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 plans 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, <u>visit our website</u>. 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 <u>Healthcare.gov</u> 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 **above 100%** of the federal poverty line and who qualify for the TIAP-PLUS program. These are plans for individuals who are eligible for extra savings if they pick a silver plan. These discounts are called Cost Sharing Reductions (CSRs).

If your income **is below 100% of the federal poverty line**, please view the document, <u>"THMP TIAP-PLUS 2025 Pre-Approved Marketplace Plans for Individuals below 100% of the Federal Poverty Level."</u>

	0
May be eligible for a pi	emium tax credit:
You (age: 34)	
Based on the income a for an estimated prem	nd household information you provided, your household may qualify um tax credit of:
\$200 nor ma	ath
\$398 per mor	
This is an estimate	
This is an estimate A premium tax credit is month. It's not the pre- this amount.	
This is an estimate A premium tax credit is month. It's not the pre- this amount. You'll get your exact pr View plans	the amount you can use to lower your monthly premium each mean steff. When you view plans, the premum will be reduced by
This is an estimate A premium tax credit is month. It's not the pre- hits amount. View plans You may be eligi In addition to a tax	the amount you can use to lower your monthly premium each raum melt, When you view plans, the premium will be reduced by ensum tax credit amount when you complete an application.

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

Important Information:

Estin	nated savings overview
May NOT I	be eligible for a premium tax credit:
You (age	2: 34)
household	the income and household information you provided, members of your i don't appear to qualify for a premium tax credit or other savings on healt You can continue to view plans, but they'll be listed at full price.
View F	ull Price Plans

If your ACA message displays the information above, **you are looking at the wrong document.** Since your income is below 100% of the federal poverty level, please visit this link to view the correct preapproved plan options available for you.

• If you need assistance, please visit your local agency for in-person help.

If you have questions, call THMP at 1-800-255-1090 or visit our website: <u>www.dshs.texas.gov/hivstd/meds/tiap-plus</u> Revised on December 13, 2024

- Ensure that you receive the TIAP-PLUS Approval Letter before starting enrolling in any pre-approved plans.
- 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.

Note: If you do not see the name of your provider or medications, do not worry. Due to limited space, we cannot list every approved provider or medication on this page. Most of Ryan White providers accept these plans. You may contact the providers directly to ensure that they accept the plan listed. You can also look at the provider list on <u>healthcare.gov</u>. For medication review, you can go to the plan's website. The insurance plan's website provides a full list of medications covered by it.

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.

ABILENE AREA

If you reside in the Abilene area, there is one pre-approved plan available:

• Blue Advantage Plus Silver Standard Plan

Blue Advantage Plus Si	lver Standard Plan be following	nefits include the
 The following clinic accep Dignity Health The plan covers the follow 		
 Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic) 	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
¹ Cabenuva coverage: Under thi	r copayment per visit is \$2 s Blue Advantage (BCBS) pla pecialty pharmacy provider is Ac	n, you will need Prior

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.

AMARILLO AREA

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

- Ambetter Standard Silver Plan
- Blue Advantage Plus Silver Standard Plan

 The following clinic acc Panhandle AIDS The plan covers the following clinic acc 	Support Organization	
 Biktarvy Cabenuva¹ Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia 	 Selzentry (Generic) Sunlenca Trogarzo
The plan does not cov	ver the following medications	5:
DescovySymtuza	► Tivicay	► Triumeq
¹ Cabenuva coverage: Under this A	ider copayment per visit is \$2 mbetter plan, you do not need Pric armacy provider is AcariaHealth.	
Blue Advantage Plus	Silver Standard Plan be following	nefits include the
• The plan covers the fol	Support Organization	Currier
 Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic) 	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
The primer core provi	ider copayment per visit is \$2	20.00.

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.

AUSTIN AREA

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

- Ambetter Standard Silver Plan
- Blue Advantage Plus Silver Standard Plan

		an benefits include th	ne following
 Viver 	ng clinic accepts this nt Health overs the following me		
 Bikta Caber Dova Fuzeo 	rvy huva ¹	Genvoya	 Selzentry (Generic) Sunlenca Trogarzo
• The plan d	bes not cover the fo	llowing medications:	
•	uza y care provider copay : Under this Ambetter pla	Tivicay ment per visit is \$20.00. n, you do not need Prior Autho	 Triumeq rization. The specialty
		ider is AcariaHealth.	
Blue Advant	tage Plus Silver St	andard Plan benefits	s include the
Blue Advant		lowing	
The followin Com Viven	fol ng clinic accepts this p munityCare: David Po nt Health	olan: well Health Center	
The followin Com Viven	fol ng clinic accepts this p munityCare: David Po nt Health overs the following me rvy nuva ¹ ovy to	olan: owell Health Center edications: Genvoya Odefsey Prezcobix Rukobia Selzentry	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
 The followin Comition Viver The plan comition Bikta Caberation Desconding Fuzeon 	fol ng clinic accepts this p munityCare: David Po nt Health overs the following me rvy nuva ¹ ovy to on	olan: owell Health Center edications: Genvoya Odefsey Prezcobix Rukobia	 Sunlenca Symtuza Tivicay Triumeq

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 reside in the Bryan area, there is one pre-approved plan available:

• Blue Advantage Plus Silver Standard Plan

	following	
 The following clinic accert Project Unity The plan covers the following 		
 Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic) 	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
• The primary care provide	er copayment per visit is \$2	20.00.

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.

CORPUS CHRISTI AREA

If you reside in the Corpus Christi area, there is one pre-approved plan available:

• Blue Advantage Plus Silver Standard Plan

	following	
 The following clinic accept Coastal Bend Welln The plan covers the follow 	ess Foundation	
 Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic) 	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
 The primary care provider ¹ Cabenuva coverage: Under this Authorization. The sp 		an, you will need Prior

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 AREAS

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

- Blue Advantage Plus Silver Standard Plan
- Molina Healthcare Silver 1 150 Extra Savings Silver HMO Plan

-	ilver Standard Plan be following	nefits include the
 The following clinic accept AIDS Healthcare F Parkland Health The plan covers the follo Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	oundation	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
	(Generic) er copayment per visit is \$2	
Authorization. The s	is Blue Advantage (BCBS) pla specialty pharmacy provider is Ac	ccredo Health.
Molina Healthcare Silv benefit	er 1 150 Extra Savings ts include the followin	
The following clinic accept	ots this plan:	
 John Peter Smith Parkland Health Prism Health 	Hospital District	
John Peter SmithParkland Health	Hospital District wing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
 John Peter Smith Parkland Health Prism Health The plan covers the follo Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	Hospital District wing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic) er copayment per visit is \$8	 Symtuza Tivicay Triumeq Trogarzo 3.00.

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.

EAGLE PASS AREA

If you reside in the Eagle Pass area, there is one pre-approved plan available:

• Blue Advantage Plus Silver Standard Plan

	following	
 The following clinic accept Maverick County H Project Vida 	•	
 The plan covers the follow Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	wing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic)	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
¹ Cabenuva coverage: Under th	er copayment per visit is \$2 is Blue Advantage (BCBS) pla pecialty pharmacy provider is Ac	in, you will need Prior

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 is one pre-approved plan available:

• Blue Advantage Plus Silver Standard Plan

ㅋ	following	
 The following clinic acce 	pts this plan:	
► La Fe		
 Project CHAMPS 		
 Maverick County 	Health Department	
• The plan covers the follo	•	
 Biktarvy 	► Genvoya	 Sunlenca
 Cabenuva¹ 	 Odefsey 	 Symtuza
 Descovy 	 Prezcobix 	Tivicay
 Dovato 	 Rukobia 	► Triumeq
 Fuzeon 	 Selzentry 	► Trogarzo
	(Generic)	-
• The primary care provid	er copayment per visit is \$2	20.00.

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.

HOUSTON AREA

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

- Ambetter Standard Silver Plan
- Blue Advantage Plus Silver Standard Plan

Ambetter Standard Silv	ver Plan benefits inc	lude the following
 The following clinic accep Legacy Community Project Unity The plan covers the follow Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	/ Health	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
 The plan does not cover Symtuza 	r the following medication ► Triumeq	ns:
The primary care provide ¹ Cabenuva coverage: Under this Amb pharm Blue Advantage Plus Si	etter plan, you do not need Pr nacy provider is AcariaHealth.	ior Authorization. The specialty
 The following clinic accep AIDS Healthcare For Legacy Community Project Unity 	ts this plan: oundation	Quentin MeaseSt. Hope
 The plan covers the follow Biktarvy Cabenuva¹ Dovato Fuzeon 	wing medications: Genvoya Odefsey Prezcobix Rukobia	 Selzentry (Generic) Sunlenca Trogarzo
 The primary care provide ¹ Cabenuva coverage: Under thi Authorization. The space 		lan, you will need Prior

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 Plus Silver Standard Plan
- Molina Healthcare Silver 1 150 Extra Savings Silver HMO Plan

blue Auvantage Flus c	Silver Standard Plan be following	
 The following clinic acce City of Laredo The plan covers the foll Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	owing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
¹ Cabenuva coverage: Under t	(Generic) ler copayment per visit is \$ his Blue Advantage (BCBS) pla specialty pharmacy provider is A	an, you will need Prior
	ver 1 150 Extra Saving its include the followin	
• The following clinic acce	its include the followin	
benef	its include the following epts this plan: owing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry	
 benef The following clinic acce City of Laredo The plan covers the foll Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	its include the following epts this plan: owing medications: Genvoya Odefsey Prezcobix Rukobia	 Sunlenca Symtuza Tivicay Triumeq Trogarzo

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 is one pre-approved plan available:

• Blue Advantage Plus Silver Standard Plan

Blue Advantage Plus Silve	er Standard Plan be following	nefits include the
 The following clinic accepts Specialty Health Reso The plan covers the followin 	ources for Texas	
 Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic) 	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
 The primary care provider controls ¹ Cabenuva coverage: Under this B Authorization. The species 		an, you will need Prior

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:

- Ambetter Standard Silver Plan
- Blue Advantage Plus Silver Standard Plan

 The following clinic ac Panhandle AID The plan covers the formula 	S Support Organization	
 Biktarvy Cabenuva¹ Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia 	 Selzentry (Generic) Sunlenca Trogarzo
• The plan does not co	over the following medication	IS:
	 Tivicay vider copayment per visit is \$ Ambetter plan, you do not need Prior 	
p	harmacy provider is AcariaHealth.	
·	harmacy provider is AcariaHealth. 5 Silver Standard Plan be	enefits include the
Blue Advantage Plus	s Silver Standard Plan be following	enefits include the
 Blue Advantage Plus The following clinic ac Community He Project CHAMP 	s Silver Standard Plan be following ccepts this plan: alth Center of Lubbock S	enefits include the
 Blue Advantage Plus The following clinic ad ▶ Community He 	s Silver Standard Plan be following ccepts this plan: alth Center of Lubbock S	 Sunlenca Symtuza Tivicay Triumeq Trogarzo

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 is one pre-approved plan available:

Blue Advantage Plus Silver Standard Plan

Blue Advantage Plus Silver f	Standard Plan bei following	nefits include the
 The following clinic accepts th Basin Assistance Servic The plan covers the following 	ces	
 Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic) 	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
 The primary care provider cop ¹ Cabenuva coverage: Under this Blu Authorization. The special 	e Advantage (BCBS) pla	n, you will need Prior

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:

- Ambetter Standard Silver Plan
- Blue Advantage Plus Silver Standard Plan

• The plan covers the fo	ic Valley AIDS Council	
 Biktarvy Cabenuva¹ Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia 	 Selzentry (Generic) Sunlenca Trogarzo
• The plan does not co	over the following medication	S:
Descovy	► Tivicay	► Triumeq
► Symtuza	vider copayment per visit is \$	20.00.
 Symtuza The primary care prov Cabenuva coverage: Under this plant 	vider copayment per visit is \$ Ambetter plan, you do not need Pric harmacy provider is AcariaHealth.	or Authorization. The specialt
 Symtuza The primary care prov Cabenuva coverage: Under this plant 	Ambetter plan, you do not need Pric	or Authorization. The specialt
 Symtuza The primary care provide Cabenuva coverage: Under this plane Blue Advantage Plus The following clinic action 	Ambetter plan, you do not need Pricharmacy provider is AcariaHealth. S Silver Standard Plan be following ccepts this plan: ic Valley AIDS Council	or Authorization. The specialt
 Symtuza The primary care proverage: Under this primary care proves the proves the primary care proves the proves	Ambetter plan, you do not need Pricharmacy provider is AcariaHealth. S Silver Standard Plan be following ccepts this plan: ic Valley AIDS Council	or Authorization. The specialt

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 is one pre-approved plan available:

• Blue Advantage Plus Silver Standard Plan

Blue Advantage Plus Sil	ver Standard Plan be following	nefits include the
 The following clinic accept Shannon Supportiv The plan covers the follow 	e Services	
 Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic) 	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
 The primary care provider ¹ Cabenuva coverage: Under this Authorization. The sp 		n, you will need Prior

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:

- Ambetter Standard Silver Plan
- Blue Advantage Plus Silver Standard Plan

Ambetter Standard Si	lver Plan benefits inclu	ide the following
 The following clinic acce Alamo Area Resord San Antonio AIDS The plan covers the follor Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	 burce Center boundation bowing medications: b Genvoya b Odefsey b Prezcobix b Rukobia b Selzentry 	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
 The plan does not cover Symtuza 	(Generic) er the following medications ► Triumeq	:
¹ Cabenuva coverage: Under this Am phar	macy provider is AcariaHealth.	r Authorization. The specialty
 The following clinic acce CentroMed San Antonio AIDS University Health 	S Foundation	
• The plan covers the follo	•	
 Biktarvy Cabenuva¹ Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia 	 Selzentry (Generic) Sunlenca Trogarzo
¹ Cabenuva coverage: Under t	er copayment per visit is \$2 his Blue Advantage (BCBS) pla specialty pharmacy provider is Ac	n, you will need Prior

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.

VICTORIA AREA

If you reside in the Victoria area, there is one pre-approved plan available:

• Blue Advantage Plus Silver Standard Plan

 The following clinic acception Victoria Health Destruction 	partment	
 The plan covers the follo Biktarvy Cabenuva¹ Descovy Dovato Fuzeon 	 Genvoya Odefsey Prezcobix Rukobia Selzentry (Generic) 	 Sunlenca Symtuza Tivicay Triumeq Trogarzo
The primary care provide	er copayment per visit is \$2	20.00.

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.

WACO AREA

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

- Ambetter Standard Silver Plan
- Blue Advantage Plus Silver Standard Plan

 The f 	following clinic acc	cepts this plan:	
►	Waco Mclennan	County Public Health District	:
• The p	plan covers the fo	llowing medications:	
>	Biktarvy Cabenuva ¹ Dovato Fuzeon	 Genvoya Odefsey Prezcobix Rukobia 	 Selzentry (Generic) Sunlenca Trogarzo
• The p	olan does not co v	ver the following medication	S:
	Descovy	► Tivicay	► Triumeq
abenuva c	overage: Under this A ph	ider copayment per visit is \$3 mbetter plan, you do not need Pric armacy provider is AcariaHealth. Silver Standard Plan be	or Authorization. The speci
abenuva c Blue A	orimary care provi overage: Under this A ph dvantage Plus	mbetter plan, you do not need Pric armacy provider is AcariaHealth. Silver Standard Plan be following	or Authorization. The speci
Blue A	orimary care provi overage: Under this A ph dvantage Plus following clinic acc	mbetter plan, you do not need Pric armacy provider is AcariaHealth. Silver Standard Plan be following cepts this plan:	or Authorization. The specience of the s
Blue A	orimary care provi overage: Under this A ph dvantage Plus following clinic acc	mbetter plan, you do not need Pric armacy provider is AcariaHealth. Silver Standard Plan be following	or Authorization. The specience of the s
abenuva c Blue A • The f	overage: Under this A ph dvantage Plus following clinic acc Waco Mclennan	mbetter plan, you do not need Pric armacy provider is AcariaHealth. Silver Standard Plan be following cepts this plan:	or Authorization. The specience of the s
abenuva c Blue A • The f • The f	orimary care provious overage: Under this A ph dvantage Plus following clinic acc Waco Mclennan plan covers the fol Biktarvy	Silver Standard Plan be following Cepts this plan: County Public Health District Ilowing medications: For provider is AcariaHealth	enefits include the
abenuva c Blue A • The f • The f	orimary care provious overage: Under this A ph dvantage Plus following clinic acc Waco Mclennan plan covers the fol Biktarvy Cabenuva ¹	Silver Standard Plan be following Cepts this plan: County Public Health District Ilowing medications: ► Genvoya ► Odefsey	enefits include the Enefits include the Comparison of the spectrum Comparison of the spectrum Compari
abenuva c Blue A • The f • The f	orimary care provious overage: Under this A ph dvantage Plus following clinic acc Waco Mclennan olan covers the fol Biktarvy Cabenuva ¹ Descovy	Ambetter plan, you do not need Price armacy provider is AcariaHealth. Silver Standard Plan be following Cepts this plan: County Public Health District Ilowing medications: Genvoya Odefsey Prezcobix 	enefits include the Sunlenca ► Symtuza ► Tivicay
abenuva c Blue A • The f • The f	orimary care provious overage: Under this A ph dvantage Plus following clinic acc Waco Mclennan plan covers the fol Biktarvy Cabenuva ¹	Ambetter plan, you do not need Price armacy provider is AcariaHealth. Silver Standard Plan be following cepts this plan: County Public Health District Ilowing medications: Genvoya Odefsey Prezcobix Rukobia 	enefits include the Sunlenca ► Symtuza ► Tivicay ► Triumeq
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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.