

THMP TIAP-PLUS 2025 Pre-Approved Marketplace Plans for Individuals below 100% of the Federal Poverty Level

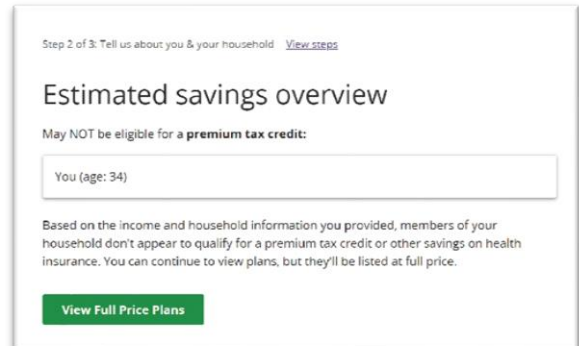
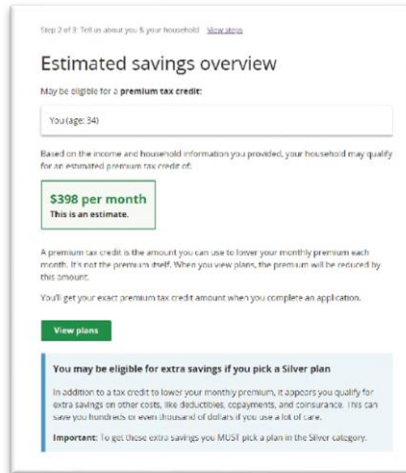
The Texas HIV Medication Program (THMP) Texas Insurance Assistance Program-PLUS (TIAP-PLUS) covers premiums, deductibles, and copayments for all medications included in eligible health insurance plan formulary for people living with HIV who qualify for the AIDS Drug Assistance Program (ADAP).

If you have not applied for THMP, please submit your application and wait for your approval letter before proceeding further. For more information on how to apply, [visit our website](#). Your local agency can also assist you with the application process for THMP and TIAP-PLUS.

To determine which pre-approved marketplace plan options apply to you, go to [Healthcare.gov](#) and enter your household information. For household income, please input what you expect to earn in 2025.

The pre-approved plan options in this handout are available for eligible ADAP enrollees whose income is **below 100%** of the federal poverty line and who qualify for the TIAP-PLUS program.

If your income **is at or above 100% of the federal poverty line**, please view the document, ["THMP TIAP-PLUS 2025 Pre-Approved Marketplace Plans for Individuals above 100% of the Federal Poverty Level."](#)



If your ACA message displays the information above, you are in the correct document. The list of pre-approved plans below is for you.

If your ACA message displays the information above, **you are looking at the wrong document.**

[Since your income is above 100% of the federal poverty level, please visit this link to view the correct pre-approved plan options available for you.](#)

Important Information:

- If you need assistance, please visit your local agency for in-person help.
- Ensure that you receive the TIAP-PLUS Approval Letter before starting enrolling in any pre-approved plans.

If you have questions, call THMP at 1-800-255-1090 or visit our website: www.dshs.texas.gov/hivstd/meds/tiap-plus

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- If you are transferring to TIAP-PLUS from an existing plan that is not on the preapproved list, you can submit that plan to THMP for review along with your application.
- If you find a plan that meets your medical needs but is not on the pre-approved list, you can also submit that plan to THMP for review.

If you enroll and pay your first premium on the following date:

- November 1–December 15, your coverage starts on January 1, 2025.
- December 16–January 15, your coverage starts on February 1, 2025.

The plan information listed, such as medical providers, medication covered, and copayment amount, may be subjected to change without prior notice. **Please verify all needed services on [healthcare.gov](https://www.healthcare.gov) before enrollment.**

If you have other medications or providers not covered by these plans, or if you wish to transfer to an existing plan, please fax a request to THMP at 512-989-4011. You can also call THMP at 1-800-255-1090.

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AUSTIN AREA

If you live in the Austin area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ CommunityCare: David Powell Health Center
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ CommunityCare: David Powell Health Center
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

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BRYAN AREA

If you live in the Bryan area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Project Unity
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Project Unity
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

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CORPUS CHRISTI AREA

If you live in the Corpus Christi area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Coastal Bend Wellness Foundation
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

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Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Coastal Bend Wellness Foundation
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

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DALLAS and FORT WORTH AREA

If you reside in the Dallas or Fort Worth area, there are two pre-approved plans available:

- Blue Advantage Gold 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ AIDS Healthcare Foundation
 - ▶ John Peter Smith Hospital District
 - ▶ Parkland Health
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry	▶ Trogarzo
	(Generic)	
- The primary care provider copayment per visit is \$30.00.

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Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ AIDS Healthcare Foundation
 - ▶ John Peter Smith Hospital District
 - ▶ Parkland Health
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry	▶ Trogarzo
	(Generic)	
- The primary care provider copayment per visit is \$0.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

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EAGLE PASS AREA

If you live in the Eagle Pass area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Maverick County Health District
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

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Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Maverick County Health District
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

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EL PASO AREA

If you reside in the El Paso area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ La Fe
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

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Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ La Fe
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

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HOUSTON AREA

If you reside in the Houston area, there are two pre-approved plans available:

- Blue Advantage Gold 206 Plan
- Blue Advantage Plus Gold Standard Plan

Blue Advantage Gold 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Legacy
 - ▶ Quentin Mease
 - ▶ St Hope
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

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Blue Advantage Plus Gold Standard Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Legacy
 - ▶ Quentin Mease
 - ▶ St Hope
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

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LAREDO AREA

If you reside in the Laredo area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ City of Laredo
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

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Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ City of Laredo
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

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LONGVIEW AREA

If you reside in the Longview area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Special Health Services for North Texas
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

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Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Special Health Services for North Texas
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

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LUBBOCK AREA

If you reside in the Lubbock area, there are two pre-approved plans available:

- Blue Advantage Gold 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ City of Lubbock Health Department
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

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Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ City of Lubbock Health Department
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

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ODESSA AREA

If you reside in the Odessa area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Basin Assistance Services
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo

- The primary care provider copayment per visit is \$30.00.

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Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Basin Assistance Services
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo

- The primary care provider copayment per visit is \$0.00.

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The plan information listed, such as medical providers, medication covered, and copayment amount, may be subjected to change without prior notice. **Please verify all needed services on [healthcare.gov](https://www.healthcare.gov) before enrollment.**

If you have other medications or providers not covered by these plans, or if you wish to transfer to an existing plan, please fax a request to THMP at 512-989-4011. You can also call THMP at 1-800-255-1090.

THMP TIAP-PLUS 2025 Pre-Approved Marketplace Plans for Individuals below 100% of the Federal Poverty Level

RIO GRANDE VALLEY AREA

If you reside in the Rio Grande Valley area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Valley AIDS Council
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Valley AIDS Council
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

If you enroll and pay your first premium on the following date:

- November 1–December 15, your coverage starts on January 1, 2025.
- December 16–January 15, your coverage starts on February 1, 2025.

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Revised on November 14, 2024

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SAN ANGELO AREA

If you reside in the San Angelo area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Shannon Supportive Services
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Shannon Supportive Services
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

If you enroll and pay your first premium on the following date:

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SAN ANTONIO AREA

If you reside in the San Antonio area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ San Antonio AIDS Foundation
 - ▶ La Fe
 - ▶ University Health System
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ San Antonio AIDS Foundation
 - ▶ La Fe
 - ▶ University Health SYstem
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry (Generic)	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

If you enroll and pay your first premium on the following date:

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Revised on November 14, 2024

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VICTORIA AREA

If you reside in the Victoria area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Victoria Health Department
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry	▶ Trogarzo
- The primary care provider copayment per visit is \$30.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Victoria Health Department
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry	▶ Trogarzo
- The primary care provider copayment per visit is \$0.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

If you enroll and pay your first premium on the following date:

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WACO AREA

If you live in the Waco area, there are two pre-approved plans available:

- Blue Advantage Gold HMO 206 Plan
- Blue Advantage Plus Gold 803 Plan

Blue Advantage Gold HMO 206 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Waco McLennan County Health Department
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry	▶ Trogarzo
	(Generic)	
- The primary care provider copayment per visit is \$30.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

Blue Advantage Plus Gold 803 Plan benefits include the following

- The following clinic accepts this plan:
 - ▶ Waco McLennan County Health Department
- The plan covers the following medications:

▶ Biktarvy	▶ Genvoya	▶ Sunlenca
▶ Cabenuva ¹	▶ Odefsey	▶ Symtuza
▶ Descovy	▶ Prezcobix	▶ Tivicay
▶ Dovato	▶ Rukobia	▶ Triumeq
▶ Fuzeon	▶ Selzentry	▶ Trogarzo
	(Generic)	
- The primary care provider copayment per visit is \$0.00.

¹ Cabenuva coverage: **Under this Blue Advantage (BCBS) plan, you will need Prior Authorization.** The specialty pharmacy provider is Accredo Health.

If you enroll and pay your first premium on the following date:

- November 1–December 15, your coverage starts on January 1, 2025.
- December 16–January 15, your coverage starts on February 1, 2025.

The plan information listed, such as medical providers, medication covered, and copayment amount, may be subjected to change without prior notice. **Please verify all needed services on [healthcare.gov](https://www.healthcare.gov) before enrollment.**

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