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."

Estimated sa	vings overview
May be eligible for a premiu	m tax credit:
You (age: 34)	
Based on the income and ho for an estimated premium ta	usehold information you provided, your household may qualif userodit of: —
\$398 per month This is an estimate.	]
	mount you can use to lower your monthly premium each itself. When you view plans, the premium will be reduced by
You'll get your exact premiur	m tax credit amount when you complete an application.
View plans	
You may be eligible f	or extra savings if you pick a Silver plan
extra savings on other co	to lower your monthly premium, it appears you qualify for sts, like deductibles, copayments, and coinsurance. This can en thousand of dollars if you use a lot of care.

Step 2 of 3: Tell us about you & your household View steps Estimated savings overview May NOT be eligible for a premium tax credit: You (age: 34) Based on the income and household information you provided, members of you household don't appear to qualify for a premium tax credit or other savings on health insurance. You can continue to view plans, but they'll be listed at full price. 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

- 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 preapproved 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** <u>healthcare.gov</u> before enrollment.

## **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

Dive Advantage Cold UM	0 206 Dian hanafita in	
Blue Advantage Gold HM	IU 206 Plan Denefits In	iclude the following
<ul> <li>The plan covers the folic</li> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul> The primary care provide <ul> <li><sup>1</sup> Cabenuva coverage: Under the primary coverage</li> </ul>	David Powell Health Center wing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic) er copayment per visit is \$3 his Blue Advantage (BCBS) pla	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul> 30.00.
Authorization. The	specialty pharmacy provider is A	ccredo Health.
Blue Advantage Plus Go	ld 803 Plan benefits in	clude the following
<ul> <li>The following clinic acce</li> <li>CommunityCare:</li> <li>The plan covers the follor</li> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>	David Powell Health Center	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
<ul> <li>The primary care provide</li> </ul>	er copayment per visit is \$(	0.00.

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** <u>healthcare.gov</u> before enrollment.

## **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 HM	O 206 Plan benefits ir	nclude the following
<sup>1</sup> Cabenuva coverage: <b>Under th</b>	wing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic) er copayment per visit is \$	an, you will need Prior
Blue Advantage Plus Gol	d 803 Plan benefits in	clude the following
<ul> <li>The following clinic accept</li> <li>Project Unity</li> <li>The plan covers the follo</li> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>	·	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
• The primary care provide	er copayment per visit is \$	0.00.
<sup>1</sup> Cabenuva coverage: <b>Under th</b> <b>Authorization</b> . The s	is Blue Advantage (BCBS) pla specialty pharmacy provider is A	

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** <u>healthcare.gov</u> before enrollment.

## **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 HM	IO 206 Plan benefits in	clude the following
<sup>1</sup> Cabenuva coverage: <b>Under th</b>	Iness Foundation	an, you will need Prior
Blue Advantage Plus Go	ld 803 Plan benefits in	clude the following
<ul> <li>The following clinic acce</li> <li>Coastal Bend Well</li> <li>The plan covers the follor</li> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>	Iness Foundation wing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic)	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
The primary care provid	er copayment per visit is \$(	0.00.
-	nis Blue Advantage (BCBS) pla specialty pharmacy provider is Ad	

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** <u>healthcare.gov</u> before enrollment.

# **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

<ul> <li>The following clinic accord</li> <li>AIDS Healthcare</li> <li>John Peter Smith</li> </ul>	Foundation	
<ul> <li>Parkland Health</li> </ul>		
<ul> <li>The plan covers the foll</li> </ul>	owing medications:	
<ul> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>	<ul> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> <li>Rukobia</li> <li>Selzentry (Generic)</li> </ul>	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
<sup>1</sup> Cabenuva coverage: <b>Under 1</b> Authorization. The	specialty pharmacy provider is A	· •
Authorization. The	old 803 Plan benefits in	ccredo Health.
Authorization. The lue Advantage Plus Go • The following clinic acce	old 803 Plan benefits in epts this plan:	ccredo Health.
Authorization. The Iue Advantage Plus Go • The following clinic acco • AIDS Healthcare	a specialty pharmacy provider is A old 803 Plan benefits in epts this plan: Foundation	ccredo Health.
Authorization. The lue Advantage Plus Go • The following clinic acco • AIDS Healthcare • John Peter Smith	a specialty pharmacy provider is A old 803 Plan benefits in epts this plan: Foundation	ccredo Health.
Authorization. The Iue Advantage Plus Go • The following clinic acco • AIDS Healthcare • John Peter Smith • Parkland Health	<b>bld 803 Plan benefits in</b> <b>cold 804 Plan benefits in</b> <b>co</b>	ccredo Health.
Authorization. The lue Advantage Plus Go • The following clinic acco • AIDS Healthcare • John Peter Smith	<b>bld 803 Plan benefits in</b> <b>cold 804 Plan benefits in</b> <b>co</b>	ccredo 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** <u>healthcare.gov</u> before enrollment.

## **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 HMC	206 Plan benefits in	clude the following
<ul> <li>The following clinic accept</li> <li>Maverick County He</li> <li>The plan covers the follow</li> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>	alth District	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
<ul> <li>The primary care provider</li> <li><sup>1</sup> Cabenuva coverage: Under this</li> </ul>	., .	
Authorization. The sp	ecialty pharmacy provider is Ac	credo Health.
Blue Advantage Plus Gold	803 Plan benefits in	clude the following
<ul> <li>The following clinic accept</li> <li>Maverick County He</li> <li>The plan covers the follow</li> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>	ealth District ing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic)	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
The primary care provider		
<sup>1</sup> Cabenuva coverage: <b>Under this</b>	Blue Advantage (BCBS) pla	n, 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** <u>healthcare.gov</u> before enrollment.

# **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 HM	10 206 Plan benefits in	clude the following
<ul> <li>The following clinic acce</li> <li>La Fe</li> <li>The plan covers the follor</li> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>		<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
<sup>1</sup> Cabenuva coverage: <b>Under t</b>	er copayment per visit is \$3 his Blue Advantage (BCBS) pla specialty pharmacy provider is Ac	an, you will need Prior
Blue Advantage Plus Go		clude the following
<ul> <li>The following clinic acce</li> <li>La Fe</li> </ul>	pts this plan:	
<ul> <li>The plan covers the follo</li> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>	owing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic)	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
• The primary care provid	er copayment per visit is \$(	0.00.
_	his Blue Advantage (BCBS) pla	

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** <u>healthcare.gov</u> before enrollment.

Authorization. The specialty pharmacy provider is Accredo Health.

# **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

►	ollowing clinic accept Legacy Quentin Mease St Hope	s this plan:	
• The p	lan covers the follow Biktarvy Cabenuva <sup>1</sup> Descovy Dovato Fuzeon	ving medications: <ul> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> <li>Rukobia</li> <li>Selzentry (Generic)</li> </ul>	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
•	va coverage: Under this	<ul> <li>copayment per visit is \$3</li> <li>Blue Advantage (BCBS) plate</li> <li>ecialty pharmacy provider is Acceleration</li> </ul>	an, you will need Prior
Blue A	dvantage Plus G	old Standard Plan ber	
• The for • • • • • • • • • • • •	dvantage Plus Go ollowing clinic accept Legacy Quentin Mease St Hope Jan covers the follow Biktarvy	old Standard Plan ber following as this plan:	

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** <u>healthcare.gov</u> 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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# 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 HM	O 206 Plan benefits in	clude the following
<ul> <li>The following clinic acce</li> <li>City of Laredo</li> <li>The plan covers the follor</li> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>		<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
The primary care provid	er copayment per visit is \$3	30.00.
-	his Blue Advantage (BCBS) pla specialty pharmacy provider is Ad d 803 Plan benefits in	ccredo Health.
<ul> <li>The following clinic acce</li> <li>City of Laredo</li> <li>The plan covers the follo</li> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>	pts this plan:	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
The primary care provid	er copayment per visit is \$	0.00.
-	<b>his Blue Advantage (BCBS) pla</b> specialty pharmacy provider is Ad	

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** <u>healthcare.gov</u> before enrollment.

## 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

rvices for North Texas owing medications:	
<ul> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> <li>Rukobia</li> <li>Selzentry (Generic)</li> </ul>	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
pts this plan:	
rvices for North Texas	
• •	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
	<ul> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> <li>Rukobia</li> <li>Selzentry (Generic)</li> <li>er copayment per visit is \$</li> <li>his Blue Advantage (BCBS) plased by the special provider is A</li> <li>Id 803 Plan benefits in</li> </ul>

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** <u>healthcare.gov</u> before enrollment.

# 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

<ul> <li>The following clinic acc</li> <li>City of Lubbock I</li> <li>The plan covers the fol</li> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>	Health Department	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
The primary care provi	der copayment per visit is \$	30.00.
	e specialty pharmacy provider is A	Accredo Health.
Authorization. The	e specialty pharmacy provider is A old 803 Plan benefits in	Accredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan:	Accredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: Health Department	Accredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc City of Lubbock I The plan covers the fol	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: Health Department lowing medications:	Accredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc City of Lubbock I The plan covers the fol Biktarvy	e specialty pharmacy provider is A <b>bld 803 Plan benefits in</b> epts this plan: Health Department lowing medications: ► Genvoya	Accredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc ► City of Lubbock I The plan covers the fol ► Biktarvy ► Cabenuva <sup>1</sup>	e specialty pharmacy provider is A <b>bld 803 Plan benefits in</b> epts this plan: Health Department lowing medications:	<ul> <li>Accredo Health.</li> <li>nclude the following</li> <li>► Sunlenca</li> <li>► Symtuza</li> </ul>
Authorization. The ue Advantage Plus Go The following clinic acc City of Lubbock I The plan covers the fol Biktarvy Cabenuva <sup>1</sup>	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: Health Department lowing medications:	<ul> <li>Accredo Health.</li> <li>Accredo Health.</li> <li>Accredo Health.</li> <li>Accredo Health.</li> <li>Accredo Health.</li> <li>Accredo Health.</li> <li>Sunlenca</li> <li>► Symtuza</li> <li>► Tivicay</li> </ul>
Authorization. The ue Advantage Plus Go The following clinic acc City of Lubbock I The plan covers the fol Biktarvy Cabenuva <sup>1</sup> Descovy	e specialty pharmacy provider is A <b>bld 803 Plan benefits in</b> epts this plan: Health Department lowing medications:	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> </ul>
Authorization. The ue Advantage Plus Go The following clinic acc City of Lubbock I The plan covers the fol Biktarvy Cabenuva <sup>1</sup> Descovy Dovato	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: Health Department lowing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry	<ul> <li>Accredo Health.</li> <li>Accredo Health.</li> <li>Accredo Health.</li> <li>Accredo Health.</li> <li>Accredo Health.</li> <li>Accredo Health.</li> <li>Sunlenca</li> <li>► Symtuza</li> <li>► Tivicay</li> </ul>
Authorization. The Authorization. The Author	e specialty pharmacy provider is A <b>bld 803 Plan benefits in</b> epts this plan: Health Department lowing medications:	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>

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** <u>healthcare.gov</u> before enrollment.

# **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

The following clinic acc Basin Assistance		
The plan covers the fol	lowing medications:	
<ul> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> </ul>	<ul><li>Genvoya</li><li>Odefsey</li></ul>	<ul><li>Sunlenca</li><li>Symtuza</li></ul>
<ul> <li>Descovy</li> </ul>	<ul> <li>Prezcobix</li> </ul>	► Tivicay
<ul><li>► Dovato</li><li>► Fuzeon</li></ul>	<ul> <li>Rukobia</li> </ul>	<ul> <li>Triumeq</li> </ul>
	<ul> <li>Selzentry</li> </ul>	► Trogarzo
	(Generic) der copayment per visit is \$	
Authorization. The	this Blue Advantage (BCBS) pl e specialty pharmacy provider is A	ccredo Health.
Authorization. The	e specialty pharmacy provider is A old 803 Plan benefits in	ccredo Health.
Authorization. The	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan:	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc	old 803 Plan benefits in epts this plan: Services	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc Basin Assistance The plan covers the fol Biktarvy	old 803 Plan benefits in epts this plan: Services	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc Basin Assistance The plan covers the fol Biktarvy Cabenuva <sup>1</sup>	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: Services lowing medications:	nclude the followi
Authorization. The ue Advantage Plus Go The following clinic acc Basin Assistance The plan covers the fol Biktarvy Cabenuva <sup>1</sup> Descovy	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: Services lowing medications: Genvoya Odefsey Prezcobix	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> </ul>
Authorization. The ue Advantage Plus Go The following clinic acc Basin Assistance The plan covers the fol Biktarvy Cabenuva <sup>1</sup> Descovy Dovato	<ul> <li>a specialty pharmacy provider is A</li> <li>bld 803 Plan benefits in</li> <li>a point of the splan:</li> <li>b Services</li> <li>b over the splan o</li></ul>	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> </ul>
Authorization. The ue Advantage Plus Go The following clinic acc Basin Assistance The plan covers the fol Biktarvy Cabenuva <sup>1</sup> Descovy	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: Services lowing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> </ul>
Authorization. The Authorization. The Authorization. The Authorization. The Authorization. The Authorization. The Basin Assistance The plan covers the foll Biktarvy Cabenuva <sup>1</sup> Descovy Dovato Fuzeon	<ul> <li>a specialty pharmacy provider is A</li> <li>bld 803 Plan benefits in</li> <li>a point of the splan:</li> <li>b Services</li> <li>b over the splan o</li></ul>	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>

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** <u>healthcare.gov</u> before enrollment.

## **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

<ul> <li>The following clinic accord</li> <li>Valley AIDS Courd</li> </ul>	ncil	
<ul> <li>The plan covers the foll         <ul> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul> </li> <li>The primary care provide</li> </ul>	<ul> <li>owing medications:</li> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> <li>Rukobia</li> <li>Selzentry         (Generic)</li> <li>der copayment per visit is \$</li> </ul>	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> <li>30.00.</li> </ul>
<sup>1</sup> Cabenuva coverage: <b>Under</b> t	this Blue Advantage (BCBS) pl e specialty pharmacy provider is A	
<sup>1</sup> Cabenuva coverage: <b>Under</b> t <b>Authorization</b> . The	old 803 Plan benefits in	ccredo Health.
<sup>1</sup> Cabenuva coverage: Under the Authorization. The Authorization of the Advantage Plus Go • The following clinic accord ► Valley AIDS Courd	old 803 Plan benefits in epts this plan:	ccredo Health.
<sup>1</sup> Cabenuva coverage: Under the Authorization. The Authorization of the Advantage Plus Go • The following clinic according to the following clinic according to the the Advantage Plus Ad	old 803 Plan benefits in epts this plan:	ccredo 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** <u>healthcare.gov</u> before enrollment.

# 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

<ul> <li>The following clinic act</li> <li>Shannon Suppo</li> <li>The plan covers the formula</li> </ul>	rtive Services	
<ul> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>	<ul> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> <li>Rukobia</li> <li>Selzentry (Generic)</li> </ul>	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
1		
-	this Blue Advantage (BCBS) plate specialty pharmacy provider is A	· -
Authorization. The following clinic acc	ne specialty pharmacy provider is A <b>fold 803 Plan benefits ir</b> cepts this plan:	ccredo Health.
Authorization. The Iue Advantage Plus G	ie specialty pharmacy provider is A iold 803 Plan benefits in cepts this plan: irtive Services	ccredo 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** <u>healthcare.gov</u> before enrollment.

# 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

> >	bllowing clinic accept San Antonio AIDS F La Fe University Health S lan covers the follow	Foundation ystem ving medications:	► Sunlenca
* * *	Biktarvy Cabenuva <sup>1</sup> Descovy Dovato Fuzeon	<ul> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> <li>Rukobia</li> <li>Selzentry (Generic)</li> </ul>	<ul> <li>Sufferica</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
<sup>1</sup> Cabenu	va coverage: <b>Under thi</b>	s Blue Advantage (BCBS) pla	n, you will need Prior
	Authorization. The sp	ecialty pharmacy provider is Active 1803 Plan benefits in	ccredo Health.
lue Adv • The fo •	Authorization. The sp antage Plus Gold ollowing clinic accept San Antonio AIDS F La Fe University Health S	ecialty pharmacy provider is Act <b>803 Plan benefits in</b> ts this plan: Foundation	ccredo Health.
Iue Adv • The fo • • • The p	Authorization. The sp antage Plus Gold ollowing clinic accept San Antonio AIDS F La Fe	ecialty pharmacy provider is Act <b>803 Plan benefits in</b> ts this plan: Foundation	ccredo 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** <u>healthcare.gov</u> 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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following date: erage starts on January 1, 202

## **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

The following clinic accord Victoria Health D	• •	
The plan covers the foll	•	
► Biktarvy	► Genvoya	► Sunlenca
<ul> <li>Cabenuva<sup>1</sup></li> </ul>	<ul> <li>Odefsey</li> </ul>	<ul> <li>Symtuza</li> </ul>
<ul> <li>Descovy</li> </ul>	<ul> <li>Prezcobix</li> </ul>	<ul> <li>Tivicay</li> </ul>
<ul> <li>Dovato</li> </ul>	<ul> <li>Rukobia</li> </ul>	► Triumeg
<ul> <li>Fuzeon</li> </ul>	<ul> <li>Selzentry</li> </ul>	► Trogarzo
	(Generic)	P noguizo
The primary care provid	der copayment per visit is \$	30.00
Authorization. The	this Blue Advantage (BCBS) pla e specialty pharmacy provider is A old 803 Plan benefits in	ccredo Health.
Authorization. The	e specialty pharmacy provider is A old 803 Plan benefits in	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acco	bld 803 Plan benefits in epts this plan:	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acco Victoria Health D	old 803 Plan benefits in epts this plan: epartment	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acco Victoria Health D The plan covers the foll	old 803 Plan benefits in epts this plan: epartment owing medications:	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acco Victoria Health D The plan covers the foll Biktarvy	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: epartment owing medications: ► Genvoya	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acco Victoria Health D The plan covers the foll	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: epartment owing medications: ► Genvoya ► Odefsey	ccredo Health. ■ <b>clude the followi</b> ■ Sunlenca ■ Symtuza
Authorization. The ue Advantage Plus Go The following clinic acco Victoria Health D The plan covers the foll Biktarvy Cabenuva <sup>1</sup> Descovy Dovato	<ul> <li>specialty pharmacy provider is A</li> <li>old 803 Plan benefits in</li> <li>epts this plan:</li> <li>epartment</li> <li>owing medications:</li> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> </ul>	Ccredo Health. ■ Clude the followin ■ Sunlenca ■ Symtuza ■ Tivicay
Authorization. The ue Advantage Plus Go The following clinic acco Victoria Health D The plan covers the foll Biktarvy Cabenuva <sup>1</sup> Descovy	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: epartment owing medications: Genvoya Odefsey Prezcobix Rukobia	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> </ul>
Authorization. The are Advantage Plus Go The following clinic acco Victoria Health D The plan covers the foll Biktarvy Cabenuva <sup>1</sup> Descovy Dovato	<ul> <li>specialty pharmacy provider is A</li> <li>old 803 Plan benefits in</li> <li>epts this plan:</li> <li>epartment</li> <li>owing medications:</li> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> </ul>	<ul> <li>Clude the followi</li> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> </ul>

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

<ul> <li>The following clinic acc</li> <li>Waco McLennan</li> <li>The plan covers the following clinic acc</li> </ul>	County Health Department	
<ul> <li>Biktarvy</li> <li>Cabenuva<sup>1</sup></li> <li>Descovy</li> <li>Dovato</li> <li>Fuzeon</li> </ul>	<ul> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> <li>Rukobia</li> <li>Selzentry (Generic)</li> </ul>	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
	der copayment per visit is \$30	
Authorization. The	this Blue Advantage (BCBS) plan, e specialty pharmacy provider is Accr	edo Health.
Authorization. The Blue Advantage Plus Go • The following clinic acc	e specialty pharmacy provider is Accr old 803 Plan benefits incl epts this plan:	edo Health.
Authorization. The Blue Advantage Plus Go The following clinic acc Waco McLennan	old 803 Plan benefits incl epts this plan: County Health Department	edo Health.
Authorization. The Blue Advantage Plus Go • The following clinic acc	old 803 Plan benefits incl epts this plan: County Health Department	edo 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** <u>healthcare.gov</u> before enrollment.