

2017 HIV Pre-Exposure Prophylaxis (PrEP) Coverage on the Illinois Health Marketplace in Illinois

Nov. 22, 2016

People who are HIV-negative and vulnerable to HIV infection can take a medication to help prevent HIV. Currently, only one medication, Truvada, is approved by the U.S. Food and Drug Administration (FDA) for the prevention of HIV. It is also recommended by the U.S. Centers for Disease Control and Prevention and the Chicago and Illinois Departments of Public Health.

This document helps anticipate 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 offered in the state. To learn more about the marketplace and health care coverage, get started at <https://getcovered.illinois.gov/en>. Premiums listed in this document are examples only, based on coverage for a single, 30-year old individual.

Reports of insurance companies denying coverage of Truvada as PrEP are rare and can always be appealed, but it is important to remember that coverage levels vary across companies and plans. 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. 1 and Nov. 22, 2016, using the marketplace website (healthcare.gov), the health insurance companies' websites and calls to insurance companies' customer service representatives.

Coinsurance costs are based on the average wholesale price of Truvada of about \$1,760 per month, as listed in AIDSinfo.gov's Clinical Guidelines for Antiretroviral Medications. 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, 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.

***We strongly recommend against enrolling in catastrophic health insurance coverage.**

Prior authorization

Plans that require prior authorization for Truvada will require your health care provider to fill out forms for you to receive PrEP. This could cause delays, but many providers and pharmacies can help move things along in these cases. Choose a plan that requires prior authorization carefully. Note that plans can add or remove prior authorization requirements at any time.

Payment assistance options

Gilead (the manufacturer of Truvada) has a copay assistance card that will help reduce your out-of-pocket costs associated with Truvada as PrEP. If you have insurance, you can apply for a card at GileadCoPay.com. There are no income requirements. The card will pay up to \$3,600 per year toward the cost of your prescription and can help you meet any deductible required by your plan. Note that not all insurance plans will allow you to use a copay card. Check with your pharmacy and insurance plan before enrolling. The column "Good value with copay card" highlights some plans that may provide more affordable access to PrEP when used with the copay card because they have lower deductibles and maximum out-of-pocket costs, although they may have higher premiums. *This column contains highly subjective assessments*, and each person should consider carefully what medical care they use.

[The Patient Access Network Foundation](#) and the [Patient Advocate Foundation](#) provide support to people with insurance. The Gilead copay card may be used with these programs. Assistance from these two foundations may start and stop during the year, so make sure to check each foundation's website to see if they are active.

For people without insurance, Gilead also has a Medication Assistance Program that will cover the costs of Truvada as PrEP if you are eligible. Eligibility and other program information can be found here: https://start.truvada.com/Content/pdf/Medication_Assistance_Program.pdf.

Gilead operates an integrated website that can help people navigate their insurance <http://www.gileadadvancingaccess.com/insurance-support> and obtain financial support (their access programs) <http://www.gileadadvancingaccess.com/financial-support>.

People who earn less than \$29,425 (250% of Federal Poverty Level) will have lower deductibles and out-of-pocket costs if (and only if) they choose a silver plan. If you can afford it, choose a gold or silver plan — you will get much better coverage for a slightly higher premium. Catastrophic and bronze plans will generally be more expensive for people who take PrEP and are usually not good value.

About the guide

Premiums are shown as an example only for a single adult age 30. Deductibles and maximum out-of-pocket cost limits shown are for a single person. This is not a comprehensive guide to choosing a health plan. For more information, visit healthcare.gov or Greater Than AIDS <http://www.greaterthan.org>.

Need help choosing a plan?

For help applying for coverage — either marketplace plans or Medicaid — visit Get Covered Illinois at <https://getcovered.illinois.gov/en> or call 866-311-1119.

Or call AFC's informational hotline at 312-784-9060 to speak with a certified in-person counselor. The phone line is open Monday through Friday from 9 a.m. to 5 p.m.

More Information

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To learn more about PrEP and where to access it, call the Chicago PrEP line at 872-215-1905 or visit www.PrEP4Love.com.

Plan information

Ambetter

Ambetter uses the 2017 Preferred Drug List formulary. View it here: <http://ambetter.illinicare.com/formulary>

Truvada is tier 2. Prior authorization is required.

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 2)	Good value with copay card?
Silver	AmbetterBalanced Care 1 (2017) + Vision + Adult Dental: Sinai /IlliniCareHealth Network	HMO	\$291.59	\$3,500	Included in Medical	\$6,500	\$30 copay	20% coinsurance after deductible. Prior approval required.	\$50 copay	No
Silver	AmbetterBalanced Care 1 (2017): Sinai /IlliniCareHealth Network	HMO	\$262.61	\$5,500	Included in Medical	\$6,500	\$30 copay	20% coinsurance after deductible. Prior approval required.	\$50 copay	No
Silver	AmbetterBalanced Care 2 (2017) + Vision + Adult Dental: Sinai /IlliniCareHealth Network	HMO	\$272.48	\$6,500	Included in Medical	\$6,500	\$30 copay	No charge after deductible. Prior approval required.	\$50 copay	No
Silver	AmbetterBalanced Care 2 (2017): Sinai /IlliniCareHealth Network	HMO	\$258.73	\$6,500	Included in Medical	\$6,500	\$30 copay	No charge after deductible. Prior approval required.	\$50 copay	No

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 2)	Good value with copay card?
Silver	Ambetter Balanced Care 3 (2017) + Vision + Adult Dental: Sinai / IlliniCare Health Network	HMO	\$285.83	\$3,000	Included in Medical	\$6,500	\$30 copay	No charge after deductible. Prior approval required.	\$50 copay	No
Silver	Ambetter Balanced Care 4 (2017): Sinai / IlliniCare Health Network	HMO	\$250.97	\$7,050	Included in Medical	\$7,050	\$30 copay	No charge after deductible. Prior approval required.	\$50 copay	No
Silver	AmbetterBalanced Care 12 Standardized (2017): Sinai /IlliniCareHealth Network	HMO	\$291.59	\$3,500	Included in Medical	\$7,150	\$30 copay	20% coinsurance after deductible	\$50 copay	No
Gold	Ambetter Secure Care 1 (2017) with 3 Free PCP Visits: Sinai / IlliniCare Health Network	HMO	\$368.95	\$1,000	Included in Medical	\$6,350	20% Coinsurance after deductible	No charge after deductible. Prior approval required.	\$25 copay	Yes

Blue Cross Blue Shield of Illinois (BCBS)

All Blue Cross Blue Shield plans offered through the Marketplace use the 5-Tier Drug List. View the formulary here:

https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2017/2017_IL_5T_EX.pdf

Truvada is Tier 3. Prior approval is not required.

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Max. Out Of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 3)	Good value with copay card?
Bronze	Blue Choice Preferred Bronze PPO 105	PPO	\$365.20	\$5,000	Included in medical	\$6,550	30% coinsurance	40% coinsurance	40% coinsurance	No
Bronze	Blue Choice Preferred Bronze PPO 106	PPO	\$383.59	\$6,500	Included in medical	\$6,500	No charge after deductible	No charge after deductible	No charge after deductible	No
Bronze	Blue Choice Preferred Bronze PPO 107 - One \$0 PCP Visit	PPO	\$345.07	\$6,750	Included in medical	\$7,150	20% coins. after deductible	\$80 copay before deductible/ 20% coinsurance after deductible	40% Co-ins. after deductible (\$616)	No
Bronze	Blue Choice Preferred Bronze PPO 108	PPO	\$333.47	\$7,000	Included in medical	\$7,150	40% coins. after deductible	40% Co-ins. after deductible	40% Coinsurance after deductible	No
Bronze	Blue Cross Blue Shield Basic 103, a Multi-State Plan	PPO	\$345.84	\$6,250	Included in medical	\$7,150	30% coins. after deductible	30% coinsurance after deductible	40% Co-ins. after deductible (\$616)	No

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Max. Out Of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 3)	Good value with copay card?
Bronze	Blue FocusCare Bronze 104	HMO	\$289.75	\$7,100	Included in medical	\$7,150	\$50 copay	\$150 per test	30% co-ins. After deductible	No
Bronze	Blue Precision Bronze HMO 103	HMO	\$335.39	\$7,100	Included in medical	\$7,150	\$50 copay	\$150 per test	30% co-ins. after deductible (\$462)	No
Bronze	BlueCare Direct Bronze 103 with Advocate	HMO	\$287.39	\$7,100	Included in medical	\$7,150	\$50 copay	\$150 per test	30% co-ins. after deductible (\$462)	No
Silver	Blue Choice Preferred Silver PPO 102	PPO	\$414.29	\$3,000	Included in medical	\$7,150	\$40 copay	30% coinsurance after deductible	\$100 copay	Maybe, lab costs may be high
Silver	Blue Choice Preferred Silver PPO 103	PPO	\$443.72	\$3,250	Included in medical	\$6,850	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay	Maybe, but lab costs maybe high
Silver	Blue Choice Preferred Silver PPO 109 – Standardized	PPO	\$445.27	\$3,500	Included in medical	\$7,150	\$30 copay	20% coinsurance after deductible	\$100 copay	No
Silver	Blue Cross Blue Shield Solution 102, a Multi-State Plan	PPO	\$437.73	\$3,750	Included in medical	\$6,500	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay	No

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Max. Out Of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 3)	Good value with copay card?
Silver	Blue FocusCare Silver 102	HMO	\$312.67	\$5,500	Included in medical	\$7,150	\$25 copay	\$40 per test	30% co-ins. after deductible	No
Silver	Blue FocusCare Silver 103	HMO	\$329.26	\$2,600	Included in medical	\$7,150	\$30 copay	\$125 copayment/visit and referral required	\$20% coinsurance	No
Silver	Blue Precision Silver HMO 102	HMO	\$385.40	\$2,600	Included in medical	\$7,150	\$30 copay	\$125 copayment/visit and referral required	20% coinsurance	No
Silver	Blue Precision Silver HMO 106	HMO	\$353.13	\$5,500	Included in medical	\$7,150	\$25 copay	\$40 copayment/visit and referral required	20% coinsurance	No
Silver	BlueCare Direct Silver 102 with Advocate	HMO	\$330.25	\$2,600	Included in medical	\$7,150	\$30 copay	\$125 copayment/visit and referral required	20% coinsurance	No
Silver	BlueCare Direct Silver 104 with Advocate	HMO	\$317.81	\$5,500	Included in medical	\$7,150	\$25 copay	\$40 copayment/visit and referral required	20% coinsurance	No
Gold	Blue Cross Blue Shield Premier 101, a Multi-State Plan	PPO	\$522.59	\$1,750	Included in medical	\$3,300	20% coinsurance	20% coinsurance	\$50 copay	Yes
Gold	Blue FocusCare Gold 101	HMO	\$398.06	\$1,750	Included in medical	\$3,500	\$25 copay	\$25 copayment/visit and referral required	20% coinsurance	Yes

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Max. Out Of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 3)	Good value with copay card?
Gold	Blue Precision Gold HMO 101	HMO	\$470.41	\$1,750	Included in medical	\$3,500	\$25 copay	\$25 copayment/visit and referral required	20% coinsurance	Yes
Gold	BlueCare Direct Gold 101 with Advocate	HMO	\$403.09	\$1,750	Included in medical	\$3,500	\$25 copay	\$25 copayment/visit and referral required	20% coinsurance	Yes

Cigna

View the Cigna Prescription Drug List here:

<http://www.cigna.com/individuals-families/prescription-drug-list?consumerID=cigna&indicator=IFP&pdYearType=NY>

Truvada is Tier 3. Prior authorization is not required.

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out Of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 3)	Good value with copay card?
Bronze	Cigna Connect 6250	HMO	\$267.31	\$6,250	Included in Medical	\$7,150	\$30 copay/visit	50% coinsurance	50% coinsurance	No
Bronze	Cigna Connect HSA 5500	HMO	\$265.55	\$5,500	Included in Medical	\$6,550	50% coinsurance after deductible	50% coinsurance	50% coinsurance	No
Bronze	Cigna US-IL Connect 6650	HMO	\$257.28	\$6,650	Included in Medical	\$7,150	\$45 copay before deduct./ 50% coins. after deduct.	50% coinsurance	40% coinsurance	No
Silver	Cigna Connect 2500	HMO	\$292.65	\$2,500	Included in Medical	\$7,150	\$0 copay first 3 visits, 30% coinsurance any additional office visits.	30% coinsurance	\$60 copay	No
Silver	Cigna Connect 2750	HMO	\$298.66	\$2,750	Included in Medical	\$7,150	15% coinsurance after deductible	15% coinsurance	15% coinsurance	Maybe

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out Of Pocket	Primary Care Physician	Lab coverage	Truvada Coverage (Tier 3)	Good value with copay card?
Silver	Cigna US-IL Connect 3500	HMO	334.06	\$3,500	Included in Medical	\$7,150	\$30 copay	20% coinsurance	\$50 copay	Yes, but lab cost may be high
Gold	Cigna Connect 1200	HMO	\$386.01	\$1,200	Included in Medical	\$5,900	\$15 copay	20% coinsurance	\$35 copay	Yes, but lab cost may be high

Health Alliance

Truvada is Tier 5, non-preferred specialty medication. This means mail order is not allowed, and only 30 days of medications are dispensed at a time. Health Alliance is available downstate only (outside Chicago).

* The 2017 formulary is not available. Please refer to the 2016 formulary found here:

<https://www.healthalliance.org/media/Resources/med-ILCompHMOPPOFormulary-2016.pdf>

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out Of Pocket	Primary Care Physician	Lab Costs	Specialty Drugs - Standard	Good value with copay card?
Bronze	HMO 3800 Elite Bronze	HMO	\$278.88	\$3,800.00	Included in Medical	\$7,150.00	50% Coinsurance after deductible	50% coinsurance	50% coinsurance	No
Bronze	HMO 4000d Elite Bronze	HMO	\$290.55	\$4,000.00	Included in Medical	\$6,850.00	50% Coinsurance after deductible	50% coinsurance	50% coinsurance	No
Bronze	HMO 6650 Elite Bronze	HMO	\$280.11	\$6,650.00	Included in Medical	\$7,150.00	\$45 Copay before deductible and 50% Coinsurance after deductible	50% coinsurance	45% co-ins. after deductible	No
Bronze	POS 5000a Elite Bronze	POS	\$313.97	\$5,000.00	Included in Medical	\$7,150.00	20% Coinsurance after deductible	20% coinsurance	50% coinsurance	No
Bronze	POS 5000a Methodist Bronze	POS	\$320.65	\$5,000.00	Included in Medical	\$7,150.00	20% Coinsurance after deductible	20% coinsurance	50% coinsurance	No

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out Of Pocket	Primary Care Physician	Lab Costs	Specialty Drugs - Standard	Good value with copay card?
Bronze	POS 6650 Elite Bronze	POS	\$302.89	\$6,650.00	Included in Medical	\$7,150.00	\$45 Copay before deductible and 50% Coinsurance after deductible	50% coinsurance	45% co-ins. after deductible	No
Silver	HMO 3000b Elite Silver	HMO	\$354.56	\$3,000.00	\$0	\$6,850.00	\$40 copay	30% coinsurance	50% coinsurance	No
Silver	HMO 3500 Elite Silver	HMO	\$369.03	\$3,500.00	Included in Medical	\$7,150.00	\$30 copay	20% coinsurance	40% coinsurance	No
Silver	HMO 4000b Elite Silver	HMO	\$383.84	\$4,000.00	\$0	\$6,250.00	\$20 copay	\$50 per test	50% coinsurance	No
Silver	HMO 4500 Elite Silver	HMO	\$361.80	\$4,500.00	\$0	\$6,500.00	\$30 copay	20% coinsurance	50% coinsurance	No
Silver	HMO 5000c Elite Silver	HMO	\$357.66	\$5,000.00	\$0	\$6,250.00	\$25 copay	30% coinsurance	50% coinsurance	No
Silver	HMO HSA 3250 Elite Silver	HMO	\$372.48	\$3,250.00	Included in Medical	\$5,000.00	20% Coinsurance after deductible	20% coinsurance	50% co-ins. after deductible	No
Silver	POS 3500 Elite Silver	POS	\$391.07	\$3,500.00	Included in Medical	\$7,150.00	\$30 copay	20% coinsurance	40% coinsurance	No
Silver	POS 6000b Elite Silver	POS	\$384.87	\$6,000.00	\$0	\$6,000.00	\$30 copay	0% coinsurance	50% coinsurance	No

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out Of Pocket	Primary Care Physician	Lab Costs	Specialty Drugs - Standard	Good value with copay card?
Silver	POS 6000b Methodist Silver	POS	\$393.06	\$6,000.00	\$0	\$6,000.00	\$30 copay	0% coinsurance	50% coinsurance	No
Gold	HMO 1500a Elite Gold	HMO	\$462.93	\$1,500.00	\$0	\$5,500.00	\$20 copay	10% coinsurance	50% coinsurance	No

Humana Health

Humana uses the HDHP Plus formulary for Humana Bronze 4800 plans, found at www.humana.com/2017-HDHP-Plus. Individuals pay the full cost of the drug up to the deductible, and there are no tiers on these formularies. Prior authorization is not required.

Bronze 6150, Silver and Gold plans use the Rx5-Plus formulary, found here: www.humana.com/2017-Rx5-Plus.

Truvada is Tier 3. Prior authorization is not required.

Metal Level	Plan Marketing Name	Plan Type	Monthly Premium Age 30	Medical Deductible	Drug Deductible	Medical Max. Out of Pocket	Primary Care Physician	Lab Coverage	Truvada Coverage (Tier 3)	Good value with copay card?
Bronze	Humana Bronze 4800/Illinois HMOx	HMO	\$350.27	\$4,800	Included in Medical	\$6,550	50% coinsurance after deductible	50% coinsurance after deductible	No Charge after Deductible	No
Bronze	Humana Bronze 6150/Illinois HMOx	HMO	\$381.41	\$6,150	\$1,000	\$7,150	\$20 copay/visit	20% coinsurance after deductible	\$75 copay	Maybe
Silver	Humana Silver 4150/Illinois HMOx	HMO	\$447.79	\$4,150	\$0	\$7,150	\$20 copay/visit	20% coinsurance after deductible	\$50 copay	Yes
Gold	Humana Gold 1400/Illinois HMOx	HMO	\$509.81	\$1,400	\$0	\$6,000	\$20 copay/visit	20% coinsurance after deductible	\$20 copay	Yes