-	-	Y	GEN	-	Y	PRB	-	N	-	-
	North Shore-LIJ	N	-	-	Y	GEN	-	Y	PRB	-	N	-	-
	Oscar	N	-	-	Y	GEN	-	Y	PRB	-	N	-	-
	Today's Options	N	-	-	Y	GEN	-	Y	PRB	-	N	-	-
	United	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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¹One formulary for Anthem EPO and HMO products.

²CCHP's website unavailable.

³One formulary for Health Net PPO and HMO products.

⁴Assumes Humana's specialty drug formulary applies to Humana's bronze, silver, gold, and platinum plans in Florida and Texas.

⁵BCBS Texas' HMO formulary and PPO formulary show equivalent coverage of these particular MM drugs.

Figure 1: Tier Abbreviations

Abbreviation	Definition
GEN	Generic
PRG	Preferred Generic
PRB	Preferred Brand
NPB	Non-Preferred Brand
SPC	Specialty
PRS	Preferred Specialty
NPS	Non-Preferred Specialty
NBS	Non-Preferred Brand or Specialty

Figure 2: Medical Management Abbreviations

Abbreviation	Definition
PA	Prior Authorization. The insurer requires notification and may not approve of the purchase of a particular drug based on medical evidence or other criteria
QL	Quantity Limits. The insurer will limit the amount of the drug that will be dispensed at one time
ST	Step Therapy. The insurer requires certain drugs are tried as a first step to treat a particular medical condition before covering another drug.

SUMMARY OF CANCER CENTERS / TRANSPLANT CENTERS

Table 3: California Individual Exchange Plan Network Coverage for Select Centers

	Anthem EPO	Anthem HMO	Blue Shield	CCHP*	Contra Costa	Health Net PPO	Health Net HMO	Kaiser	L.A. Care	Molina	Sharp	Valley	Western Health
NCI Designated Cancer Centers													
Chao Family Comprehensive Cancer Center	Y	Y	N	n/a	N	Y	N	N	N	N	N	N	N
City of Hope Comprehensive Cancer Center	Y	Y	N	n/a	N	N	N	Y*	N	N	N	N	N
Jonsson Comprehensive Cancer Center	Y	Y	N	n/a	N	Y	N	N	N	N	N	N	N
Stanford Cancer Institute	N	N	Y	n/a	N	N	N	Y*	N	N	N	Y	N
UC Davis Comprehensive Cancer Center	N	Y	N	n/a	N	N	N	N	N	N	N	N	Y
UCSD Moores Cancer Center	Y	Y	N	n/a	N	N	N	N	N	N	N	N	N
UCSF Helen Diller Family Comprehensive Cancer Center	Y	N	N	n/a	Y	Y	N	N	N	N	N	N	N
USC Norris Comprehensive Cancer Center	Y	Y	Y	n/a	N	Y	Y	N	Y	N	N	N	N
Transplant Centers													
Alta Bates Summit Medical Center	N	N	Y	n/a	Y	N	N	N	N	N	N	N	N
Cedars-Sinai Medical Center	N	Y	N	n/a	N	Y	N	N	N	N	N	N	N
Children's Hospital & Research Center Oakland	N	N	Y	n/a	Y	N	N	N	N	N	N	N	N
Children's Hospital of Los Angeles	Y	Y	Y	n/a	N	Y	Y	N	Y	N	N	N	N
Children's Hospital of Orange County	Y	Y	Y	n/a	N	Y	N	N	N	N	N	N	N
City of Hope National Medical Center	Y	Y	N	n/a	N	N	N	Y*	N	N	N	N	N
Loma Linda University Medical Center	N	Y	N	n/a	N	Y	N	N	N	N	N	N	N
Rady Children's Hospital, San Diego	Y	Y	Y	n/a	N	Y	Y	N	N	N	Y	N	N
Scripps Green Hospital	N	Y	Y	n/a	N	N	N	N	N	N	N	N	N
Stanford Hospital and Clinics	N	N	Y	n/a	N	N	N	Y*	N	N	N	Y	N
Sutter Medical Center, Sacramento	N	N	Y	n/a	N	N	N	N	N	N	N	N	N
UCSD Medical Center	Y	Y	N	n/a	N	N	N	N	N	N	N	N	N
UCSF Medical Center	Y	N	N	n/a	Y	Y	N	N	N	N	N	N	N
Ronald Reagan UCLA Medical Center	Y	Y	N	n/a	N	Y	N	N	N	N	N	N	N
UC Davis Medical Center	N	Y	N	n/a	N	N	N	N	N	N	N	N	N
Keck Hospital of USC / USC Norris Cancer Hospital	N	Y	Y	n/a	N	Y	N	N	N	N	N	N	N

Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges.

Y* indicates Kaiser collaborates with these institutions.

*CCHP's website unavailable.

Table 4: Florida Individual Exchange Plan Network Coverage for Select Centers

	Aetna	Ambetter	Cigna	CoventryOne	Florida Blue EPO	Florida Blue HMO	Florida HealthCare	Health First	Humana	Molina	Preferred
NCI Designated Cancer Centers											
H. Lee Moffitt Cancer Center & Research Institute	Y	N	Y	N	N	Y	N	N	N	N	n/a
Transplant Centers											
UF Health Shands Hospital	Y	N	N	N	N	Y	N	N	N	N	n/a
All Children's Hospital	Y	N	Y	N	Y	Y	N	N	N	N	n/a
Florida Hospital Cancer Institute	Y	N	Y	N	N	Y	N	N	N	N	n/a
H. Lee Moffitt Cancer Center & Research Institute	Y	N	Y	N	N	Y	N	N	N	N	n/a
Mayo Clinic Hospital	Y	N	N	N	N	N	N	N	N	N	n/a
Nemours Children's Clinic, Jacksonville	N	N	N	N	N	N	N	N	N	N	n/a
Miami Children's Hospital	N	N	Y	N	N	Y	N	N	N	N	n/a
Jackson Memorial Hospital	N	N	N	Y	Y	Y	N	N	N	Y	n/a
Sylvester Comprehensive Cancer Center	N	N	N	N	N	Y	N	N	Y	N	n/a

Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges.

Table 5: Texas Individual Exchange Plan Network Coverage for Select Centers

	Aetna	Ambetter	BCBS HMO	BCBS PPO	Cigna	Community First	Community Health	First Care	Humana HMO	Humana EPO	Molina	Scott & White	Sendero
NCI Designated Cancer Centers													
Cancer Therapy & Research Center, UT Health Science Center	N	N	N	Y	N	N	N	N	N	N	N	N	N
Harold C. Simmons Cancer Center, UT Southwestern Medical Center	Y	N	N	Y	N	N	N	N	N	N	N	N	N
Dan L. Duncan Cancer Center	Y	N	N	Y	Y	N	N	N	Y	N	N	N	N
M.D. Anderson Cancer Center	Y	N	N	Y	Y	N	N	N	N	N	N	N	N
Transplant Centers													
Texas Oncology-Amarillo Cancer Center	N	N	N	N	N	N	N	N	N	N	N	N	N
Baylor University Medical Center	Y	N	N	Y	Y	N	N	N	Y	N	N	N	N
Children's Medical Center of Dallas	N	N	N	Y	Y	N	N	N	N	N	N	N	N
Cook Children's Medical Center	Y	N	N	Y	Y	N	N	N	Y	N	N	N	N
Joe Arrington Cancer Research and Treatment Center	N	Y	N	Y	N	N	N	Y	N	N	N	N	N
M.D. Anderson Cancer Center	Y	N	N	Y	Y	N	N	N	N	N	N	N	N
Medical City Dallas Hospital	Y	N	Y	Y	Y	N	N	N	Y	N	N	N	N
Texas Children's Hospital	Y	N	N	Y	Y	N	N	N	Y	N	N	N	N
Texas Tech University Health Sciences Center	N	N	Y	Y	N	N	N	Y	N	N	N	N	N
Texas Transplant Institute	Y	N	N	Y	N	N	N	N	N	N	N	N	N
The University of Texas (Southwestern Medical Center at Dallas)	Y	N	N	Y	N	N	N	N	N	N	N	N	N
UT Health Science Center	N	N	N	Y	N	N	N	N	N	N	N	N	N
Wilford Hall Ambulatory Surgical Center	N	N	N	N	N	N	N	N	N	N	N	N	N

Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges.

Table 6: New York Individual Exchange Plan Network Coverage for Select Centers

	Affinity	CDPHP	Emblem	Empire	Excellus	Fidelis	Healthfirst	Health Now	Health Republic	Independent Health	MetroPlus	MVP	North Shore-LIJ	Oscar	Today's Options	United
NCI Designated Cancer Centers																
Albert Einstein Cancer Center / Montefiore Medical Center	Y	N	Y	Y	N	N	Y	N	Y	N	N	N	N	Y	N	Y
Memorial Sloan-Kettering Cancer Center	N	N	N	N	N	N	N	N	Y	N	N	N	N	Y	Y	N
NYU Cancer Institute	Y	N	N	N	N	Y	N	N	Y	N	N	N	N	N	Y	Y
Herbert Irving Comprehensive Cancer Center	N	N	N	Y	N	N	N	N	Y	N	N	N	N	Y	N	Y
Roswell Park Cancer Institute	N	N	N	N	N	N	N	Y	Y	Y	N	Y	N	N	Y	N
Transplant Centers																
Roswell Park Cancer Institute	N	N	N	N	N	N	N	Y	Y	Y	N	Y	N	N	Y	N
Westchester Medical Center	N	N	N	Y	N	Y	N	N	Y	N	N	Y	N	Y	Y	N
North Shore University Hospital	Y	N	Y	Y	N	N	Y	N	N	N	N	N	Y	N	N	Y
Cohen Children's Medical Center of New York	Y	N	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	Y
Memorial Sloan-Kettering Cancer Center	N	N	N	N	N	N	N	N	Y	N	N	N	N	Y	Y	N
Mount Sinai Hospital	N	N	Y	N	N	N	Y	N	Y	N	N	N	N	Y	Y	Y
New York-Presbyterian Hospital / Weill Cornell Medical Center	N	N	N	Y	N	N	N	N	Y	N	N	N	N	Y	Y	Y
The Children's Hospital of New York	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N
Strong Memorial Hospital	N	N	N	N	Y	N	N	N	Y	N	N	N	N	N	Y	N
Stony Brook University Hospital	N	N	N	N	N	N	N	Y	N	N	N	Y	N	N	Y	N

Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges.

SUMMARY OF BENEFIT DESIGNS

Table 7: California Individual Plan Designs

Metal Tier	Carrier	Plan Name	Product	Medical Ded	Drug Ded	OOP Max	Specialist Visit	Specialty Drug
Bronze	Anthem	Anthem Core Direct Access - cacg	EPO	\$5,000		\$6,350	\$70*	30%*
	Blue Shield	Basic PPO	PPO	\$5,000		\$6,350	\$70*	30%*
	CCHP	Bronze	HMO	\$5,000		\$6,350	\$70*	30%*
	Contra Costa	Bronze	HMO	\$5,000		\$6,350	\$70*	30%*
	Health Net	PPO Bronze \$60/\$5000	PPO	\$5,000		\$6,350	\$70*	30%*
	Kaiser	Deductible Bronze \$5000/\$60	HMO	\$5,000		\$6,350	\$70*	30%*
	L.A. Care	L.A. Care Covered Bronze HMO	HMO	\$5,000		\$6,350	\$70*	30%*
	Molina	Molina Bronze 60 HMO	HMO	\$5,000		\$6,350	\$70*	30%*
	Sharp	Bronze	HMO	\$5,000		\$6,350	\$70*	30%*
	Valley	Bronze	HMO	\$5,000		\$6,350	\$70*	30%*
	Western Health	Bronze	HMO	\$5,000		\$6,350	\$70*	30%*
Silver	Anthem	Anthem Essential Direct Access - cbmm	HMO	\$2,000	\$250	\$6,350	\$65	20%*
	Blue Shield	Enhanced PPO	PPO	\$2,000	\$250	\$6,350	\$65	20%*
	CCHP	Silver	HMO	\$2,000	\$250	\$6,350	\$65	20%*
	Contra Costa	Silver	HMO	\$2,000	\$250	\$6,350	\$65	20%*
	Health Net	Community Care HMO Silver \$45/\$2000	HMO	\$2,000	\$250	\$6,350	\$65	20%*
	Kaiser	Deductible Silver \$2000/\$45	HMO	\$2,000	\$250	\$6,350	\$65	20%*
	L.A. Care	L.A. Care Covered Silver HMO	HMO	\$2,000	\$250	\$6,350	\$65	20%*
	Molina	Molina Silver 70 HMO	HMO	\$2,000	\$250	\$6,350	\$65	20%*
	Sharp	Silver	HMO	\$2,000	\$250	\$6,350	\$65	20%*
	Valley	Silver	HMO	\$2,000	\$250	\$6,350	\$65	20%*
	Western Health	Silver	HMO	\$2,000	\$250	\$6,350	\$65	20%*
Gold	Anthem	Anthem Preferred Guided Access - ccau	HMO	\$0		\$6,350	\$50	20%*

Metal Tier	Carrier	Plan Name	Product	Medical Ded	Drug Ded	OOP Max	Specialist Visit	Specialty Drug
	Blue Shield	Preferred PPO	PPO	\$0		\$6,350	\$50	20%*
	CCHP	Gold	HMO	\$0		\$6,350	\$50	20%*
	Contra Costa	Gold	HMO	\$0		\$6,350	\$50	20%*
	Health Net	Community Care HMO Gold \$30/\$0	HMO	\$0		\$6,350	\$50	20%*
	Kaiser	Copayment Gold \$0/\$30	HMO	\$0		\$6,350	\$50	20%*
	L.A. Care	LA Care Covered Gold HMO	HMO	\$0		\$6,350	\$50	20%*
	Molina	Molina Gold 80 HMO	HMO	\$0		\$6,350	\$50	20%*
	Sharp	Gold	HMO	\$0		\$6,350	\$50	20%*
	Valley	Gold	HMO	\$0		\$6,350	\$50	20%*
	Western Health	Gold	HMO	\$0		\$6,350	\$50	20%*
Platinum	Anthem	Anthem Premier Guided Access - cead	HMO	\$0		\$4,000	\$40	10%*
	Blue Shield	Ultimate PPO	PPO	\$0		\$4,000	\$40	10%*
	CCHP	Platinum	HMO	\$0		\$4,000	\$40	10%*
	Contra Costa	Platinum	HMO	\$0		\$4,000	\$40	10%*
	Health Net	Community Care HMO Platinum \$20/\$0	HMO	\$0		\$4,000	\$40	10%*
	Kaiser	Copayment Platinum \$0/\$20	HMO	\$0		\$4,000	\$40	10%*
	L.A. Care	L.A. Care Covered Platinum HMO	HMO	\$0		\$4,000	\$40	10%*
	Molina	Molina Platinum 90 HMO	HMO	\$0		\$4,000	\$40	10%*
	Sharp	Platinum	HMO	\$0		\$4,000	\$40	10%*
	Valley	Platinum	HMO	\$0		\$4,000	\$40	10%*
Western Health	Platinum	HMO	\$0		\$4,000	\$40	10%*	

Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges. Deductibles are based on in-network provider costs. *Copay or coinsurance applies when deductible is met.

Table 8: Florida Individual Plan Designs

Metal Tier	Carrier	Plan Name	Product	Medical Ded	Drug Ded	OOP Max	Specialist Visit	Specialty Drug
Bronze	Aetna	Aetna Advantage 6350	PPO	\$6,350		\$6,350	0%*	0%*
	Ambetter	Ambetter Bronze 3	HMO	\$6,000		\$6,350	40%*	30%*
	Cigna	myCigna Health Savings 6100	PPO	\$6,100		\$6,350	0%*	0%*
	CoventryOne	Bronze Deductible Only HMO HSA Eligible Carelink	HMO	\$6,300		\$6,300	0%*	0%*
	Florida Blue	BlueSelect Essential (HSA) 1452	EPO	\$6,250		\$6,250	0%*	0%*
	Florida Blue	BlueCare Essential (HSA) 1486	HMO	\$6,250		\$6,250	0%*	0%*
	Florida Health Care	Essential Bronze HMO Partners 39	HMO	\$4,500		\$6,350	60%*	20%*
	Florida Health Care	Essential Bronze POS 40	POS	\$4,500		\$6,350	55%*	20%*
	Health First	Choice Bronze 80 5000	PPO	\$5,000		\$6,350	20%*	20%*
	Humana	Humana Connect Bronze 6300/6300	HMO	\$6,300		\$6,300	0%*	0%*
	Molina	Molina Marketplace Bronze	HMO	\$4,000	\$300	\$6,350	\$75	40%*
	Preferred	Bronze Select AX Dade	HMO	\$6,350		\$6,350	\$60*	40%*
	Silver	Aetna	Aetna Classic 5000	PPO	\$5,000	\$500	\$6,350	\$60
Ambetter		Ambetter Silver 5	HMO	\$3,000	\$1,000	\$6,350	\$75	\$250*
Cigna		myCigna Health Flex 1500	PPO	\$1,500		\$6,350	30%*	40%*
CoventryOne		Silver \$10 Copay HMO Carelink	HMO	\$3,750	\$1,000	\$6,350	\$75	30%*
Florida Blue		BlueSelect Everyday Health 1443	EPO	\$5,750		\$6,250	10%*	\$150
Florida Blue		BlueCare Everyday Health 1477	HMO	\$5,750		\$6,250	10%*	\$150
Florida Health Care		Essential Silver HMO Partners 43	HMO	\$1,700	\$400	\$3,950 ¹ (\$1,500) ²	40%*	20%*
Florida Health Care		Essential Silver POS 44	POS	\$2,000	\$400	\$4,000 ¹ (\$2,350) ²	30%*	20%*
Health First		Choice Silver 24	PPO	\$2,500	\$500	\$6,350	20%*	30%*
Humana		Humana Connect Silver 4600/6300	HMO	\$4,600	\$1,500	\$6,300	\$35	50%*
Molina		Molina Marketplace Silver	HMO	\$1,700	\$200	\$6,350	\$65	30%*
Preferred		Silver Deluxe AX Dade	HMO	\$4,200	\$800	\$6,350	\$50	40%*

Metal Tier	Carrier	Plan Name	Product	Medical Ded	Drug Ded	OOP Max	Specialist Visit	Specialty Drug
Gold	Aetna	Aetna Premier 2000 PD	PPO	\$2,000	\$500	\$4,500	\$30	50%*
	Ambetter	Ambetter Gold 2	HMO	\$500	\$500	\$6,350	\$75	30%*
	Cigna	myCigna Health Flex 1900	PPO	\$1,900		\$6,350	0%*	0%*
	CoventryOne	Gold \$5 Copay HMO Carelink	HMO	\$1,750	\$250	\$5,000	\$50	20%*
	Florida Blue	BlueSelect Everyday Health 1453	EPO	\$2,500		\$6,250	\$50	\$150
	Florida Blue	BlueCare Everyday Health 1487	HMO	\$2,500		\$6,250	\$50	\$150
	Florida Health Care	Essential Gold HMO 67	HMO	\$1,000		\$2,400 ¹ (\$2,000) ²	20%*	20%
	Florida Health Care	Essential Gold POS 68	POS	\$2,000		\$3,000 ¹ (\$2,000) ²	\$40	20%
	Health First	Choice Gold 90 1500	PPO	\$1,500	\$3,000	10%*	10%*	
	Humana	Humana Connect Gold 2500/3500	HMO	\$2,500	\$500	\$3,500	\$35	35%*
	Molina	Molina Marketplace Gold	HMO	\$250		\$6,350	\$50	20%*
	Preferred	Gold Premier BX Dade	HMO	\$0		\$6,000	\$35	40%*
Platinum	Florida Blue	BlueSelect Everyday Health 1451	EPO	\$850		\$2,500	\$20	\$150
	Florida Blue	BlueCare Everyday Health 1485	HMO	\$850		\$2,500	\$20	\$150
	Florida Health Care	Essential Plus Platinum HMO 65	HMO	\$0		\$1,500 ¹ (\$1,500) ²	\$35	20%
	Florida Health Care	Essential Plus Platinum POS 66	POS	\$0		\$1,000 ¹ (\$500) ²	\$35	20%
	Humana	Humana Connect Platinum 1000/1500	HMO	\$1,000	\$500	\$1,500	\$35	35%*

Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges.

Deductibles are based on in-network provider costs.

*Copay or coinsurance applies after deductible is met.

¹Medical out-of-pocket maximum.

²Prescription drug out-of-pocket maximum.

Table 9: Texas Individual Plan Designs

Metal Tier	Carrier	Plan Name	Product	Medical Ded	Drug Ded	OOP Max	Specialist Visit	Specialty Drug
Bronze	Aetna	Aetna Advantage 6350	PPO	\$6,350		\$6,350	0%*	0%*
	Ambetter	Bronze 3	HMO	\$6,000		\$6,350	40%*	30%*
	BCBS Texas	Blue Advantage Bronze HMO 006	HMO	\$6,000		\$6,000	0%*	0%*
	BCBS Texas	Blue Choice Bronze PPO 006	PPO	\$6,000		\$6,000	0%*	0%*
	Cigna	myCigna Health Flex 5100	PPO	\$5,100		\$6,350	\$65	40%*
	Community First	CommunityFirst Value	HMO	\$5,250		\$6,350	40%*	40%
	Community Health	Community Care Bronze	HMO	\$2,500		\$6,350	\$75	35%*
	First Care	FirstCare Health Plans Bronze	HMO	\$4,500		\$6,350	40%*	40%*
	Humana	Humana Connect Bronze 6300/6300	HMO	\$6,300		\$6,300	0%*	0%*
	Humana	Direct Bronze 6300/6300	EPO	\$6,300		\$6,300	0%*	0%*
	Scott & White	Bronze 6000	HMO	\$6,000		\$6,350	20%*	50%*
	Sendero	IdealCare Essential	HMO	\$4,000		\$6,350	\$50	30%*
Silver	Aetna	Aetna Classic 5000	PPO	\$5,000	\$500	\$6,350	\$60	50%*
	Ambetter	Silver 5	HMO	\$3,000	\$1,000	\$6,350	\$75	\$250*
	BCBS Texas	Blue Advantage Silver HMO 003	HMO	\$6,000		\$6,000	\$50	\$150
	BCBS Texas	Blue Choice Silver PPO 003	PPO	\$6,000		\$6,000	\$50	\$150
	Cigna	myCigna Health Flex 2750	PPO	\$2,750		\$6,350	\$65	40%*
	Community First	CommunityFirst Plus	HMO	\$3,500		\$6,000	\$60	40%
	Community Health	Community Care Silver	HMO	\$0		\$6,350	\$75	35%*
	First Care	FirstCare Health Plans Silver	HMO	\$2,000	\$250	\$6,350	\$65	20%*
	Humana	Humana Connect Silver 4600/6300	HMO	\$4,600	\$1,500	\$6,300	\$35	50%*
	Humana	Direct Silver 4600/6300	EPO	\$4,600	\$1,500	\$6,300	\$35	50%*
	Molina	Molina Marketplace Silver	HMO	\$0		\$6,350	\$75	40%*
	Scott & White	Silver 3000	HMO	\$3,000		\$6,000	\$50	30%*
	Sendero	IdealCare Complete	HMO	\$2,000		\$6,350	\$45	30%*

Metal Tier	Carrier	Plan Name	Product	Medical Ded	Drug Ded	OOP Max	Specialist Visit	Specialty Drug
Gold	Aetna	Aetna Premier 2000 PD	PPO	\$2,000	\$500	\$4,500	\$30	50%*
	Ambetter	Gold 2	HMO	\$500	\$500	\$6,350	\$75	30%*
	BCBS Texas	Blue Advantage Gold HMO 001	HMO	\$3,250		\$3,250	\$50	\$150
	BCBS Texas	Blue Choice Gold PPO 001	PPO	\$3,250		\$3,250	\$50	\$150
	Cigna	myCigna Copay Assure Gold	PPO	\$0		\$5,000	\$35	40%*
	Community First	CommunityFirst Premier	HMO	\$1,500		\$3,000	\$50	40%
	Community Health	Community Care Gold	HMO	\$0		\$5,000	\$60	30%*
	First Care	FirstCare Health Plans	HMO	\$0		\$6,350	\$50	20%
	Humana	Humana Connect Gold 2500/3500	HMO	\$2,500	\$500	\$3,500	\$35	35%*
	Humana	Direct Gold 2500/3500	EPO	\$2,500	\$500	\$3,500	\$35	35%*
	Molina	Molina Marketplace Gold	HMO	\$0		\$6,350	\$55	20%*
	Scott & White	Gold 1000	HMO	\$1,000		\$4,000	\$40	30%*
	Sendero	IdealCare Total	HMO	\$0		\$4,200	\$20	30%*
Platinum	Humana	Humana Connect Platinum 0/1500	HMO	\$0		\$1,500	\$35	35%*
	Humana	Direct Platinum 1000/1500 Plan	EPO	\$335	\$1,000	\$500	\$1,500	\$35

Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges. Deductibles are based on in-network provider costs.
 *Copay or coinsurance applies when deductible is met.

Table 10: New York Individual Plan Designs

Metal Tier	Carrier	Plan Name	Product	Medical Ded	Drug Ded	OOP Max	Specialist Visit	Specialty Drug
Bronze	Affinity	Affinity Essential Bronze	HMO	\$3,000		\$6,350	50%*	\$70*
	CDPHP	Standard HDHMO 3000 RX6	HMO	\$3,000		\$6,350	50%*	\$70*
	Emblem	Select Care Bronze D	HMO	\$3,000		\$6,350	50%*	\$70*
	Empire	Empire Core Guided Access w/HSA - cacm	HMO	\$3,000		\$6,350	50%*	\$70*
	Excellus	Bronze	HDHP	\$3,000		\$6,350	50%*	\$70*
	Fidelis	Fidelis Care Bronze	HMO	\$3,000		\$6,350	50%*	\$70*
	Healthfirst	Bronze Leaf	HMO	\$3,000		\$6,350	50%*	\$70*
	HealthNow	Bronze	EPO	\$3,000		\$6,350	50%*	\$70*
	Health Republic	EssentialCare Bronze	EPO	\$3,000		\$6,350	50%*	\$70*
	Independent Health	Bronze	POS	\$3,000		\$6,350	50%*	\$70*
	MetroPlus	BronzePlus Standard	HMO	\$3,000		\$6,350	50%*	\$70*
	MVP	Premier Bronze	HMO	\$3,000		\$6,350	50%*	\$70*
	North Shore-LIJ	North Shore-LIJ Bronze EPO	EPO	\$3,000		\$6,350	50%*	\$70*
	Oscar	Bronze	EPO	\$3,000		\$6,350	50%*	\$70*
	Today's Options	Bronze	EPO	\$3,000		\$6,350	50%*	\$70*
United	n/a	HMO	\$3,000		\$6,350	50%*	\$70*	
Silver	Affinity	Affinity Essential Silver	HMO	\$2,000		\$5,500	\$50*	\$70
	CDPHP	Standard HMO 30/50 RX6	HMO	\$2,000		\$5,500	\$50*	\$70
	Emblem	Select Care Silver D	HMO	\$2,000		\$5,500	\$50*	\$70
	Empire	Empire Silver Guided Access - cbnw	HMO	\$2,000		\$5,500	\$50*	\$70
	Excellus	Silver	EPO	\$2,000		\$5,500	\$50*	\$70
	Fidelis	Fidelis Care Silver	HMO	\$2,000		\$5,500	\$50*	\$70
	Healthfirst	Silver Leaf	HMO	\$2,000		\$5,500	\$50*	\$70
	HealthNow	Silver	EPO	\$2,000		\$5,500	\$50*	\$70
	Health Republic	EssentialCare Silver	EPO	\$2,000		\$5,500	\$50*	\$70

Metal Tier	Carrier	Plan Name	Product	Medical Ded	Drug Ded	OOP Max	Specialist Visit	Specialty Drug
	Independent Health	Silver	POS	\$2,000		\$5,500	\$50*	\$70
	MetroPlus	SilverPlus Standard	HMO	\$2,000		\$5,500	\$50*	\$70
	MVP	Premier Silver	HMO	\$2,000		\$5,500	\$50*	\$70
	North Shore-LIJ	North Shore-LIJ Silver EPO	EPO	\$2,000		\$5,500	\$50*	\$70
	Oscar	Silver	EPO	\$2,000		\$5,500	\$50*	\$70
	Today's Options	Silver	EPO	\$2,000		\$5,500	\$50*	\$70
	United	n/a	HMO	\$2,000		\$5,500	\$50*	\$70
Gold	Affinity	Affinity Essential Gold	HMO	\$600		\$4,000	\$40*	\$70
	CDPHP	Gold Standard HMO 25/40 RX6	HMO	\$600		\$4,000	\$40*	\$70
	Emblem	Select Care Gold D	HMO	\$600		\$4,000	\$40*	\$70
	Empire	Empire Preferred Guided Access - ccav	HMO	\$600		\$4,000	\$40*	\$70
	Excellus	Gold	EPO	\$600		\$4,000	\$40*	\$70
	Fidelis	Fidelis Care Gold	HMO	\$600		\$4,000	\$40*	\$70
	Healthfirst	Gold Leaf	HMO	\$600		\$4,000	\$40*	\$70
	HealthNow	Gold	EPO	\$600		\$4,000	\$40*	\$70
	Health Republic	EssentialCare Gold	EPO	\$600		\$4,000	\$40*	\$70
	Independent Health	Gold	POS	\$600		\$4,000	\$40*	\$70
	MetroPlus	GoldPlus Standard	HMO	\$600		\$4,000	\$40*	\$70
	MVP	Premier Gold	HMO	\$600		\$4,000	\$40*	\$70
	North Shore-LIJ	North Shore-LIJ Gold EPO	EPO	\$600		\$4,000	\$40*	\$70
	Oscar	Gold	EPO	\$600		\$4,000	\$40*	\$70
	Today's Options	Gold	EPO	\$600		\$4,000	\$40*	\$70
United	n/a	HMO	\$600		\$4,000	\$40*	\$70	
Platinum	Affinity	Affinity Essential Platinum	HMO	\$0		\$2,000	\$35*	\$60
	CDPHP	Platinum Standard HMO 15/35 RX6	HMO	\$0		\$2,000	\$35*	\$60
	Empire	Empire Premier Guided Access - ceaf	HMO	\$0		\$2,000	\$35*	\$60

Metal Tier	Carrier	Plan Name	Product	Medical Ded	Drug Ded	OOP Max	Specialist Visit	Specialty Drug
	Excellus	Platinum	EPO	\$0		\$2,000	\$35*	\$60
	Fidelis	Fidelis Care Platinum	HMO	\$0		\$2,000	\$35*	\$60
	Healthfirst	Platinum Leaf	HMO	\$0		\$2,000	\$35*	\$60
	HealthNow	Platinum	EPO	\$0		\$2,000	\$35*	\$60
	Health Republic	EssentialCare Platinum	EPO	\$0		\$2,000	\$35*	\$60
	Independent Health	Platinum	POS	\$0		\$2,000	\$35*	\$60
	MetroPlus	PlatinumPlus Standard	HMO	\$0		\$2,000	\$35*	\$60
	MVP	Premier Platinum	HMO	\$0		\$2,000	\$35*	\$60
	Fidelis	Fidelis Care Platinum	HMO	\$0		\$2,000	\$35*	\$60
	North Shore-LIJ	North Shore-LIJ Platinum EPO	EPO	\$0		\$2,000	\$35*	\$60
	Oscar	Platinum	EPO	\$0		\$2,000	\$35*	\$60
	Today's Options	Platinum	EPO	\$0		\$2,000	\$35*	\$60
	United	n/a	HMO	\$0		\$2,000	\$35*	\$60

Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges. Deductibles are based on in-network provider costs. *Copay or coinsurance applies when deductible is met.

SUMMARY OF PREMIUM RATES

Table 11: Los Angeles Individual Monthly Premiums

Metal Tier	Carrier	Plan Name	Product	Monthly Premium
Bronze	Anthem	Anthem Core Direct Access - cacg	EPO	\$302
	Blue Shield	Basic PPO	PPO	\$307
	Health Net	PPO Bronze \$60/\$5000	PPO	\$312
	Kaiser	Deductible Bronze \$5000/\$60	HMO	\$323
	L.A. Care	L.A. Care Covered Bronze HMO	HMO	\$274
	Molina	Molina Bronze 60 HMO	HMO	\$298
Silver	Anthem	Anthem Essential Direct Access - cbmm	HMO	\$375
	Blue Shield	Enhanced PPO	PPO	\$372
	Health Net	Community Care HMO Silver \$45/\$2000	HMO	\$327
	Kaiser	Deductible Silver \$2000/\$45	HMO	\$433
	L.A. Care	L.A. Care Covered Silver HMO	HMO	\$370
	Molina	Molina Silver 70 HMO	HMO	\$382
Gold	Anthem	Anthem Preferred Guided Access - ccaw	HMO	\$469
	Blue Shield	Preferred PPO	PPO	\$438
	Health Net	Community Care HMO Gold \$30/\$0	HMO	\$369
	Kaiser	Copayment Gold \$0/\$30	HMO	\$526
	L.A. Care	LA Care Covered Gold HMO	HMO	\$419
	Molina	Molina Gold 80 HMO	HMO	\$416
Platinum	Anthem	Anthem Premier Guided Access - cead	HMO	\$536
	Blue Shield	Ultimate PPO	PPO	\$502
	Health Net	Community Care HMO Platinum \$20/\$0	HMO	\$417
	Kaiser	Copayment Platinum \$0/\$20	HMO	\$566
	L.A. Care	L.A. Care Covered Platinum HMO	HMO	\$463

	Molina	Molina Platinum 90 HMO	HMO	\$499
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Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges.

Table 12: Miami Individual Monthly Premiums

Metal Tier	Carrier	Plan Name	Product	Monthly Premium
Bronze	Aetna	Aetna Advantage 6350	PPO	\$365
	Ambetter	Ambetter Bronze 3	HMO	\$399
	Cigna	myCigna Health Savings 6100	PPO	\$414
	CoventryOne	Bronze Deductible Only HMO HSA Eligible Carelink	HMO	\$277
	Florida Blue	BlueSelect Essential (HSA) 1452	EPO	\$402
	Florida Blue	BlueCare Essential (HSA) 1486	HMO	\$448
	Humana	Humana Connect Bronze 6300/6300	HMO	\$337
	Molina	Molina Marketplace Bronze	HMO	\$382
	Preferred	Bronze Select AX Dade	HMO	\$290
Silver	Aetna	Aetna Classic 5000	PPO	\$445
	Ambetter	Ambetter Silver 5	HMO	\$482
	Cigna	myCigna Health Flex 1500	PPO	\$490
	CoventryOne	Silver \$10 Copay HMO Carelink	HMO	\$376
	Florida Blue	BlueSelect Everyday Health 1443	EPO	\$446
	Florida Blue	BlueCare Everyday Health 1477	HMO	\$499
	Humana	Humana Connect Silver 4600/6300	HMO	\$383
	Molina	Molina Marketplace Silver	HMO	\$431
	Preferred	Silver Deluxe AX Dade	HMO	\$345
Gold	Aetna	Aetna Premier 2000 PD	PPO	\$533
	Ambetter	Ambetter Gold 2	HMO	\$594
	Cigna	myCigna Health Flex 1900	PPO	\$565

Metal Tier	Carrier	Plan Name	Product	Monthly Premium
	CoventryOne	Gold \$5 Copay HMO Carelink	HMO	\$408
	Florida Blue	BlueSelect Everyday Health 1453	EPO	\$513
	Florida Blue	BlueCare Everyday Health 1487	HMO	\$573
	Humana	Humana Connect Gold 2500/3500	HMO	\$441
	Molina	Molina Marketplace Gold	HMO	\$487
	Preferred	Gold Premier BX Dade	HMO	\$514
Platinum	Florida Blue	BlueSelect Everyday Health 1451	EPO	\$573
	Florida Blue	BlueCare Everyday Health 1485	HMO	\$635
	Humana	Humana Connect Platinum 1000/1500	HMO	\$498

Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges.

Table 13: Houston Individual Monthly Premiums

Metal Tier	Carrier	Plan Name	Product	Monthly Premium
Bronze	Aetna	Aetna Advantage 6350	PPO	\$353
	BCBS Texas	Blue Advantage Bronze HMO 006	HMO	\$234
	BCBS Texas	Blue Choice Bronze PPO 006	PPO	\$312
	Cigna	myCigna Health Flex 5100	PPO	\$347
	Community	Community Care Bronze	HMO	\$374
	Humana	Humana Connect Bronze 6300/6300	HMO	\$307
Silver	Aetna	Aetna Classic 5000	PPO	\$436
	BCBS Texas	Blue Advantage Silver HMO 003	HMO	\$332
	BCBS Texas	Blue Choice Silver PPO 003	PPO	\$430
	Cigna	myCigna Health Flex 2750	PPO	\$403
	Community	Community Care Silver	HMO	\$479
	Humana	Humana Connect Silver 4600/6300	HMO	\$348

	Molina	Molina Marketplace Silver	HMO	\$438
Gold	Aetna	Aetna Premier 2000 PD	PPO	\$520
	BCBS Texas	Blue Advantage Gold HMO 001	HMO	\$408
	BCBS Texas	Blue Choice Gold PPO 001	PPO	\$520
	Cigna	myCigna Copay Assure Gold	PPO	\$480
	Community	Community Care Gold	HMO	\$514
	Humana	Humana Connect Gold 2500/3500	HMO	\$397
	Molina	Molina Marketplace Gold	HMO	\$487
Platinum	Humana	Humana Connect Platinum 0/1500	HMO	\$482

Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges.

Table 14: New York City Individual Monthly Premiums

Metal Tier	Carrier	Plan Name	Product	Monthly Premium
Bronze	Affinity	Affinity Essential Bronze	HMO	\$379
	Emblem	Select Care Bronze D	HMO	\$333
	Empire	Empire Core Guided Access w/HSA - cacm	HMO	\$377
	Fidelis	Fidelis Care Bronze	HMO	\$308
	Healthfirst	Bronze Leaf	HMO	\$376
	Health Republic	EssentialCare Bronze	EPO	\$307
	MetroPlus	BronzePlus Standard	HMO	\$334
	North Shore-LIJ	North Shore-LIJ Bronze EPO	EPO	\$330
	Oscar	Bronze	EPO	\$340
	United	n/a	HMO	\$548
Silver	Affinity	Affinity Essential Silver	HMO	\$442
	Emblem	Select Care Silver D	HMO	\$385
	Empire	Empire Silver Guided Access - cbnw	HMO	\$439
	Fidelis	Fidelis Care Silver	HMO	\$390

Metal Tier	Carrier	Plan Name	Product	Monthly Premium
	Healthfirst	Silver Leaf	HMO	\$440
	Health Republic	EssentialCare Silver	EPO	\$387
	MetroPlus	SilverPlus Standard	HMO	\$359
	North Shore-LIJ	North Shore-LIJ Silver EPO	EPO	\$420
	Oscar	Silver	EPO	\$419
	United	n/a	HMO	\$642
Gold	Affinity	Affinity Essential Gold	HMO	\$510
	Emblem	Select Care Gold D	HMO	\$461
	Empire	Empire Preferred Guided Access - ccav	HMO	\$523
	Fidelis	Fidelis Care Gold	HMO	\$478
	Healthfirst	Gold Leaf	HMO	\$514
	Health Republic	EssentialCare Gold	EPO	\$439
	MetroPlus	GoldPlus Standard	HMO	\$396
	North Shore-LIJ	North Shore-LIJ Gold EPO	EPO	\$487
	Oscar	Gold	EPO	\$486
	United	n/a	HMO	\$760
Platinum	Affinity	Affinity Essential Platinum	HMO	\$601
	Empire	Empire Premier Guided Access - ceaf	HMO	\$621
	Fidelis	Fidelis Care Platinum	HMO	\$577
	Healthfirst	Platinum Leaf	HMO	\$609
	Health Republic	EssentialCare Platinum	EPO	\$516
	MetroPlus	PlatinumPlus Standard	HMO	\$443
	North Shore-LIJ	North Shore-LIJ Platinum EPO	EPO	\$568
	Oscar	Platinum	EPO	\$566
	United	n/a	HMO	\$896

Believed to be accurate as of mid-November, 2013. Sources are subject to information updates by insurers or exchanges.

DATA SOURCES

State	Carrier	Access Date	Premium and Benefit Design	Formulary
CA	Anthem	11/20/2013	https://www.coveredca.com/	https://www.anthem.com/ca/health-insurance/health-plans/
	Blue Shield	11/19/2013	https://www.coveredca.com/	https://www.blueshieldca.com/home
	CCHP	12/17/2013	https://www.coveredca.com/	Website unavailable
	Contra Costa	12/17/2013	https://www.coveredca.com/	http://cchealth.org/healthplan/
	Health Net	11/19/2013	https://www.coveredca.com/	https://www.healthnet.com/
	Kaiser	11/19/2013	https://www.coveredca.com/	https://healthy.kaiserpermanente.org/html/kaiser/index.shtml
	L.A. Care	11/19/2013	https://www.coveredca.com/	http://www.lacare.org/
	Molina	11/8/2013	https://www.coveredca.com/	http://www.molinahealthcare.com/members/ca/en-us/hp/marketplace/pages/marketplace.aspx
	Sharp	12/17/2013	https://www.coveredca.com/	https://www.sharphealthplan.com/
	Valley	12/17/2013	https://www.coveredca.com/	http://www.valleyhealthplan.org/
	Western Health	12/17/2013	https://www.coveredca.com/	https://www.westernhealth.com/
FL	Aetna	11/13/2013	https://www.healthcare.gov/	http://www.aetna.com/individuals-families/health-insurance-exchange/florida-health-insurance-exchange.html
	Ambetter	11/18/2013	https://www.healthcare.gov/	http://ambetter.sunshinehealth.com/
	Cigna	11/18/2013	https://www.healthcare.gov/	http://www.cigna.com/individuals-families/plan-evaluator?state=florida
	CoventryOne	11/14/2013	https://www.healthcare.gov/	http://coventryone.com/individual-health-insurance/florida/index.htm
	Florida Blue	11/15/2013	https://www.healthcare.gov/	n/a*
	Florida HealthCare	12/17/2013	https://www.healthcare.gov/	http://www.fhcp.com/
	Health First	12/17/2013	https://www.healthcare.gov/	http://www.health-first.org/
	Humana	11/15/2013	https://www.healthcare.gov/	http://www.humana.com/
	Molina	11/15/2013	https://www.healthcare.gov/	http://www.molinahealthcare.com/members/fl/en-us/hp/marketplace/pages/marketplace.aspx
	Preferred	11/20/2013	https://www.healthcare.gov/	n/a*
TX	Aetna	11/11/2013	https://www.healthcare.gov/	http://www.aetna.com/individuals-families/health-insurance-exchange/texas-health-insurance-exchange.html
	Ambetter	12/17/2013	https://www.healthcare.gov/	http://www.superiorhealthplan.com/
	BCBS Texas ⁴	11/11/2013	https://www.healthcare.gov/	http://www.bcbstx.com/
	Cigna	11/11/2013	https://www.healthcare.gov/	http://www.cigna.com/individuals-families/plan-evaluator?state=texas
	Community First	12/17/2013	https://www.healthcare.gov/	http://www.cfhp.com/
	Community Health	11/11/2013	https://www.healthcare.gov/	https://www.chchealth.org/AffordableHealth/
	First Care	12/17/2013	https://www.healthcare.gov/	http://www.firstcare.com/
	Humana ³	11/12/2013	https://www.healthcare.gov/	http://www.humana.com/

State	Carrier	Access Date	Premium and Benefit Design	Formulary
	Molina	11/12/2013	https://www.healthcare.gov/	http://www.molinahealthcare.com/members/tx/en-US/hp/marketplace/Pages/marketplace.aspx
	Scott & White	12/17/2013	https://www.healthcare.gov/	https://swhp.org/
	Sendero	12/17/2013	https://www.healthcare.gov/	http://www.senderohealth.com/en/idealcare/
NY	Affinity	11/27/2013	https://nystateofhealth.ny.gov/	https://www.affinityplan.org/
	CDPHP	12/17/2013	https://nystateofhealth.ny.gov/	http://www.cdphp.com/
	Emblem	11/27/2013	https://nystateofhealth.ny.gov/	https://www.emblemhealth.com/
	Empire	11/27/2013	https://nystateofhealth.ny.gov/	https://www.empireblue.com/
	Excellus	12/17/2013	https://nystateofhealth.ny.gov/	https://www.excellusbcb.com/
	Fidelis	11/27/2013	https://nystateofhealth.ny.gov/	https://www.fideliscare.org/
	Healthfirst	11/27/2013	https://nystateofhealth.ny.gov/	n/a*
	HealthNow	12/17/2013	https://nystateofhealth.ny.gov/	https://www.healthnowny.com/
	Health Republic	11/27/2013	https://nystateofhealth.ny.gov/	https://newyork.healthrepublic.us/
	Independent Health	12/17/2013	https://nystateofhealth.ny.gov/	https://www.independenthealth.com/
	MetroPlus	11/27/2013	https://nystateofhealth.ny.gov/	https://www.metroplus.org/
	MVP	12/17/2013	https://nystateofhealth.ny.gov/	http://www.mvphealthcare.com/
	Fidelis	11/27/2013	https://nystateofhealth.ny.gov/	https://www.fideliscare.org/
	North Shore-LIJ	11/27/2013	https://nystateofhealth.ny.gov/	https://www.nsjicareconnect.com/
	Oscar	11/27/2013	https://nystateofhealth.ny.gov/	https://www.hioscar.com/
Today's Options	12/17/2013	https://nystateofhealth.ny.gov/	http://www.todaysoptionsny.com/	
United	11/27/2013	https://nystateofhealth.ny.gov/	n/a*	

*Formularies may have become available in the interim between the access date and the published date of this report.

State	Carrier	Access Date	Network
CA	Anthem	11/20/2013	http://www.anthem.com/wps/portal/ca/popcontent?content_path=shared/f1/s0/t0/pw_e206382.htm
	Blue Shield	11/19/2013	https://www.blueshieldca.com/fap/app/search.html
	CCHP	12/17/2013	Website unavailable
	Contra Costa	12/17/2013	http://cchealth.org/healthplan/provider-directory.php
	Health Net	11/19/2013	https://www.healthnet.com/portal/providerSearch.action
	Kaiser	11/19/2013	https://healthy.kaiserpermanente.org/health/care/consumer/locate-our-services/doctors-and-locations?searchtype=locations
	L.A. Care	11/19/2013	http://www.lacarecovered.org/shop-plan/find-doctor-or-hospital
	Molina	11/8/2013	https://eportal.molinahealthcare.com/Provider/ProviderSearch?RedirectFrom=MolinaStaticWeb
	Sharp	12/17/2013	https://www.sharphealthplan.com/index.php/find-a-doctor/
	Valley	12/17/2013	http://www.valleyhealthplan.org/sites/shoppers/ccp/pn/Pages/Provider-Search-ccp.aspx

State	Carrier	Access Date	Network
	Western Health	12/17/2013	https://www.westernhealth.com/
FL	Aetna	11/13/2013	http://www.aetna.com/dse/search?site_id=QualifiedHealthPlanDoctors
	Ambetter	11/18/2013	http://apps.sunshinestatehealth.com/findadoc/changeNetwork?prodId=878
	Cigna	11/18/2013	http://ifphcpdir.cigna.com/web/public/ifphcpdirectory!/ut/p/b1/04_Sj9CPykssy0xPLMnMz0vMAfGjzOLdvQIDDA0sHL2N3ExMDTzD_CxD3fwtDQwMTIEKIoEKDHAARwNC-sP1o8BK8Jjg55Gfm6pfkBthoOuoqAgA6bB56g!!/dl4/d5/L2dBIS9nQSEh/
	CoventryOne	11/14/2013	http://coventryone.com/individual-health-insurance/florida/education-and-resources/tools/find-a-doctor/index.htm
	Florida Blue	11/15/2013	http://myportal.bcbsfl.com/wps/portal/opd
	Florida HealthCare	12/17/2013	http://www.fhcp.com/find-providers/physician
	Health First	12/17/2013	http://www.health-first.org/find_physician/index.cfm
	Humana	11/15/2013	http://pfp.humana.com/Pfp/FindNetwork.aspx
	Molina	11/15/2013	https://eportal.molinahealthcare.com/Provider/ProviderSearch?RedirectFrom=MolinaStaticWeb
	Preferred	11/20/2013	https://www.pmpmarketplace.com/plans
TX	Aetna	11/11/2013	http://www.aetna.com/dse/search?site_id=QualifiedHealthPlanDoctors
	Ambetter	12/17/2013	http://apps.superiorhealthplan.com/findadoc
	BCBS Texas ⁴	11/11/2013	https://public.hcsc.net/providerfinder/search.do?corpEntCd=TX1
	Cigna	11/11/2013	http://www.cigna.com
	Community First	12/17/2013	http://www.cfnp.com/FindaPhysician/index.asp
	Community Health	11/11/2013	https://www.chchealth.org/AffordableHealth/Search/ProviderFind.aspx
	First Care	12/17/2013	http://www.firstcare.com/marketplace
	Humana ³	11/12/2013	http://pfp.humana.com/Pfp/FindNetwork.aspx#SelectNetworkAnchor https://www.humana.com/about/national-transplant-network-locator/
	Molina	11/12/2013	http://www.molinahealthcare.com/members/tx/en-us/Pages/home.aspx
	Scott & White	12/17/2013	https://swhp.org/members/manage-your-plan/find-provider
Sendero	12/17/2013	http://www.senderohealth.com/en/idealcarenetwork	
NY	Affinity	11/8/2013	http://providerlookup.affinityplan.org/
	CDPHP	12/17/2013	http://www.cdphp.com/Members
	Emblem	11/20/2013	http://www.emblemhealth.com/find-a-doctor/directory
	Empire	11/20/2013	https://www.empireblue.com/health-insurance/provider-directory/searchcriteria?qs=*rWFBrhVa3F016S+tg3jHPA==&brand=ebcbs#
	Excellus	12/17/2013	https://www.excellusbcbcs.com/wps/portal/xl
	Fidelis	11/7/2013	http://www.fideliscare.org/apps/providersearch/
	Healthfirst	11/8/2013	http://www.providerlookuponline.com/healthfirst/po7/Search.aspx
	Health Now	12/17/2013	https://securews.bcbswny.com/web/content/WNYmember/home.html?redirectToConstituent=true/
	Health Republic	11/7/2013	http://newyork.healthrepublic.us/providerdirectory/
	Independent Health	12/17/2013	https://www.independenthealth.com/
	MetroPlus	11/7/2013	https://www.metroplus.org/Search/Find-a-Hospital-Other-Services
	MVP	12/17/2013	https://www.mvphealthcare.com/

State	Carrier	Access Date	Network
	North Shore-LIJ	11/12/2013	http://www.nsljicareconnect.com/provider-search/
	Oscar	11/11/2013	https://www.hioscar.com/
	Today's Options	12/17/2013	http://www.todaysoptionsny.com/
	United	11/12/2013	Unavailable online – received information after telephone request

*Because of Kaiser's unique care model, it collaborates with non-Kaiser institutions. We obtained additional information from Kaiser sources.

**Networks may have been updated in the interim between the access date and the published date of this report.