

Texas HIV Medication Program TIAP-PLUS 2025 Pre-Approved Marketplace Plans for Individuals above 100% Federal Poverty Level*

Plan Name	Clinics	BIKTARVY	CABENUVA**	DESCOVY	DOVATO	FUZEON	GENVOYA	ODEFSY	PREZCOBIX	RUKOBIA	SELZENTRY ▲	SUNLENCA	SYMTOZA	TIVICAY	TRIUMEQ	TROGARZO	PCP Copayment
AUSTIN AREA																	
Ambetter Standard Silver	1. Vivent Health	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	\$20.00
Blue Advantage Plus Silver Standard	1. CommunityCare: David Powell Health Center 2. Vivent Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
BRYAN AREA																	
Blue Advantage Plus Silver Standard	1. Project Unity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
CORPUS CHRISTI AREA																	
Blue Advantage Plus Silver Standard	1. Coastal Bend Wellness Foundation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
DALLAS and FORT WORTH AREAS																	
Blue Advantage Plus Silver Standard	1. AIDS Healthcare Foundation 2. Parkland Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
Molina Healthcare Silver 1 150 Extra Savings Silver HMO	1. John Peter Smith Hospital District 2. Prism Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$8.00
EAGLE PASS AREA																	
Blue Advantage Plus Silver Standard	1. Maverick County Health Department 2. Protect Vida	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
EL PASO AREA																	
Blue Advantage Plus Silver Standard	1. La Fe 2. Project CHAMPS 3. Maverick County Health Department	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
HOUSTON AREA																	
Ambetter Standard Silver	1. Legacy Community Health 2. Project Unity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	\$20.00
Blue Advantage Plus Silver Standard	1. AIDS Healthcare Foundation 2. Legacy Community Health 3. Project Unity 4. Quentin Mease 5. St Hope	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
LAREDO AREA																	
Blue Advantage Plus Silver Standard	1. City of Laredo	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
Molina Healthcare Silver 1 150 Extra Savings Silver HMO	1. City of Laredo	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$10.00
LONGVIEW AREA																	
Blue Advantage Plus Silver Standard	1. Special Health Resources for Texas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
LUBBOCK AREA																	
Ambetter Standard Silver	1. Panhandle AIDS Support Organization	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	\$20.00
Blue Advantage Plus Silver Standard	1. Community Health Center of Lubbock 2. Project CHAMPS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
ODESSA AREA																	
Blue Advantage Plus Silver Standard	1. Basin Assistance Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
RIO GRANDE VALLEY AREA																	
Ambetter Standard Silver	1. Westbrook Clinic Valley AIDS Council	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	\$20.00
Blue Advantage Plus Silver Standard	1. Westbrook Clinic Valley AIDS Council	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
SAN ANGELO AREA																	
Blue Advantage Plus Silver Standard	1. Shannon Supportive Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
SAN ANTONIO AREA																	
Ambetter Standard Silver	1. Alamo Area Resource Center 2. San Antonio AIDS Foundation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	\$20.00
Blue Advantage Plus Silver Standard	1. CentroMed 2. San Antonio AIDS Foundation 3. University Health System	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
VICTORIA AREA																	
Blue Advantage Plus Silver Standard	1. Victoria Health Department	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
WACO AREA																	
Ambetter Standard Silver	1. Waco McLennan County Public Health District	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	\$20.00
Blue Advantage Plus Silver Standard	1. Waco McLennan County Public Health District	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
**Cabenuva coverage:																	
<ul style="list-style-type: none"> • For Ambetter Plans on this list, you do not need Prior Authorization. The specialty pharmacy provider is AcrialHealth. • For Blue Advantage (BCBS) Plans on this list, you will need Prior Authorization. The specialty pharmacy provider is Accredo Health. • For Molina Plans on this list, you will need Prior Authorization. The specialty pharmacy provider is CVS Specialty. 									<ul style="list-style-type: none"> ▲ Only generic of Selzentry is covered. 								
<p>*The plan information listed, such as medical providers, medications covered, and copayment amount, may be subjected to change without prior notice. Please verify all your needed medical benefits and services on healthcare.gov before enrollment.</p>																	
<p>For more detailed explanation of this TIAP-PLUS 2025 Pre-Approved Marketplace Plans for individuals whose income is above 100% federal poverty level, please visit this document.</p>									<p>If you enroll and pay your first premium on the following date:</p> <ul style="list-style-type: none"> • November 1–December 15, your coverage starts on January 1, 2025. • December 16–January 15, your coverage starts on February 1, 2025. <p>If your income is below 100% of the federal poverty level, please visit this document for the TIAP-PLUS 2025 Pre-Approved Plans available for you.</p>								