AIDS FOUNDATION OF CHICAGO 30 YEARS OF ACTION

HIV Pre-Exposure Prophylaxis (PrEP) Coverage on the Illinois Health Marketplace

People who are HIV-negative but vulnerable to HIV infection may be able to take a medication to help prevent HIV. Currently only one medication, Truvada, is approved by the U.S. Food and Drug Administration for the prevention of HIV. It is also recommended by the Centers for Disease Control and Prevention. Learn more about PrEP at www.myprepexperience.org.

This document summarizes the monthly out-of-pocket cost a person can expect to pay for Truvada under each of the plans on the Illinois health insurance marketplace. To learn more about the marketplace and health coverage, get started at www.GetCoveredIllinois.com.

To date, AFC has not heard reports of insurance companies denying coverage of Truvada as PrEP, but coverage levels vary. For more information on insurance company coverage of Truvada for PrEP, as well as personal stories of people using insurance to access PrEP, visit www.myprepexperience.org.

Please bear in mind that insurance companies can change their formulary and coverage at any time. Always verify medication coverage directly with a plan before enrolling.

All coverage information was accessed between Nov. 10 and Dec. 1, 2014, using the marketplace website (healthcare.gov), the health insurance companies' websites, and calls to insurance companies' customer service representatives. *This information may change at any time and should be verified with the insurance company before enrolling in any plan.*

Coinsurance costs are based on the average wholesale price of Truvada of $1,539.90 per month, as listed in the 2014 Positively Aware HIV Drug Guide, which can be found here: http://positivelyaware.com/2014/14-03/drugguide.shtml

Actual prices will vary between pharmacies, and consumers should check with pharmacies before purchasing medications or selecting a plan that relies on coinsurance. Consumers should strongly consider selecting a plan that requires a copay rather than coinsurance. A copay is a fixed and predictable amount of money and is typically considerably less expensive than coinsurance when applied to a medication as costly as Truvada.

When choosing a plan, also consider how much it will cost to visit your health care provider four times a year for HIV and STI testing and lab work, as recommended by medical guidelines for people who take PrEP. Make sure your provider of choice is in the health plan's network to save the most money.

IMPORTANT: Gilead (the manufacturer of Truvada) has a copay assistance card that will help you afford the cost of Truvada. You can apply for a card at www.GileadCoPay.com. The card will pay up to $300 per month towards the cost of your prescription. Note that not all insurance plans will allow you to use a

copay card. Check with your pharmacy and insurance plan before enrolling.

Gilead also has a Medication Assistance Program that helps people without insurance access Truvada as PrEP. Information can be found here:

https://start.truvada.com/Content/pdf/Medication_Assistance_Program.pdf.

Need help choosing a plan?

For help applying for coverage — either marketplace plans or Medicaid — please contact AFC's in-person counselors at 312-784-9060.

More Information

This document was prepared by Daliah Mehdi, chief clinical officer, the AIDS Foundation of Chicago, dmehdi@aidschicago.org, 312-334-0969.

Plan Information

Assurant

The Assurant formulary can be found here:

http://www.assuranthealth.com/brochures/preferred-drug-list/AssurantHealthPreferredDrugListTier3.pdf

Truvada is on the "Preferred Brand" tier.

Metal level	Plan name	Preferred brand coverage	Monthly cost of Truvada (after deductible met)	Deductible
Bronze	001	100% covered	$0	$6,000
	002	25% coinsurance	$384.98	$5,000
Silver	001	100% covered	$0	$3,500
	002	$35 copay	$35	$2,000 (copay applies before deductible met)
Gold	002	$35 copay	$35	$0
Platinum	002	$30 copay	$30	$0

Blue Cross Blue Shield of Illinois (BCBS)

All plans offered through the Marketplace use either the 2015 Standard Formulary or the 2015 Generics Plus Formulary.

The Standard Formulary can be found here:

http://www.bcbsil.com/PDF/rx/rx-drug-list-std-5tier-il-2015.pdf

The Generics Plus Formulary can be found here:

http://www.bcbsil.com/PDF/rx/rx-drug-list-gen-5tier-il-2015.pdf

On both formularies Truvada is Tier 3.

Plan name	**Tier 3 coverage**	**Monthly cost of Truvada**	**Deductible**
Blue Choice Bronze PPO 006	100%	$0	$6,000
Blue Choice Bronze PPO 005	20% coinsurance	$307.98	$5,000
Blue Precision Bronze HMO 003	40% coinsurance	$615.96	$6,000
Blue PPO Bronze 006	100%	$0	$6,000
Blue PPO Bronze 005	20% coinsurance	$307.98	$5,000
Bronze BCBS Basic 5 Multistate	30% coinsurance	$461.79	$3,750
All silver plans and Blue Precision Gold HMO	$50 copay	$50	Copay applies before deductible met
All gold plans, except Blue Precision Gold HMO	$35 copay	$35	Copay applies before deductible met

Coventry

The Coventry drug formulary can be found here:
http://client.formularynavigator.com/Search.aspx?siteCode=5312228803

Truvada is Tier 5.

Plan name	**Tier 5 coverage**	**Monthly cost of Truvada**	**Deductible**
Coventry Bronze $20 Copay Select	50% after deductible met	$769.95	$5,750
Coventry Bronze Deductible Only HSA Eligible Select	100% after deductible met	$0	$6,300
Coventry Silver $10 Copay Select	50% after deductible met	$769.95	$500 pharmacy deductible
Coventry Silver $5 Copay 2750 Select	50% after deductible met	$769.95	$2,750
Coventry Gold $5 Copay Select	50% after deductible met	$769.95	$250 pharmacy deductible

Health Alliance

The Health Alliance Public Marketplace formulary, used in all marketplace plans, can be found here: https://www.healthalliance.org/media/Health_Alliance_Comprehensive_Formulary_Public.pdf

Truvada is Tier 5.

Plan name	Tier 5 Coverage	Monthly cost of Truvada	Deductible
Health Alliance HMO 4000b Silver	$150	$150	$4,000
Health Alliance HMO 1500a Gold & Health Alliance HMO 1500b Gold	$150	$150	$1,500
Health Alliance HMO 2750 Gold	$150	$150	$2,750
Health Alliance HMO HSA 3000 Bronze	$300	$300	$3,000
Health Alliance HMO 5000c Silver	$300	$300	$5,000
Health Alliance PPO 4500b Silver	$300	$300	$4,500
Health Alliance POS 5000a Bronze	20% coinsurance	$307.98	$5,000
Health Alliance POS HSA 3750a Bronze	30% coinsurance	$461.79	$3,750
Health Alliance HMO 4000D Bronze & Health Alliance POS 4000a Bronze	50% coinsurance	$769.95	$4,000
Health Alliance POS HSA 3750c Bronze	45% coinsurance	$692.96	$3,750
Health Alliance POS HSA 2000 Gold	$0 after deductible	$0 after deductible	$2,000
Health Alliance POS HSA 2100a Gold	$0 after deductible	$0 after deductible	$2,100
Health Alliance PPO 2000 Gold	$150	$150	$2,000
Health Alliance PP0 4000 Silver	$210	$210	$4,000
Health Alliance PPO 3250b Gold	$210	$210	$3,250
Health Alliance POS 6000b Silver	$210	$210	$6,000

Humana

All marketplace plans use either the Rx5 Plus formulary or the HDHP Plus formulary.

The Rx5 Plus formulary can be found here:

http://apps.humana.com/marketing/documents.asp?file=2323815

The HDHP Plus formulary can be found here:

http://apps.humana.com/marketing/documents.asp?file=2323880

Truvada is listed as Tier 5 in both formularies.

Plan type	Plan name	Tier 5 coverage	Monthly Cost of Truvada (after deductible met)	Deductible
HMO	Humana Bronze 6300/Chicago HMOx	100% covered	$0	$6,300
	Humana Bronze 4850/Chicago HMOx	50% coinsurance	$769.95	$1,500 pharmacy deductible
	Humana Silver 4600/Chicago HMOx	50% coinsurance	$769.95	$1,500 pharmacy deductible
	Humana Gold 2500/Chicago HMOx	35% coinsurance	$538.97	$500 pharmacy deductible
	Humana Platinum1000/Chicago HMOx	35% coinsurance	$538.97	$500 pharmacy deductible
POS	Humana Bronze 6300/Choice POS	100% covered	$0	$6,300
	Humana Bronze 4850/Choice POS	50% coinsurance	$769.95	$1,500 pharmacy deductible
	Humana Silver 4250/Choice POS	50% coinsurance	$769.95	$1,500 pharmacy deductible
	Humana Silver 3650/Choice POS	100% covered	$0	$3,650
	Humana Gold 2500/Choice POS	35% coinsurance	$538.97	$500 pharmacy deductible

IlliniCare

The IlliniCare drug formulary can be found here:
http://marketplace.illinicare.com/files/2014/11/ILLINICARE-HEALTH_PDL-2015_FINAL.pdf

Truvada is Tier 2.

Metal Level	Plan	Tier 2	Monthly cost of Truvada	Deductible
Bronze	Ambetter Essential Care 1	100% after deductible	$0	$6,500
	Ambetter Essential Care 2	$50 after deductible	$50	$5,000
	Ambetter Essential Care 3	$50 after deductible	$50	$6,000
	Ambetter Essential Care 4	$100 after deductible	$100	$4,000
Silver	Ambetter Balanced Care 1	$60 after deductible	$60	$750 pharmacy deductible
	Ambetter Balanced Care 2	$50 copay	$50	$5,000
	Ambetter Balanced Care 3	$50 after deductible	$50	$1000 pharmacy deductible
	Ambetter Balanced Care 4	$50 copay	$50	$2,000
Gold	Ambetter Secure Care 1	$25 after deductible	$25	$500 pharmacy deductible
	Ambetter Secure Care 2	$30 after deductible	$30	$500 pharmacy deductible
Platinum	Ambetter Platinum Care 1	$40 after deductible	$40	$250 pharmacy deductible

Land of Lincoln

The Land of Lincoln formulary can be found here:

https://www.landoflincolnhealth.org/wp-content/uploads/2014/10/2015_formulary_llh.pdf

Truvada is Tier 2.

Coverage begins immediately (i.e. before deductible is met) unless otherwise noted.

Plan name	Tier 2 coverage	Monthly cost of Truvada	Deductible
Freedom PPO Bronze	40% coinsurance after deductible met	$615.96	$5,500
Preferred PPO Bronze	40% coinsurance after deductible met	$615.96	$4,000
Adventist LLH Bronze PPO 5000	25% coinsurance after deductible met	$384.98	$5,000
Freedom PPO Silver	$35 copay after deductible met	$35	$4,250
Preferred PPO Silver	30% coinsurance after deductible met	$461.79	$1,500
CO-OPtions Land of Lincoln National Elite Silver	$35 copay	$35	$3,750
LLH Family Health Network Silver 3100	$35 copay	$35	$3,100
Swedish Covenant Land of Lincoln Silver	$35 copay	$35	$3,500
Illinois Health Partners Land of Lincoln Silver	$35 copay	$35	$2,500
Adventist Land of Lincoln Silver PPO 3000	$35 copay	$35	$3,000
Presence Health Land of Lincoln Silver PPO	$35 copay	$35	$3,000
Chicago Health System Land of Lincoln PPO Silver	$35 copay	$35	$2,500
Freedom PPO Gold	$35 copay	$35	$500

Preferred PPO Gold	20% coinsurance after deductible met	$307.98	$1,350
CO-OPtions Land of Lincoln National Elite Gold	$35 copay	$35	$500
Swedish Covenant Land of Lincoln Gold	$35 copay	$35	$400
Illinois Health Partners Land of Lincoln Gold	$35 copay	$35	$400
Adventist Land of Lincoln Gold PPO 500	$35 copay	$35	$500
Chicago Health System Land of Lincoln PPO Gold	$35 copay	$35	$750
Champion PPO Gold	$35 copay	$35	$400
Presence Health Land of Lincoln Gold PPO	$35 copay	$35	$400
Swedish Covenant Land of Lincoln Platinum	$25 copay	$25	$0
Illinois Health Partners Land of Lincoln Platinum	$25 copay	$25	$0
Adventist Land of Lincoln Platinum PPO 250	$25 copay	$25	$250
Champion PPO Platinum	$25 copay	$25	$0
Presence Health Land of Lincoln Platinum PPO	$25 copay	$25	$0

UnitedHealthcare

The UnitedHealthcare formulary can be found here:

http://xil.welcometouhc.com/files/baselineresponsive/content/global_assets/Exchanges/Essential%20PDL.pdf

Despite being listed as Tier 2, Truvada is designated as a specialty medication and is covered accordingly.

Plan name	**Specialty drug coverage**	**Monthly cost of Truvada**	**Deductible**
UnitedHealthcare Bronze Compass HSA 4900	30% coinsurance after deductible has been met	$461.97	$4,900
UnitedHealthcare Bronze Compass 5500	30% coinsurance after deductible has been met	$461.97	$5,500
UnitedHealthcare Silver Compass HSA 2600	30% coinsurance after deductible has been met	$461.97	$2,600
UnitedHealthcare Silver Compass 2000	30% coinsurance after deductible has been met	$461.97	$500 pharmacy deductible
UnitedHealthcare Silver Compass 3500	30% coinsurance after deductible has been met	$461.97	$1,000 pharmacy deductible
UnitedHealthcare Silver Compass 5000	30% coinsurance after deductible has been met	$461.97	$1,000 pharmacy deductible
UnitedHealthcare Silver Compass HSA 1600	30% coinsurance after deductible has been met	$461.97	$1,600

UnitedHealthcare Gold Compass 500	30% coinsurance after deductible has been met	$461.97	$250 pharmacy deductible
UnitedHealthcare Gold Compass 1250	30% coinsurance after deductible has been met	$461.97	$500 pharmacy deductible
UnitedHealthcare Platinum Compass 250	30% coinsurance after deductible has been met	$461.97	$250