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

Blue Advantage Gold HM	IO 206 Plan benefits ir	nclude 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>	David Powell Health Center	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
-	nis Blue Advantage (BCBS) pla specialty pharmacy provider is A	
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	r Sunlenca Symtuza Tivicay Triumeq Trogarzo
The primary care provid	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>	ness 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>
<sup>1</sup> Cabenuva coverage: <b>Under th</b>	er copayment per visit is \$( nis Blue Advantage (BCBS) pla	an, you will need Prior
Authorization. The	specialty pharmacy provider is A	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.

# **DALLAS and FORT WORTH AREAS**

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 acce</li> <li>AIDS Healthcare</li> <li>John Peter Smith</li> <li>Parkland Health</li> </ul>	Foundation	
<ul> <li>The plan covers the foll</li> </ul>	owing modications:	
<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>
		an, you will need Prior
	specialty pharmacy provider is A	ccredo Health.
Iue Advantage Plus Go • The following clinic acco • AIDS Healthcare • John Peter Smith • Parkland Health	old 803 Plan benefits in epts this plan: Foundation Hospital District	ccredo Health.
<ul> <li>Iue Advantage Plus Go</li> <li>The following clinic acco</li> <li>AIDS Healthcare</li> <li>John Peter Smith</li> </ul>	old 803 Plan benefits in epts this plan: Foundation Hospital District	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

<ul> <li>The following clinic acce</li> <li>Maverick County</li> <li>Project Vida</li> </ul>	· ·	
<ul> <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>	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	ler copayment per visit is \$	30.00.
	specialty pharmacy provider is A	
Blue Advantage Plus Go	ld 803 Plan benefits in	
Blue Advantage Plus Go • The following clinic acce • Maverick County	Id 803 Plan benefits in opts this plan:	
Blue Advantage Plus Go • The following clinic acce • Maverick County • Project Vida	old 803 Plan benefits in epts this plan: Health District	
Blue Advantage Plus Go • The following clinic acce • Maverick County	old 803 Plan benefits in epts this plan: Health District	

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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# **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
<sup>1</sup> Cabenuva coverage: <b>Under t</b>		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>La Fe</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>	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>
	er copayment per visit is \$(	
	his Blue Advantage (BCBS) pla	an, vou 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.

## **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

> >	following clinic accep Legacy Quentin Mease St Hope		
> > >		<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>
	, ,	er copayment per visit is \$	
	Authorization. The s	is Blue Advantage (BCBS) pla specialty pharmacy provider is A	ccredo Health.
	Authorization. The s		ccredo Health.
Blue A	Authorization. The s	Specialty pharmacy provider is A Sold Standard Plan ber following	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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# 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 accer</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>
. , .		
-	his Blue Advantage (BCBS) pla specialty pharmacy provider is Ad	
<ul> <li>Blue Advantage Plus Gol</li> <li>The following clinic acce</li> </ul>		clude the following
► City of Laredo	wing modications	
<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>	<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>
The primary care provid	er copayment per visit is \$(	0.00.
_	nis Blue Advantage (BCBS) pla specialty pharmacy provider is Ac	

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

►	•	epts this plan: ervices for North Texas owing medications:	
) 	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>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
• The p	primary care provid	ler copayment per visit is \$	30.00.
	Authorization. The	his Blue Advantage (BCBS) pla specialty pharmacy provider is A old 803 Plan benefits in	ccredo Health.
<b>ue Adv</b> The f	Authorization. The vantage Plus Go	specialty pharmacy provider is A old 803 Plan benefits in epts this plan:	ccredo Health.
ue Adv The f	Authorization. The vantage Plus Go ollowing clinic acce Special Health Se	specialty pharmacy provider is A	ccredo Health.
ue Adv The f The f	Authorization. The vantage Plus Go ollowing clinic acce Special Health Se olan covers the foll Biktarvy Cabenuva <sup>1</sup> Descovy	specialty pharmacy provider is A old 803 Plan benefits in epts this plan: ervices for North Texas	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.

# 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

The following clinic acc City of Lubbock I The plan covers the foll Biktarvy Cabenuva <sup>1</sup> Descovy Dovato Fuzeon	lealth 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	ccredo Health.
Authorization. The	old 803 Plan benefits in	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc	bld 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: Health Department	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc City of Lubbock I The plan covers the fol	bld 803 Plan benefits in epts this plan: Health Department lowing medications:	nclude the followi
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 old 803 Plan benefits in epts this plan: Health Department owing medications: ► Genvoya	Credo 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: ► Genvoya ► Odefsey	<ul> <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>	<ul> <li>a specialty pharmacy provider is A</li> <li>bld 803 Plan benefits in</li> <li>apts this plan:</li> <li>Health Department</li> <li>lowing medications:</li> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> </ul>	<ul> <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	<ul> <li>a specialty pharmacy provider is A</li> <li>bld 803 Plan benefits in</li> <li>a pts this plan:</li> <li>a health Department</li> <li>b owing medications:</li> <li>b Genvoya</li> <li>b Odefsey</li> <li>b Prezcobix</li> <li>b Rukobia</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 City of Lubbock I 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 epts this plan:</li> <li>dealth Department</li> <li>lowing medications:</li> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> <li>Rukobia</li> <li>Selzentry</li> </ul>	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> </ul>
Authorization. The are Advantage Plus Go The following clinic acc City of Lubbock I 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 pts this plan:</li> <li>a health Department</li> <li>b owing medications:</li> <li>b Genvoya</li> <li>b Odefsey</li> <li>b Prezcobix</li> <li>b Rukobia</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.

# **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 acce	· · ·	
<ul> <li>Basin Assistance</li> </ul>		
The plan covers the foll	owing medications:	
<ul> <li>Biktarvy</li> </ul>	<ul> <li>Genvoya</li> </ul>	<ul> <li>Sunlenca</li> </ul>
Cabenuva <sup>1</sup>	<ul> <li>Odefsey</li> </ul>	<ul> <li>Symtuza</li> </ul>
<ul><li>Descovy</li><li>Dovato</li></ul>	<ul> <li>Prezcobix</li> </ul>	<ul> <li>Tivicay</li> </ul>
► Fuzeon	<ul> <li>Rukobia</li> </ul>	<ul> <li>Triumeq</li> </ul>
	<ul> <li>Selzentry</li> </ul>	<ul> <li>Trogarzo</li> </ul>
	(Generic)	
The primary care provid	der copayment per visit is \$	30.00.
Authorization. The	this Blue Advantage (BCBS) plates specialty pharmacy provider is A old 803 Plan benefits in	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acce	bld 803 Plan benefits in epts this plan:	ccredo Health.
Authorization. The	bld 803 Plan benefits in epts this plan:	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acce	old 803 Plan benefits in epts this plan: Services	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acco Basin Assistance The plan covers the foll Biktarvy	old 803 Plan benefits in epts this plan: Services	ccredo Health.
Authorization. The Le Advantage Plus Go The following clinic acco ► Basin Assistance The plan covers the foll ► Biktarvy ► Cabenuva <sup>1</sup>	bld 803 Plan benefits in epts this plan: Services owing medications:	ccredo Health.
Authorization. The Le Advantage Plus Go The following clinic acco Basin Assistance 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: Services owing medications: ► Genvoya	ccredo Health.
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	<ul> <li>specialty pharmacy provider is A</li> <li>old 803 Plan benefits in</li> <li>epts this plan:</li> <li>Services</li> <li>owing medications:</li> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> <li>Rukobia</li> </ul>	<ul> <li>Credo Health.</li> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> </ul>
Authorization. The are Advantage Plus Go The following clinic acco Basin Assistance The plan covers the foll Biktarvy Cabenuva <sup>1</sup> Descovy	<ul> <li>specialty pharmacy provider is A</li> <li>old 803 Plan benefits in</li> <li>epts this plan:</li> <li>Services</li> <li>owing medications:</li> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> </ul>	Ccredo Health. ■ Clude the followi ■ Sunlenca ■ Symtuza ■ Tivicay
Authorization. The ue Advantage Plus Go The following clinic acco Basin Assistance 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>Services</li> <li>owing medications:</li> <li>Genvoya</li> <li>Odefsey</li> <li>Prezcobix</li> <li>Rukobia</li> </ul>	<ul> <li>Credo Health.</li> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</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	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: Services owing medications: Genvoya Odefsey Prezcobix Rukobia Selzentry	<ul> <li>Credo Health.</li> <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 acc</li><li>Valley AIDS Cou</li></ul>		
The plan covers the fol		
► 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>	► Triumeq
► Fuzeon	<ul> <li>Selzentry</li> </ul>	<ul> <li>Trogarzo</li> </ul>
	(Generic)	P nogarzo
The primary care provi	der copayment per visit is \$	30.00
Authorization. The	this Blue Advantage (BCBS) pl e specialty pharmacy provider is A	ccredo 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:	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc Valley AIDS Cou	bld 803 Plan benefits in epts this plan: ncil	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc Valley AIDS Cou The plan covers the fol	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: ncil lowing medications:	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc Valley AIDS Cou The plan covers the fol Biktarvy	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: ncil lowing medications: ► Genvoya	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc Valley AIDS Cou The plan covers the fol Biktarvy Cabenuva <sup>1</sup>	e specialty pharmacy provider is A old 803 Plan benefits in epts this plan: ncil lowing medications:	ccredo Health. ■ Clude the followi ■ Sunlenca ■ Symtuza
Authorization. The ue Advantage Plus Go The following clinic acc Valley AIDS Cou 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: ncil lowing medications: ► Genvoya	ccredo Health.
Authorization. The ue Advantage Plus Go The following clinic acc Valley AIDS Cou 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: ncil lowing medications:	ccredo Health. ■ Clude the follow ■ Sunlenca ■ Symtuza
Authorization. The ue Advantage Plus Go The following clinic acc Valley AIDS Cou 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: ncil lowing medications:	ccredo Health. ■ Clude the follow ■ Sunlenca ■ Symtuza ■ Tivicay
Authorization. The ue Advantage Plus Go The following clinic acc Valley AIDS Cou 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: ncil lowing medications:	<ul> <li>ccredo Health.</li> <li>clude the following</li> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</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.

# 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 acc</li> <li>Shannon Support</li> <li>The plan covers the following</li> </ul>	rtive Services lowing medications:	Contoner
<ul> <li>▶ Biktarvy</li> <li>▶ Cabenuva<sup>1</sup></li> </ul>	► Genvoya	► Sunlenca
<ul> <li>Descovy</li> </ul>	► Odefsey	<ul> <li>Symtuza</li> </ul>
<ul> <li>Descovy</li> <li>Dovato</li> </ul>	► Prezcobix	Tivicay
<ul> <li>Fuzeon</li> </ul>	► Rukobia	► Triumeq
	<ul> <li>Selzentry</li> </ul>	<ul> <li>Trogarzo</li> </ul>
	(Generic) der copayment per visit is \$	
Authorization. Th	this Blue Advantage (BCBS) pl e specialty pharmacy provider is A old 803 Plan benefits in	ccredo Health.
Authorization. The following clinic acc	e specialty pharmacy provider is A old 803 Plan benefits in tepts this plan:	ccredo Health.
Authorization. The ue Advantage Plus G The following clinic acc Shannon Support	e specialty pharmacy provider is A old 803 Plan benefits in cepts this plan: rtive Services	ccredo Health.
Authorization. The ue Advantage Plus G The following clinic acc Shannon Suppor The plan covers the fol	e specialty pharmacy provider is A old 803 Plan benefits in cepts this plan: rtive Services lowing medications:	ccredo Health.
Authorization. The ue Advantage Plus G The following clinic acc Shannon Support	e specialty pharmacy provider is A old 803 Plan benefits in cepts this plan: rtive Services lowing medications:	ccredo Health.
Authorization. The ue Advantage Plus G The following clinic acc Shannon Support The plan covers the fol Biktarvy	e specialty pharmacy provider is A old 803 Plan benefits in repts this plan: rtive Services lowing medications:	ccredo Health. Aclude the followin ► Sunlenca ► Symtuza
Authorization. The ue Advantage Plus G The following clinic acc Shannon Support The plan covers the fol Biktarvy Cabenuva <sup>1</sup> Descovy Dovato	e specialty pharmacy provider is A old 803 Plan benefits in cepts this plan: rtive Services lowing medications:	ccredo Health. Aclude the followin ► Sunlenca ► Symtuza ► Tivicay
Authorization. The ue Advantage Plus G The following clinic acc Shannon Suppor The plan covers the fol Biktarvy Cabenuva <sup>1</sup> Descovy	e specialty pharmacy provider is A old 803 Plan benefits in repts this plan: rtive Services lowing medications:	<ul> <li>ccredo Health.</li> <li>clude the followin</li> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> </ul>
Authorization. The ue Advantage Plus G The following clinic acc Shannon Suppor The plan covers the fol Biktarvy Cabenuva <sup>1</sup> Descovy Dovato	e specialty pharmacy provider is A old 803 Plan benefits in repts this plan: rtive Services lowing medications:	ccredo Health. Aclude the followin ► Sunlenca ► Symtuza ► Tivicay
Authorization. The ue Advantage Plus G The following clinic acc Shannon Suppor The plan covers the fol Biktarvy Cabenuva <sup>1</sup> Descovy Dovato Fuzeon	e specialty pharmacy provider is A old 803 Plan benefits in repts this plan: rtive Services 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.

# 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

> >	San Antonio AIDS San Antonio AIDS La Fe University Health S lan covers the follov	Foundation System ving medications:	
> > > >	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>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>
Caberia	va coverage: <b>Under th</b> i	s Blue Advantage (BCBS) pla	an, you will need Prior
lue Adv	Authorization. The sp	s Blue Advantage (BCBS) pla becialty pharmacy provider is Ad d 803 Plan benefits in ts this plan:	ccredo Health.
• The fo	Authorization. The sp antage Plus Gold ollowing clinic accep San Antonio AIDS La Fe University Health S	<b>Becialty pharmacy provider is Active and BO3 Plan benefits in</b> ts this plan: Foundation	ccredo Health.
• The fo	Authorization. The sp antage Plus Gold ollowing clinic accep San Antonio AIDS I La Fe	<b>Becialty pharmacy provider is Active and BO3 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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## 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 HM	O 206 Plan benefits ir	nclude the following
<sup>1</sup> Cabenuva coverage: <b>Under th</b>	partment	an, you will need Prior
Blue Advantage Plus Gol	d 803 Plan benefits in	clude the following
<ul> <li>The following clinic acception</li> <li>Victoria Health Destruction</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>	partment	<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.
_	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.

## 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 HM	O 206 Plan benefits in	clude the following			
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         • Cabenuva <sup>1</sup> • Odefsey         • Doscovy       • Prezcobix         • Fuzeon       • Rukobia         • Selzentry       • Trogarzo         (Generic)       • The primary care provider copayment per visit is \$30.00.					
Blue Advantage Plus Gold 803 Plan benefits include the following					
<ul> <li>The following clinic accept</li> <li>Waco McLennan Co</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>	ounty Health Department	<ul> <li>Sunlenca</li> <li>Symtuza</li> <li>Tivicay</li> <li>Triumeq</li> <li>Trogarzo</li> </ul>			
• The primary care provider copayment per visit is \$0.00.					
<sup>1</sup> 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** <u>healthcare.gov</u> before enrollment.