

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

Plan Name	Clinics	BIKTARVY	CABENUVA**	DESCOXY	DOVATO	FUZEON	GENVOYA	ODEFSEY	PREZCOBIX	RUKOBIA	SELZENTRY ▲	SUNLENCA	SYM TUZA	TIVICAY	TRIUMEQ	TROGARZO	PCP Copayment
<b>AUSTIN AREA</b>																	
Ambetter Standard Silver Plan	1. Vivent Health	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	\$20.00
Blue Advantage Plus Silver Standard	1. CommunityCare: David Powell Health Center	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
<b>CORPUS CHRISTI AREA</b>																	
Blue Advantage Plus Silver Standard	1. Coastal Bend Wellness Foundation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
<b>DALLAS and FORT WORTH AREAS</b>																	
Blue Advantage Plus Silver Standard	1. AIDS Healthcare Foundation 2. Parkland Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
Molina Healthcare Silver 1 150 Extra Savings Silver HMO Plan	1. John Peter Smith Hospital District 2. Prism Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$8.00
<b>EL PASO AREA</b>																	
Blue Advantage Plus Silver Standard	1. La Fe 2. Project CHAMPS 3. Maverick County Health Department	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
<b>HOUSTON and BRYAN AREAS</b>																	
Ambetter Standard Silver Plan	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
<b>LAREDO AREA</b>																	
Blue Advantage Plus Silver Standard Plan	1. City of Laredo	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
Molina Healthcare Silver 1 150 Extra Savings Silver HMO	1. City of Laredo	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$10.00
<b>LONGVIEW AREA</b>																	
Blue Advantage Plus Silver Standard	1. Special Health Resources for Texas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
<b>LUBBOCK AREA</b>																	
Ambetter Standard Silver Plan	1. Panhandle AIDS Support Organization	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	\$20.00
Blue Advantage Plus Silver Standard	1. Community Health Center of Lubbock 2. Project CHAMPS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
<b>ODESSA AREA</b>																	
Blue Advantage Plus Silver Standard	1. Basin Assistance Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
<b>RIO GRANDE VALLEY AREA</b>																	
Ambetter From Superior Health Plan Standard Silver	1. Westbrook Clinic   Valley AIDS Council	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	\$20.00
Blue Advantage Plus Silver Standard	1. Westbrook Clinic   Valley AIDS Council	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
<b>SAN ANGELO AREA</b>																	
Blue Advantage Plus Silver Standard	1. Shannon Supportive Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
<b>SAN ANTONIO AREA</b>																	
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
<b>VICTORIA AREA</b>																	
Blue Advantage Plus Silver Standard	1. Victoria Health Department	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
<b>WACO AREA</b>																	
Ambetter Standard Silver Plan	1. Waco McLennan County Public Health District	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	\$20.00
Blue Advantage Plus Silver Standard	1. Waco McLennan County Public Health District	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20.00
<b>**Cabenuva coverage:</b>																	
<ul style="list-style-type: none"> <li>• For Ambetter Plans on this list, you do not need Prior Authorization. The specialty pharmacy provider is AcariaHealth.</li> <li>• For Blue Advantage (BCBS) Plans on this list, <b>you will need Prior Authorization.</b> The specialty pharmacy provider is Accredo Health.</li> <li>• For Molina Plans on this list, <b>you will need Prior Authorization.</b> The specialty pharmacy provider is CVS Specialty.</li> </ul>									▲ Only generic of Selzentry is covered.								
*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.									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.								
<a href="#">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.</a>									<a href="#">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.</a>								