

## Cost of HIV Medications in the Illinois Health Insurance Marketplace

December 1, 2014

To help people with HIV choose health insurance marketplace plans, the AIDS Foundation of Chicago (AFC) has collected information on HIV medication coverage for each plan. This document gives <u>examples</u> of what a person with HIV <u>might</u> pay for HIV medications.

#### Keep in mind:

- Do not rely solely on the information in this document to choose a plan it is only a guide.

  Consult a trained enrollment assister for help in selecting a plan. You can reach AFC's navigators at 312-784-9060.
- Always verify medication coverage directly with a plan before enrolling. Insurance companies can change their coverage without telling consumers.
- We only looked at the cost and coverage of a few HIV medications. Contact the plans directly if you take medications that are not listed here.
- Act fast! You must enroll by Monday, Dec. 15, 2014 for coverage to begin on Jan. 1, 2015. The deadline for enrolling in a marketplace plan for 2015 is Sunday, Feb. 15, 2015.
- The Illinois Medication Assistance Program (MAP) (formerly ADAP) and the Premium Assistance
  Program (PAP-formerly CHIC) can help! If you sign up for the MAP and/or PAP and enroll in a
  coordinating plan, you won't pay premiums or any out-of-pocket costs for HIV medications. Read
  more about MAP below. Please be reminded that MAP pays for the medication portions, PAP pays
  for the premiums.

# Need help choosing a plan?

For help applying for coverage, either Marketplace plans or Medicaid, please contact AFC's health insurance navigators at 312-784-9060. All of our navigators are familiar with the unique concerns of people impacted by HIV.

# HIV medications are in many cases unaffordable

AFC's analysis shows that three companies – Assurant, BlueCross BlueShield, and Land of Lincoln – offer HIV medications with affordable out-of-pocket costs. In many of these three companies' plans, a complete HIV regimen would cost \$35-\$150 per month.

However, HIV medications are far more expensive – and likely unaffordable for nearly all people with HIV – in Coventry, Health Alliance, Humana, and UnitedHealthcare plans. In many cases, HIV medications are on the highest medication tier, requiring a coinsurance payment of as much as 50%. Examples of estimated monthly costs include: \$1,201 for Atripla (Coventry), \$1,624 for Truvada + Prezista + Norvir (Health Alliance), \$885 for Stribild (United), and \$1,446 for Truvada + Isentress (Humana).

Concerted advocacy will be needed to ensure that HIV medications are affordable in all plans. AFC is committed to leading this advocacy at the state and federal levels.

## The Illinois Medication Assistance Program (MAP) can help!

Fortunately, the Illinois Medication Assistance Program (MAP-formerly ADAP) and the Premium Assistance Program (PAP-formerly CHIC) can help people with HIV afford medications on plans purchased through the marketplace. The Medication Assistance Program covers these costs because successfully treating HIV has significant benefits for individuals with HIV, as well as the community. People with HIV who have an undetectable viral load have better health outcomes. Moreover, they are far less likely to transmit HIV in the community.

People enrolled in the Medication and Premium Assistance Programs won't pay monthly premiums or any out-of-pocket costs for HIV medications that are part of the MAP Program Formulary which currently contains 158 medications. However, to benefit from these programs, you must **select a Silver, Gold or Platinum plan from one of these insurance companies:** 

Assurant Health
BlueCross BlueShield
Health Alliance

In addition, the Premium Assistance Program requires that the annual premium cost <u>plus</u> the maximum out-of-pocket cost for the selected plan <u>cannot</u> exceed \$10,482 per client per year.

If you are eligible for the Medication and Premium Assistance Program you <u>must</u> select one of these plans in order to receive any benefits. To apply or for more information about the programs, including eligibility requirements, contact MAP/PAP at 800-825-3518 or visit <u>iladap.providecm.net</u>.

# **Pre-Exposure Prophylaxis (PrEP)**

People who are not infected with HIV may be able to take a medication to help prevent infection. Currently only one medication, Truvada, is approved for this use. To date, AFC has not heard reports of insurance companies denying coverage of Truvada as PrEP. The monthly cost of Truvada can be found in the plan information below and is the same cost as Truvada used to treat HIV. For more information on insurance company coverage of Truvada for PrEP, visit <a href="http://myprepexperience.blogspot.ca/p/truvada-track.html">http://myprepexperience.blogspot.ca/p/truvada-track.html</a>.

# **Important notes**

The regimens we chose to examine are the "recommended regimens" according to the Department of Health and Human Services. (Panel on Antiretroviral Guidelines for Adults and Adolescents. <u>Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents</u>. Department of Health and Human Services.)

All coverage information was accessed between November 10 and December 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.

To calculate the cost of coinsurance, we used the Average Wholesale Price (AWP) of medications as listed in the 2014 Positively Aware HIV Drug Guide, which can be found here: <a href="http://positivelyaware.com/2014/14-03/drugguide.shtml">http://positivelyaware.com/2014/14-03/drugguide.shtml</a>

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 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 than a coinsurance when applied to the costly medications used to treat HIV.

#### **More Information**

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# Plan Information

#### **Assurant**

Silver, Gold, and Platinum level plans from Assurant <u>are</u> compatible with Medication and Premium Assistance Programs.

All Assurant 2015 Marketplace plans use either the 2 or 3 Tier formulary. Both formularies offer the same antiretrovirals at the same tier levels.

The Assurant 2 Tier formulary can be accessed here:

http://www.assuranthealth.com/brochures/preferred-drug-list/AssurantHealthPreferredDrugListTier2.pdf

The Assurant 3 Tier formulary can be accessed here:

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

Assurant designates its formulary tiers as follows.

Tier	Description	
G	Generics	
Р	Preferred brands	
NP	Non-preferred brands	

Coverage of preferred regimen drugs (tiers P and NP) under each plan is outlined below.

**Note:** Coverage under all plans only begins after deductible has been met. Until deductible is met, client pays full cost of medications.

	Plan Name	Preferred brands	Non-Preferred
		Tier	Brand Tier
	Assurant Health Bronze		
Bronze	Plan 001	100% covered	100% covered
	Assurant Health Bronze		
	Plan 002	25% coinsurance	25% coinsurance
	Assurant Health Silver		
Silver	Plan 001	100% covered	100% covered
	Assurant Health Silver		
	Plan 002	\$35 copay	\$60 copay
	Assurant Health Gold		
Gold	Plan 002	\$35 copay	\$60 copay
	Assurant Health Platinum		
Platinum	Plan 002	\$30 copay	\$50 copay

The costs for components of preferred regimens when a 25% coinsurance is used are outlined in the following table.

Medication	Tier	AWP	25% coinsurance
Atripla	non-preferred brand	\$2,402.04	\$600.51
Truvada	preferred brand	\$1,539.90	\$384.98
Reyataz	preferred brand	\$1,409.39	\$352.35
Prezista	preferred brand	\$1,399.25	\$349.81
Isentress	non-preferred brand	\$1,352.05	\$338.01
Norvir	preferred brand	\$308.60	\$77.15
Stribild	non-preferred brand	\$2,948.70	\$737.18
Tivicay	non-preferred brand	\$1,479.59	\$369.90
Epzicom	non-preferred brand	\$1,324.93	\$331.23

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Using the above costs, the calculated monthly cost for each preferred regimen is summarized below.

	Cost per month of preferred regimens					
	Assurant Health	Assurant Health	Assurant Health	Assurant Health	Assurant Health	Assurant Health
	Bronze Plan 001	Bronze Plan 002	Silver Plan 001	Silver Plan 002	Gold Plan 002	Platinum Plan 002
Atripla		\$600.51		\$60	\$60	\$50
Truvada + Reyataz +		\$814.48		\$105	\$105	\$90
Norvir		\$814.48		\$105	\$105	\$90
Truvada + Prezista +	No cost after	\$811.94	No cost after	\$105	\$105	\$90
Norvir	\$6,000 deductible	\$811.94	\$3,500 deductible	\$105	\$102	\$90
Truvada + Isentress	met	\$722.99	met	\$95	\$95	\$80
Stribild		\$737.18		\$60	\$60	\$50
Tivicay + Epzicom		\$701.13		\$120	\$120	\$100
Tivicay + Truvada		\$754.88		\$95	\$95	\$80

**Remember**: A Silver, Gold or Platinum plan must be selected to qualify for Medication and Premium Assistance Program coverage of monthly premiums and out-of-pocket costs.

## Blue Cross Blue Shield of Illinois (BCBS)

Silver, Gold, and Platinum level plans from BCBS <u>are</u> compatible with Medication and Premium Assistance Programs.

All plans offered through the Marketplace use either the 2015 Standard Formulary or the 2015 Generics Plus Formulary. Both formularies offer the same antiretrovirals at the same tier levels.

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

BCBS designates its formulary tiers as follows.

Tier	Description	
1	Preferred generic	
2	Non-preferred generic	
3	Preferred brand	
4	Non-preferred brand	
5	Specialty	

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The costs for components of preferred regimens are outlined in the following table.

Medication	Tier	AWP	All silver plans <u>and</u> Blue Precision Gold HMO	All gold plans, except Blue Precision Gold HMO	Blue PPO Bronze 005 and Bronze Blue Choice PPO 005 (20% coinsurance)	Bronze Multistate PPO (30% coinsurance)	Bronze Blue Precision HMO (40% coinsurance)
Atripla	3	\$2,402.04	\$50	\$35	\$480.41	\$720.61	\$960.82
Truvada	3	\$1,539.90	\$50	\$35	\$307.98	\$461.79	\$615.96
Reyataz	3	\$1,409.39	\$50	\$35	\$281.88	\$422.82	\$563.76
Prezista	3	\$1,399.25	\$50	\$35	\$279.85	\$419.77	\$559.70
Isentress	3	\$1,352.05	\$50	\$35	\$270.41	\$397.51	\$540.82
Norvir	3	\$308.60	\$50	\$35	\$61.72	\$92.58	\$123.44
Stribild	3	\$2,948.70	\$50	\$35	\$589.74	\$884.61	\$1179.48
Tivicay	3	\$1,479.59	\$50	\$35	\$295.92	\$443.88	\$591.84
Epzicom	3	\$1,324.93	\$50	\$35	\$264.99	\$397.48	\$529.97

Using the above costs, the calculated monthly cost for each preferred regimen is summarized below.

			Bronze Plans			
	Silver plans <u>and</u> Gold Precision HMO	Gold plans, <u>except</u> Gold Precision HMO	Blue PPO 006 and Blue Choice 006 (0% Coinsurance After Deductible)	Blue PPO 005 <u>and</u> Blue Choice Bronze 005 (20% coinsurance)	Bronze Multistate PPO (30% coinsurance)	Bronze Blue Precision HMO (40% coinsurance)
Atripla	\$50	\$35	\$0	\$480.41	\$720.61	\$960.82
Truvada + Reyataz + Norvir	\$150	\$105	\$0	\$651.58	\$977.19	\$1,303.16
Truvada + Prezista + Norvir	\$150	\$105	\$0	\$649.55	\$974.14	\$1,299.10
Truvada + Isentress	\$100	\$70	\$0	\$578.39	\$859.30	\$1,156.78
Stribild	\$50	\$35	\$0	\$589.74	\$884.61	\$1179.48
Tivicay + Epzicom	\$100	\$70	\$0	\$560.91	\$841.36	\$1,121.81
Tivicay + Truvada	\$100	\$70	\$0	\$603.90	\$905.67	\$1,207.80
			Note for Bronze Plans: Reflects Prices after Deductible is Met			

**Remember**: A Silver, Gold or Platinum plan must be selected to qualify for Medication and Premium Assistance Program coverage of monthly premiums and out-of-pocket costs.

# **Coventry**

Coventry plans are <u>NOT</u> compatible with Medication and Premium Assistance Programs.

The Coventry drug formulary can be found here:

http://client.formularynavigator.com/Search.aspx?siteCode=5312228803

Coventry designates its formulary tiers as follows.

Tier	Description
1	Preferred generic and select over-the-counter drugs
2	Preferred brand drugs
3	Non-preferred generic and brand drugs
4	Specialty preferred
5	Specialty non-preferred

Coverage of preferred regimen drugs under each plan is outlined below.

Plan name	Tier 5 Coverage
Coventry Bronze \$20 Copay Select	50% after deductible met
Coventry Bronze Deductible Only HSA Eligible Select	100% after deductible met
Coventry Silver \$10 Copay Select	50% after deductible met
Coventry Silver \$5 Copay 2750 Select	50% after deductible met
Coventry Gold \$5 Copay Select	50% after deductible met

The costs for components of preferred regimens are outlined in the following table.

Medication	Tier	AWP	50% Coinsurance
Atripla	5	\$2,402.04	\$1,201.02
Truvada	5	\$1,539.90	\$769.95
Reyataz	5	\$1,409.39	\$704.70
Prezista	5	\$1,399.25	\$699.63
Isentress	5	\$1,352.05	\$676.03
Norvir	5	\$308.60	\$154.30
Stribild	5	\$2,948.70	\$1,474.35
Tivicay	not covered	\$1,479.59	not covered
Epzicom	5	\$1,324.93	\$662.47

Using the above costs, the calculated monthly cost for each preferred regimen under plans with 50% coinsurance is summarized below.

Atripla	\$1,201.02
Truvada + Reyataz + Norvir	\$1,628.95
Truvada + Prezista + Norvir	\$1,623.88
Truvada + Isentress	\$1,455.98
Stribild	\$1,474.35
Tivicay + Epzicom	\$2,142.06
Tivicay + Truvada	\$2,249.54

### **Health Alliance**

Silver, Gold, and Platinum level plans from Health Alliance <u>are</u> compatible with Medication and Premium Assistance Programs. Health Alliance plans are available only outside the Chicago metro area.

The Health Alliance formulary can be found here:

https://www.healthalliance.org/media/Health Alliance Comprehensive Formulary Public.pdf

Health Alliance designates its formulary tiers as follows.

Tier	Description
1	Generic
2	Preferred brand drugs
3	Non-preferred brand drugs
4	Preferred specialty drugs
5	Non-preferred specialty drugs
6	Non-formulary specialty drugs

Coverage of preferred regimen drugs (tiers 3 and 5) under each plan is outlined below.

Medication	Tier	AWP*	20% coinsurance	30% coinsurance	45% Coinsurance	50% coinsurance
Atripla	5	\$2,402.04	\$480.41	\$720.61	\$1,080.92	\$1,201.02
Truvada	5	\$1,539.90	\$307.98	\$461.79	\$692.96	\$769.95
Reyataz	2	\$1,409.39	\$281.88	\$422.82	\$634.23	\$704.70
Prezista	3	\$1,399.25	\$279.85	\$419.77	\$629.66	\$699.63
Isentress	2	\$1,352.05	\$270.41	\$397.51	\$608.42	\$676.03
Norvir	2	\$308.60	\$61.72	\$92.58	\$138.87	\$154.30
Stribild	5	\$2,948.70	\$589.74	\$884.61	\$1,326.92	\$1,474.35
Tivicay	5	\$1,479.59	\$295.92	\$443.88	\$665.82	\$739.80
Epzicom	2	\$1,324.93	\$264.99	\$397.48	\$596.22	\$662.47

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Using the above costs, the calculated monthly cost for each preferred regimen is summarized below.

			Cost per month	of preferred regin	nens by plan				
	Health Alliance HMO	Health Alliance							
	4000b Silver, Health	HMO HSA 3000							Health Alliance PP0
	Alliance HMO 1500a	Bronze, Health			Health Alliance		Health Alliance		4000 Silver, Health
	Gold, Health Alliance	Alliance HMO			HMO 4000D		POS HSA 2000	Health	Alliance PPO 3250b
	HMO 1500b Gold, and	5000c Silver &		Health Alliance	Bronze & Health		Gold & Health	Alliance	Gold& Health
	Health Alliance HMO	Health Alliance	Health Alliance	POS HSA 3750a	Alliance POS	Health Alliance POS	Alliance POS	PPO 2000	Alliance POS 6000b
	2750 Gold	PPO 4500b Silver	POS 5000a Bronze	Bronze	4000a Bronze	HSA 3750c Bronze	HSA 2100a Gold	Gold	Silver
Atripla	\$150	\$300	\$480.41	\$720.61	\$1,201.02	\$1,080.92	\$0	\$150	\$210
Truvada + Reyataz + Norvir	\$200	\$380	\$651.58	\$977.19	\$1,628.94	\$1,466.09	\$0	\$200	\$280
Truvada + Prezista + Norvir	\$225	\$420	\$649.55	\$974.14	\$1,623.88	\$1,461.49	\$0	\$225	\$315
Truvada + Isentress	\$175	\$340	\$578.39	\$859.30	\$1,445.98	\$1,301.38	\$0	\$175	\$245
Stribild	\$150	\$300	\$589.74	\$884.61	\$1,474.35	\$1,326.92	\$0	\$150	\$210
Tivicay + Epzicom	\$175	\$340	\$560.91	\$841.36	\$1,402.27	\$1,262.03	\$0	\$175	\$245
Tivicay + Truvada	\$300	\$600	\$603.90	\$905.67	\$1,509.75	\$1,358.77	\$0	\$300	\$420

**Remember**: A Silver, Gold or Platinum plan must be selected to qualify for Medication and Premium Assistance Program coverage of monthly premiums and out-of-pocket costs.

#### Humana

Humana plans are <u>NOT</u> compatible with Medication and Premium Assistance Programs.

All marketplace plans use either the Rx5 Plus formulary or the HDHP Plus formulary. All of the medications in the preferred regimens are listed as Tier 5 in both formularies.

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

Humana designates its formulary tiers as follows.

Tier	Description
1	Preferred generic
2	Non-preferred generic
3	Preferred brand
4	Non-preferred brand
5	Specialty

Note that all of the high deductible health plans (HDHPs) use the HDHP Plus formulary. Under these plans there is no cost to the client for medications once the deductible has been met. Until the deductible is met the patient is responsible for 100% of the cost of the medication.

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The coverage for each Humana plan offered is in the following table.

Plan type	Plan name	Tier 5 coverage
нмо	Humana Bronze 6300/Chicago HMOx	100% after deductible
	Humana Bronze 4850/Chicago HMOx	50% coinsurance after deductible
	Humana Silver 4600/Chicago HMOx	50% coinsurance after deductible
	Humana Gold 2500/Chicago HMOx	35% coinsurance after deductible
	Humana 1000/Chicago HMOx	35% coinsurance after deductible
PPO	Humana Bronze 4850/Choice POS	50% coinsurance after deductible
	Humana Silver 4250/Choice POS	50% coinsurance after deductible
	Humana Silver 3650/Choice POS	100% after deductible
	Humana Gold 2500/Choice POS	35% coinsurance after deductible
	Humana Bronze 6300/Choice POS	100% after deductible

The costs for components of preferred regimens are outlined in the following table.

Medication	Tier	AWP	35% Coinsurance	50% Coinsurance
Atripla	5	\$2,402.04	\$840.71	\$1,201.02
Truvada	5	\$1,539.90	\$538.97	\$769.95
Reyataz	5	\$1,409.39	\$493.29	\$704.69
Prezista	5	\$1,399.25	\$489.74	\$699.63
Isentress	5	\$1,352.05	\$473.22	\$676.03
Norvir	5	\$308.60	\$108.01	\$154.30
Stribild	5	\$2,948.70	\$1,032.05	\$1,474.35
Tivicay	5	\$1,479.59	\$517.86	\$739.80
Epzicom	5	\$1,324.93	\$463.73	\$662.47

Using the above costs, the calculated monthly cost for each preferred regimen is summarized below.

	35% coinsurance	50% coinsurance
Atripla	\$840.71	\$1,201.02
Truvada + Reyataz + Norvir	\$1,140.27	\$1,628.94
Truvada + Prezista + Norvir	\$1,037.71	\$1,623.88
Truvada + Isentress	\$1,012.19	\$1,445.98
Stribild	\$1,032.05	\$1,474.35
Tivicay + Epzicom	\$981.59	\$1,402.27
Tivicay + Truvada	\$1,056.83	\$1,509.75

## **IlliniCare**

IlliniCare plans are <u>NOT</u> compatible with Medication and Premium Assistance Programs.

The IlliniCare drug formulary can be found here:

http://marketplace.illinicare.com/files/2014/11/ILLINICARE-HEALTH PDL-2015 FINAL.pdf

IlliniCare designates its formulary tiers as follows.

Tier	Description
0	Preventative
1	Generic
2	Preferred
3	Non-preferred
4	Specialty

Coverage of preferred regimen drugs (tiers 2 and 3) under each plan is outlined below.

Metal Level	Plan	Tier 2 Coverage	Tier 3 Coverage	Deductible
Bronze	Ambetter Essential Care 1	100% after deductible	100% after deductible	\$6,500
	Ambetter Essential Care 2	\$50 after deductible	\$100 after deductible	\$5,000
	Ambetter Essential Care 3	\$50 after deductible	\$100 after deductible	\$6,000
	Ambetter Essential Care 4	\$100 after deductible	\$150 after deductible	\$4,000
	Ambetter Balanced Care 1	\$60 after deductible	50% after deductible	\$750
Silver	Ambetter Balanced Care 2	\$50 copay	100% after deductible	\$5,000
Silver	Ambetter Balanced Care 3	\$50 after deductible	\$100 after deductible	\$1,000
	Ambetter Balanced Care 4	\$50 copay	\$100 after deductible	\$2,000
Gold	Ambetter Secure Care 1	\$25 after deductible	\$75 after deductible	\$500
Gola	Ambetter Secure Care 2	\$30 after deductible	\$100 after deductible	\$500
Platinum	Ambetter Platinum Care 1	\$40 after deductible	30% after deductible	\$250

The costs for components of preferred regimens are outlined in the following table.

Medication	AWP	Tier	30% coinsurance	50% coinsurance
Atripla	\$2,402.04	3	\$720.61	\$1,201.02
Truvada	\$1,539.90	2	\$461.79	\$769.95
Reyataz	\$1,409.39	2	\$422.82	\$704.70
Prezista	\$1,399.25	2	\$419.77	\$699.63
Isentress	\$1,352.05	2	\$397.51	\$676.03
Norvir	\$308.60	2	\$92.58	\$154.30
Stribild	\$2,948.70	not covered	not covered	not covered
Tivicay	\$1,479.59	not covered	not covered	not covered
Epzicom	\$1,324.93	2	\$397.48	\$662.47

Using the above costs, the calculated monthly cost for each preferred regimen is summarized below.

	Bronze 1	Bronze 2	Bronze 3	Bronze 4	Silver 1	Silver 2	Silver 3	Silver 4	Gold 1	Gold 2	Platinum 1
Atripla	\$0	\$100	\$100	\$150	\$1,126.94	\$0	\$100	\$100*	\$75	\$100	\$100
Truvada + Reyataz + Norvir	\$0	\$150	\$150	\$300	\$180	\$150	\$150	\$150	\$75	\$90	\$120
Truvada + Prezista + Norvir	\$0	\$150	\$150	\$300	\$180	\$150	\$150	\$150	\$75	\$90	\$120
Truvada + Isentress	\$0	\$100	\$100	\$200	\$120	\$100	\$200	\$100	\$50	\$60	\$80
Stribild	\$2,948.70	\$2,948.70	\$2,948.70	\$2,948.70	\$2,948.70	\$2,948.70	\$2,948.70	\$2,948.70	\$2,948.70	\$2,948.70	\$2,948.70
Tivicay + Epzicom	\$1,479.59	\$1,530	\$1,530	\$1,629.59	\$1,540	\$1,529.59	\$1,530	\$1,529.59	\$1,505	\$1,510	\$1,520
Tivicay + Truvada	\$1,479.59	\$1,530	\$1,530	\$1,629.59	\$1,540	\$1,529.59	\$1,530	\$1,529.59	\$1,505	\$1,510	\$1,520

## **Land of Lincoln**

Land of Lincoln plans are <u>NOT</u> compatible with Medication and Premium Assistance Programs.

The Land of Lincoln formulary can be found here:

https://www.landoflincoInhealth.org/wp-content/uploads/2014/10/2015 formulary Ilh.pdf

Land of Lincoln designates its formulary tiers as follows.

Tier	Description
1	Generic
2	Preferred brand drugs
3	Non-preferred brand drugs
4	Specialty drugs

Coverage of tier 2 and 4 medications is listed below.

Plan	Tier 2	Tier 4	Deductible
Freedom PPO Bronze	40% coinsurance after deductible met	40% coinsurance after deductible met	\$5,500
Preferred PPO Bronze	40% coinsurance after deductible met	40% coinsurance after deductible met	\$4,000
Freedom PPO Silver	\$35 copay after deductible met	30% coinsurance after deductible met	\$4,250
Preferred PPO Silver	40% coinsurance after deductible met	40% coinsurance after deductible met	\$1,500
CO-OPtions Land of Lincoln National Elite Silver	\$35 copay	30% coinsurance after deductible met	\$3,750
LLH Family Health Network Silver 3100	\$35 copay	35% coinsurance after deductible met	\$3,100
Swedish Covenant Land of Lincoln Silver	\$35 copay	20% coinsurance after deductible met	\$3,500

Centegra Land of Lincoln Health Silver	\$35 copay	20% coinsurance after deductible met	\$2,500
Illinois Health Partners Land of Lincoln Silver	\$35 copay	20% coinsurance after deductible met	\$2,500
Adventist Land of Lincoln Silver PPO 3000	\$35 copay	20% coinsurance after deductible met	\$3,000
Presence Health Land of Lincoln Silver PPO	\$35 copay	20% coinsurance after deductible met	\$3,000
Chicago Health System Land of Lincoln PPO Silver	\$35 copay	20% coinsurance after deductible met	\$2,500
Freedom PPO Gold	\$35 copay	25% coinsurance after deductible met	\$500
Preferred PPO Gold	20% coinsurance after deductible met	20% coinsurance after deductible met	\$1,350
CO-OPtions Land of Lincoln National Elite Gold	\$35 copay	25% coinsurance after deductible met	\$500
Swedish Covenant Land of Lincoln Gold	\$35 copay	20% coinsurance after deductible met	\$400
Illinois Health Partners Land of Lincoln Gold	\$35 copay	20% coinsurance after deductible met	\$400
Adventist Land of Lincoln Gold PPO 500	\$35 copay	20% coinsurance after deductible met	\$500
Chicago Health System Land of Lincoln PPO Gold	\$35 copay	20% coinsurance after deductible met	\$750
Champion PPO Gold	\$35 copay	20% coinsurance after deductible met	\$400
Centegra Land of Lincoln Health Gold	\$35 copay	15% coinsurance after deductible	\$500
Presence Health Land of Lincoln Gold PPO	\$35 copay	20% coinsurance after deductible met	\$400
Swedish Covenant Land of Lincoln Platinum	\$25 copay	10% coinsurance after deductible	\$0
Illinois Health Partners Land of Lincoln Platinum	\$25 copay	10% coinsurance after deductible	\$0
Adventist Land of Lincoln Platinum PPO 250	\$25 copay	10% coinsurance after deductible	\$250
Champion PPO Platinum	\$25 copay	10% coinsurance after deductible	\$0
Presence Health Land of Lincoln Platinum PPO	\$25 copay	10% coinsurance after deductible	\$0
Centegra Land of Lincoln Health Platinum	\$20 copay	10% coinsurance after deductible	\$250

The costs for components of preferred regimens are outlined in the following table for plans with coinsurance.

Medication	Tier	AWP	10% coinsurance	20% coinsurance	25% coinsurance	30% coinsurance	35% coinsurance	40% coinsurance
Atripla	2	\$2,402.04	\$240.20	\$480.41	\$600.51	\$720.61	\$840.71	\$960.82
Truvada	2	\$1,539.90	\$153.99	\$307.98	\$384.98	\$461.79	\$538.97	\$615.96
Reyataz	2	\$1,409.40	\$140.94	\$281.88	\$352.35	\$422.82	\$493.29	\$563.76
Prezista	2	\$1,399.25	\$199.93	\$279.85	\$349.81	\$419.77	\$489.74	\$559.70
Isentress	2	\$1,352.05	\$135.21	\$270.41	\$338.03	\$397.51	\$473.22	\$540.82
Norvir	2	\$308.60	\$30.86	\$61.72	\$77.15	\$92.58	\$108.01	\$123.44
Stribild	2	\$2,948.70	\$294.87	\$589.74	\$737.18	\$884.61	\$1,032.05	\$1,179.48
Tivicay	4	\$1,479.59	\$147.96	\$295.92	\$369.90	\$443.88	\$517.86	\$591.84
Epzicom	2	\$1,324.93	\$132.49	\$264.99	\$331.23	\$397.48	\$463.73	\$529.97

Using the above costs, the calculated monthly cost for each preferred regimen is summarized below.

		Preferred PPO Bronze	Freedom PPO Silver	Preferred PPO Silver	CO-OPtions Land of Lincoln National Elite Silver	Health	Swedish Covenant Land of Lincoln Silver	of Lincoln Health Silver	Illinois Health Partners Land of Lincoln Silver
Atripla	\$960.82	\$960.82	\$35	\$960.82	\$35	\$35	\$35	\$35	\$35
Truvada + Reyataz + Norvir	\$1,303.16	\$1,303.16	\$105	\$1,303.16	\$105	\$105	\$105	\$105	\$105
Truvada + Prezista + Norvir	\$1,299.10	\$1,299.10	\$105	\$1,299.10	\$105	\$105	\$105	\$105	\$105
Truvada + Isentress	\$1,156.78	\$1,156.78	\$70	\$1,156.78	\$70	\$70	\$70	\$70	\$70
Stribild	\$1179.48	\$1179.48	\$35	\$1179.48	\$35	\$35	\$35	\$35	\$35
Tivicay + Epzicom	\$1,121.81	\$1,121.81	\$478.88	\$1,121.81	\$478.88	\$552.86	\$330.92	\$330.92	\$330.92
Tivicay + Truvada	\$1,207.80	\$1,207.80	\$478.88	\$1,207.80	\$478.88	\$552.86	\$330.92	\$330.92	\$330.92

	of Lincoln Silver	Presence Health Land of Lincoln Silver PPO	Chicago Health System Land of Lincoln PPO Silver			Lincoln National	Swedish Covenant Land of Lincoln Gold	Illinois Health Partners Land of Lincoln Gold	Adventist Land of Lincoln Gold PPO 500
Atripla	\$35	\$35	\$35	\$35	\$480.41	\$35	\$35	\$35	\$35
Truvada + Reyataz + Norvir	\$105	\$105	\$105	\$105	\$651.58	\$105	\$105	\$105	\$105
Truvada + Prezista + Norvir	\$105	\$105	\$105	\$105	\$649.55	\$105	\$105	\$105	\$105
Truvada + Isentress	\$70	\$70	\$70	\$70	\$578.39	\$70	\$70	\$70	\$70
Stribild	\$35	\$35	\$35	\$35	\$589.74	\$35	\$35	\$35	\$35
Tivicay + Epzicom	\$330.92	\$330.92	\$330.92	\$404.90	\$560.91	\$404.90	\$330.92	\$330.92	\$330.92
Tivicay + Truvada	\$330.92	\$330.92	\$330.92	\$404.90	\$603.90	\$404.90	\$330.92	\$330.92	\$330.92

Insurance companies can change coverage without notice. Always verify information with the plan before enrolling.

Call AFC at 312-784-9060 for enrollment help.

	Chicago Health System Land of Lincoln PPO Gold	Champion PPO Gold	Centegra	Presence Health Land of Lincoln Gold PPO	Swedish Covenant Land of Lincoln Platinum	Platinum	Adventist Land of Lincoln Platinum PPO 250	Champion PPO Platinum	Presence Health Land of Lincoln Platinum PPO	Centegra Land of Lincoln Health Platinum
Atripla	\$35	\$35	\$35	\$35	\$25	\$25	\$25	\$25	\$25	\$20
Truvada + Reyataz + Norvir	\$105	\$105	\$105	\$105	\$75	\$75	\$75	\$75	\$75	\$60
Truvada + Prezista + Norvir	\$105	\$105	\$105	\$105	\$75	\$75	\$75	\$75	\$75	\$60
Truvada + Isentress	\$70	\$70	\$70	\$70	\$50	\$50	\$50	\$50	\$50	\$40
Stribild	\$35	\$35	\$35	\$35	\$25	\$25	\$25	\$25	\$25	\$20
Tivicay + Epzicom	\$330.92	\$330.92	\$256.94	\$330.92	\$172.96	\$172.96	\$172.96	\$172.96	\$172.96	\$167.96
Tivicay + Truvada	\$330.92	\$330.92	\$256.94	\$330.92	\$172.96	\$172.96	\$172.96	\$172.96	\$172.96	\$167.96

## **UnitedHealthcare**

Plans from UnitedHealthcare are <u>NOT</u> compatible with Medication and Premium Assistance Programs.

The UnitedHealthcare formulary can be found here:

http://xil.welcometouhc.com/files/baselineresponsive/content/global\_assets/Exchanges/Essential%20P\_DL.pdf

United Healthcare designates its formulary tiers as follows.

Tier	Description
1	Generic
2	Preferred brand drugs
3	Non-preferred brand drugs
4	Specialty drugs

Insurance companies can change coverage without notice. Always verify information with the plan before enrolling.

Call AFC at 312-784-9060 for enrollment help.

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Coverage of preferred regimen drugs (specialty) under each plan is outlined below.

**Note:** Coverage under all plans only begins after deductible has been met. Until deductible is met, client pays full cost of medications.

Medication	specialty	AWP	30% coinsurance
Atripla	yes	\$2,402.04	\$720.61
Truvada	yes	\$1,539.90	\$461.97
Reyataz	yes	\$1,409.40	\$422.82
Prezista	yes	\$1,399.25	\$419.77
Isentress	yes	\$1,352.05	\$397.51
Norvir	yes	\$308.60	\$92.58
Stribild	yes	\$2,948.70	\$884.61
Tivicay	yes	\$1,479.59	\$443.88
Epzicom	yes	\$1,324.93	\$397.48
Complera	yes	\$2,463.37	\$739.01

Using the above costs, the calculated monthly cost for each preferred regimen is summarized below.

Regimen	30% coinsurance
Atripla	\$720.61
Truvada + Reyataz + Norvir	\$977.19
Truvada + Prezista + Norvir	\$974.14
Truvada + Isentress	\$859.30
Stribild	\$884.61
Tivicay + Epzicom	\$841.36
Tivicay + Truvada	\$905.67