

PrEP Cost Analysis for Covered California Health Plans



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ABOUT THE CALIFORNIA HIV/AIDS RESEARCH PROGRAM

The California HIV/AIDS Research Program fosters outstanding and innovative research that responds to the needs of all people of California, especially those who are often under served, by accelerating progress in prevention, education, care, treatment, and a cure for HIV/AIDS. The California HIV/AIDS Research Program supports two Collaborative HIV/AIDS Policy Research Centers, for research and policy analysis that addresses critical issues related to HIV/AIDS care and prevention in California. These centers include the University of California, Los Angeles; APLA Health; Los Angeles LGBT Center; University of California, San Francisco; San Francisco AIDS Foundation; and Project Inform.

PrEP Cost Analysis for Covered California Health Plans

Introduction

Open enrollment for Covered California, the State's health insurance marketplace, begins November 1, 2016. Before enrolling, there are important things that you should consider if you're HIV-negative and interested in accessing HIV pre-exposure prophylaxis (PrEP). The purpose of this document is to help you better understand how much you can expect to pay for PrEP under various Covered California health plans, as costs to access PrEP vary by income, area of residence, and other factors.

About PrEP

PrEP is an HIV prevention strategy in which HIV-negative individuals take a daily medication to reduce their risk of becoming infected. Currently, the only drug approved by the Food and Drug Administration to be used for PrEP is Truvada®. People who take PrEP are usually required to see their healthcare provider for routine testing and follow-up care. Specifically, according to Clinical Guidelines from the Centers for Disease Control and Prevention, once PrEP is initiated, patients should return for follow-up approximately every 3 months. Not all doctors are familiar with PrEP and some may resist prescribing it. If you're interested in PrEP, it's important to choose a Covered California plan that ensures you can find a doctor who will prescribe it. Before you make any final decisions, be sure that the primary care doctor you are considering takes the plan you want and is willing to prescribe PrEP. A list of doctors with experience providing PrEP can be found at: www.pleaseprepme.org. A flow chart offering step-by-step instructions for acquiring PrEP can be found at www.projectinform.org/pdf/PrEP_Flow_Chart.pdf. More information about PrEP, including effectiveness and side effects, can be found at www.prepfacts.org.

Overview of Covered California

The Patient Protection and Affordable Care Act (ACA)

enables individuals and small businesses to purchase health insurance at federally subsidized rates via statewide health insurance exchanges like Covered California. Under the ACA, most individuals who are U.S. citizens, U.S. nationals, or lawfully present immigrants are required to have health coverage (there is a tax penalty for those who do not have health coverage and do not qualify for an exemption). All eligible Californians can sign up during the annual open-enrollment period from November 1, 2016 to January 31, 2017. Many others may be eligible to sign up at any time during the year due to a life-changing event, such as getting married, having a child, or moving. Medi-Cal enrollment for those with incomes less than 138% of the federal poverty level (FPL) (\$16,394 for individuals in 2017) is year-round and also accessible via the Covered California website [www.coveredca.com].

Health Insurance Plans and Pricing Regions

There are 11 health insurance plans available via Covered California in 2017:

1. Anthem Blue Cross of California
2. Blue Shield of California
3. Chinese Community Health Plan
4. Health Net
5. Kaiser Permanente
6. L.A. Care Health Plan
7. Molina Healthcare
8. Oscar Health Plan of California
9. Sharp Health Plan
10. Valley Health Plan
11. Western Health Advantage

Under Covered California, the state is comprised of 19 different regions—each with different pricing and health insurance options, as depicted in Figure 1.

Nearly all Covered California consumers have at least three health insurance companies to choose from in their region

Figure 1: Covered California Pricing Regions*



and in some regions consumers have as many as seven. For example, if you reside in San Francisco, Pricing Region 4, you can choose from Anthem, Blue Shield, Chinese Community Health Plan (CCHP), Kaiser Permanente, Health Net, or Oscar. In Fresno, Pricing Region 11, you can choose from Anthem, Blue Shield, Kaiser Permanente, or Health Net.¹ Los Angeles County is divided into two pricing regions: 15 and 16. In Pricing Region 16, you can choose from Anthem, Blue Shield, Kaiser Permanente, Health Net, LA Care, Oscar, or Molina Healthcare.² There are also three different types of insurance plans: health maintenance organizations (HMOs), preferred provider organizations (PPOs), and exclusive provider organizations (EPOs). Plans vary by region with

respect to which type or types of insurance they provide.

- HMOs are “managed care” and assign a Primary Care Physician (PCP) to oversee your care. HMOs usually require members to get a referral from their PCP to see specialists and HMOs only cover visits to doctors and hospitals within their plan’s network.
- PPOs are more flexible when choosing doctors and specialists. PPOs cover doctor visits inside and outside their networks. However, you pay a higher cost for out-of-network care.
- EPOs are similar to PPOs because members may not need a referral to see a specialist. However, EPOs do not cover visits to doctors outside the plan’s network. Their network is “exclusive.”

¹ Kaiser and Health Net only cover part of the region

² Molina Healthcare only covers part of the region

The Metal-Category System

Covered California health insurance plans are sold in four levels of coverage or metal categories: Bronze, Silver, Gold, and Platinum. As the metal category increases in value (from Bronze to Platinum), so does the percentage of medical expenses that a health insurance plan covers relative to what you are expected to pay in copays and deductibles. Typically, Platinum plans cover 90% of health care costs, while you pay 10%; Gold plans cover 80%, while you pay 20%; Silver plans cover 70%, while you pay 30%; and Bronze plans cover 60%, while you pay 40%. Plans in higher metal categories have higher monthly premiums, but when you need medical care you pay less. You can choose to pay a lower monthly premium, but when you need medical care you pay more. When deciding which level of coverage best meets your health needs and budget, note: **If you are interested in accessing PrEP, Bronze plans should generally be avoided.** Despite their low premiums, they have high deductibles and out-of-pocket costs that are likely to make accessing some medications and benefits unaffordable. It's very important, however, to consider *both* out-of-pocket costs and monthly premiums before you select a health plan.

Drug Formularies and Tiers

Each health insurance company has a list of covered medications, known as a drug formulary. It is important to remember that a plan's drug formulary can change at any time and the plan will have the most up-to-date formulary. Drugs on the formulary are grouped into four tiers: generic (Tier 1), preferred (Tier 2), non-preferred (Tier 3), or specialty (Tier 4). On Covered California you will be charged no more than \$250 per month for one 30-day supply of a Tier 4, specialty drug for Silver, Gold, and Platinum plans and no more than \$500 per 30-day supply for Bronze plans. Drugs in lower tiers will have lower costs. Truvada® is currently covered by all Covered California health plans and is listed as a Tier 2, preferred drug.

Standard Benefits

All health insurance plans sold through Covered California have standard benefits, including coverage for prescription drugs, doctor visits, hospitalizations, labs, and mental health and substance abuse services. Differences in these standard benefits help consumers compare health insurance options. It is important to review each plan's price, provider network, "Summary of Benefits and Coverage," as well as more detailed coverage descriptions, to find the plan that best suits your needs.

Overview of Costs Associated with Healthcare

There are two cost categories related to having health insurance and accessing care: monthly premiums (minus premium assistance, if applicable); and "out of pocket" costs (minus any cost-sharing subsidies, if applicable).

Monthly Premiums and Premium Assistance

Monthly premiums are the price you pay for having health insurance, regardless of whether you use it. If your income is less than or equal to 400% FPL, or \$47,520 for a single person, you may qualify for help paying for your health insurance premium, regardless of the metal level you choose. This is known as premium assistance or the federal government's "advance premium tax credit." You can choose to receive this assistance in one of two ways: 1) as an advance each month, which lowers your monthly payments, or 2) at the end of the year when you complete your taxes. The amount you pay in monthly premiums will vary depending on:

- your age (the older you are, the more expensive health insurance is);
- your region (typically, if you live in Northern California you will pay more for health insurance than if you live in Southern California);
- your income (given that you can get premium assistance if your income is less than or equal to 400% FPL, as described above);
- the metal level you choose (you will pay the highest premiums for Platinum level, followed by Gold, then Silver, then Bronze).

Covered California recently announced average premium increases of 13.2 percent for 2017, so it is very important for consumers to shop to find a plan that best meets their health needs and budget.

Out-of-Pocket Costs and Cost-Sharing Subsidies

Out-of-pocket costs include an annual deductible, if applicable, and copays or coinsurance for medications, lab tests, doctor visits, and hospital stays. If your income is less than or equal to 250% FPL, or \$29,700 for a single person, you may qualify for cost-sharing subsidies, which reduce your out-of-pocket costs including copays, coinsurance and deductibles. They may also reduce your out-of-pocket maximum. **Cost-sharing subsidies are only available if you select a Silver plan – known as Enhanced Silver plan.** There are three categories of Enhanced Silver – Silver 73, Silver 87, Silver 94.

For single households, if you make:

- between 139-150% FPL (\$16,395 - \$17,820), you can

- qualify for a Silver 94 plan
- between 151-200% FPL (\$17,821 - \$23,760), you can qualify for a Silver 87 plan
- between 201-250% FPL (\$23,761 - \$29,700), you can qualify for a Silver 73 plan

Drug deductibles and copays are lower for the Silver 94, 87, and 73 than the Silver 70 (basic Silver plan without enhancements) because costs are subsidized for lower income individuals to make the plan affordable based on income.

Out-of-Pocket Maximum

The out-of-pocket maximum is the most you would have to pay for medical expenses during the year (not including your monthly premiums). Keep in mind that out-of-pocket maximums differ depending on your income and which metal level you select. Deductibles, copays and coinsurance count toward your out-of-pocket maximum unless they are considered “out of network” or “not covered.” In most cases, once you reach your out-of-pocket maximum, your insurance will cover 100% of the costs they consider medically necessary. It’s important to understand what out-of-pocket costs will count toward your out-of-pocket maximum before signing up for a new health plan.

To summarize, the amount you pay in “out-of-pocket” costs (in addition to your monthly premium) will vary depending on:

- the amount and type of health services and prescription medication you access;
- your income (you are eligible for cost sharing subsidies if your income is between 138% -250% FPL);
- the metal level you choose (highest out-of-pocket costs for Bronze level);
- your annual deductible;
- your out-of-pocket maximum.

Determining PrEP Costs

The costs associated with taking PrEP include:

1. the cost of medication (Truvada®);
2. the cost of doctor visits;
3. the cost of laboratory tests your doctor orders;
4. the cost of health insurance (i.e., your monthly premiums).

Estimating the cost of Truvada®

Without insurance, Truvada® costs approximately \$1,250 monthly or \$15,000 annually. However, under Covered California plans, the cost you pay will be much less and depends on your plan’s drug formulary and the metal level you choose. Across all Covered California plans, Truvada® is listed as a Tier 2 or preferred drug. Gilead, the

company that manufactures Truvada®, offers a copay card to help cover the cost of the medication for those who have insurance – up to \$3,600 a year. Table 1 depicts the annual cost of Truvada® by metal level with and without the Gilead copay card. These costs were calculated using information from Covered California’s 2017 Patient-Centered Benefit Designs and Medical Cost Shares. A 12-month supply of Truvada® ranges from \$120 - \$6,000 without the Gilead copay card, and from \$0 - \$2,400 with the Gilead copay card, depending on the metal level you choose. Information about the copay program can be found at www.gileadcopay.com. You may also be able to obtain financial assistance from the Patient Access Network at www.panfoundation.org/fundingapplication/welcome.php or the Patient Advocate Foundation at www.copays.org/diseases/hiv-aids-and-prevention.

California’s PrEP Financial Assistance Program

In spring 2017, the California Department of Public Health, Office of AIDS will launch a PrEP financial assistance program. The program will cover PrEP-related out-of-pocket costs (e.g., copays for medication, doctor visits, and laboratory tests) for qualified individuals with annual incomes below 500% FPL.

Estimating additional out-of-pocket costs and monthly premiums

Additional out-of-pocket costs for PrEP, including doctor visits, laboratory tests, as well as deductibles and out-of-pocket maximums, are summarized by metal level in Table 2. Cost estimates include five doctor visits and five labs during the first year of PrEP initiation to account for the initial visit, a one-month follow-up visit, and then three additional follow-up visits every three months for the duration of the year. Additionally, out-of-pocket maximums may vary from plan to plan with respect to whether they include deductibles. For our cost estimations, we assume that deductibles count towards out-of-pocket maximums. In our calculations, we assume a primary care visit costs \$200. Out-of-pocket costs may be more if you are required to see a specialist.

As described above, monthly premiums vary significantly based on a number of factors. To illustrate this point, Table 3 lists the monthly premiums for health plans available in Los Angeles, San Francisco, and Fresno, by metal level, for different ages. These premiums don’t include all options under each plan (e.g. EPOs and PPOs were not included if an HMO was also available). These premiums also do not include any premium assistance or tax savings, given they

Table 1: Summary of Annual Truvada® Costs by Metal Level

Covered California Metal Levels	Truvada® Cost		How Cost was Calculated
	Without Gilead co-pay card	With Gilead co-pay card	
Bronze	\$6,000	\$2,400	\$500 pharmacy deductible Full cost up to \$500 after drug deductible is met: 1st month: \$500 (deductible met) 2nd – 12th month: \$500/month = \$5,500
Silver	\$855	\$0	\$250 pharmacy deductible \$55 copay/month: 1st month: \$250 (deductible met) 2nd – 12th month: \$55/month = \$605
Silver - Enhanced 73*	\$800	\$0	\$250 pharmacy deductible \$50 copay/month: 1st month: \$250 (deductible met) 2nd – 12th month: \$50/month = \$550
Silver - Enhanced 87*	\$270	\$0	\$50 pharmacy deductible \$20 copay/month: 1st month: \$50 (deductible is met) 2nd – 12th month: \$20/month = \$220
Silver - Enhanced 94*	\$120	\$0	No deductible \$10 copay/month: 1st – 12th month: \$10/month = \$120
Gold	\$660	\$0	No deductible \$55 copay/month: 1st – 12th month: \$55/month = \$660
Platinum	\$180	\$0	No deductible \$15 copay/month: 1st – 12th month: \$15/month = \$180

*These metal levels have the cost-sharing subsidies built in.

were calculated for individuals with incomes above 400% FPL or \$47,520 for a single person. Finally, Tables 4, 5, and 6 estimate the total costs (out-of-pocket costs and monthly premiums) associated with accessing PrEP via Covered California for fictitious individuals of different ages and incomes living in different regions of California. Table 7 demonstrates how those costs were calculated. Selecting the best Covered California health plan to meet your overall healthcare needs can be challenging. Certified

Enrollment Counselors and Insurance Agents, as well as Covered California Call Center representatives, are available to answer questions about financial assistance and can help you compare plans. You can find free, confidential, in-person help at <http://www.coveredca.com/get-help/local/>.

Table 2: Summary of Estimated Out-of-Pocket (OOP) Costs for PrEP by Metal Level

Covered California 2017 Metal Levels	Estimated Annual Cost of Truvada®	Cost of Care Accessed (5 doctor visits and 5 labs per year)	Estimated Annual OOP Costs
Bronze Max OOP ¹ : \$6,800	\$6,000 (with Gilead copay card: \$2400)	Primary Care² Visits: \$75 for first 3 visits and full cost for 4th and 5th visits until deductible is met = \$225 + (~\$200 x 2) = \$625	6000 625 +200 ----- \$6,825 \$6,825 OOP MAX = \$6,800
		Laboratory Tests: \$40 x 5 per year = \$200	(\$3,200 with Gilead copay card)
Silver 70 Available for individuals with income above \$29,701 (≥251% FPL) Max OPP: \$6,800	\$855 (with Gilead copay card: \$0)	Primary Care Visits: \$35 x 5 = \$175	855 175 +175 ----- \$1,205
		Laboratory Tests: \$35 x 5 per year = \$175	(\$350 with Gilead copay card)
Silver 73 For individuals with income \$23,761-\$29,700 (>200% to ≤250% FPL) Max OOP: \$5,700	\$800 (with Gilead copay card: \$0)	Primary Care Visits: \$30 x 5 = \$150	800 150 +175 ----- \$1,125
		Laboratory Tests: \$35 x 5 per year = \$175	(\$325 with Gilead copay card)
Silver 87 For individuals with income \$17,821-\$23,760 (>150% to ≤200% FPL) Max OOP: \$2,350	\$270 (with Gilead copay card: \$0)	Primary Care Visits: \$10 x 5 = \$50	270 50 +75 ----- \$395
		Laboratory Tests: \$15 x 5 per year = \$75	(\$125 with Gilead copay card)
Silver 94 For individuals with incomes up to \$17,820 (150% FPL) Max OPP: \$2,350	\$120 (with Gilead copay card: \$0)	Primary Care Visits: \$5 x 5 = \$25	120 25 +40 ----- \$185
		Laboratory Tests: \$8 x 5 per year = \$40	(\$65 with Gilead copay card)

¹ Max OOP refers to the maximum amount you'll have to pay during a policy period for health services (usually a year). Once you reach your Max OOP your plan begins to pay 100 percent of the covered services.

² Specialist visits may be slightly higher

Table 2: Summary of Estimated Out-of-Pocket (OOP) Costs for PrEP by Metal Level (cont'd.)

Covered California 2017 Metal Levels	Estimated Annual Cost of Truvada®	Cost of Care Accessed (5 doctor visits and 5 labs per year)	Estimated Annual OOP Costs
Gold Max OOP: \$6,750	\$660 (with Gilead copay card: \$0)	Primary Care Visits: $\$30 \times 5 = \150	660 150 +175
		Laboratory Tests: $\$35 \times 5 \text{ per year} = \175	$\$985$ (\$325 with Gilead copay card)
Platinum Max OOP: \$4,000	\$180 (with Gilead copay card: \$0)	Primary Care Visits: $\$15 \times 5 = \75	180 75 +100
		Laboratory Tests: $\$20 \times 5 \text{ per year} = \100	$\$355$ (\$175 with Gilead copay card)
Range Across Plans	\$120-\$6,000 (\$0-\$2,400 with Gilead copay card)		\$185-\$6,800 (\$65 - \$3,200 with Gilead copay card)

Table 3: Monthly Premiums for Individuals with incomes above 400% FPL in San Francisco, Los Angeles, and Fresno

		CCHP	Oscar		Kaiser			Blue Shield		
		SF	SF	LA	SF	LA	Fresno	SF	LA	Fresno
Bronze	Age 20	\$156	\$185	\$127	\$160	\$121	\$123	\$204	\$161	\$137
	Age 30	\$279	\$330	\$227	\$286	\$216	\$221	\$354	\$288	\$245
	Age 40	\$314	\$372	\$256	\$322	\$243	\$248	\$411	\$324	\$276
	Age 50	\$438	\$519	\$357	\$450	\$340	\$347	\$575	\$453	\$385
Silver 70	Age 20	\$202	\$240	\$165	\$221	\$167	\$170	\$247	\$178	\$161
	Age 30	\$361	\$429	\$295	\$394	\$298	\$304	\$441	\$318	\$288
	Age 40	\$407	\$483	\$332	\$444	\$335	\$342	\$497	\$358	\$324
	Age 50	\$569	\$675	\$465	\$620	\$469	\$479	\$694	\$501	\$453
Gold	Age 20	\$250	\$278	\$191	\$256	\$193	\$197	\$299	\$216	\$200
	Age 30	\$445	\$497	\$342	\$457	\$345	\$352	\$535	\$386	\$358
	Age 40	\$502	\$560	\$385	\$514	\$389	\$397	\$602	\$434	\$403
	Age 50	\$701	\$782	\$538	\$719	\$453	\$555	\$842	\$607	\$563
Platinum	Age 20	\$275	\$316	\$217	\$282	\$213	\$218	\$370	\$267	\$256
	Age 30	\$491	\$565	\$389	\$504	\$381	\$389	\$661	\$477	\$458
	Age 40	\$553	\$636	\$438	\$568	\$429	\$438	\$744	\$537	\$515
	Age 50	\$773	\$888	\$611	\$794	\$600	\$612	\$1,040	\$750	\$720

Table 3: Estimated monthly premiums for individuals with incomes above 400% FPL in San Francisco, Los Angeles, and Fresno (cont'd.)

		Anthem Blue			Health Net			Molina	LA Care
		SF	LA	Fresno	SF	LA	Fresno	LA	LA
Bronze	Age 20	\$190	\$147	\$125	\$203	\$154	\$167	\$100	\$120
	Age 30	\$340	\$263	\$223	\$364	\$275	\$299	\$178	\$215
	Age 40	\$382	\$296	\$251	\$409	\$310	\$337	\$201	\$242
	Age 50	\$534	\$414	\$351	\$572	\$433	\$470	\$280	\$338
Silver 70	Age 20	\$270	\$150	\$205	\$270	\$144	\$222	\$127	\$134
	Age 30	\$482	\$268	\$366	\$482	\$257	\$397	\$227	\$240
	Age 40	\$543	\$302	\$412	\$543	\$289	\$447	\$256	\$270
	Age 50	\$759	\$422	\$575	\$759	\$404	\$624	\$358	\$378
Gold	Age 20	\$341	\$184	\$250	\$336	\$181	\$277	\$143	\$158
	Age 30	\$610	\$328	\$447	\$601	\$324	\$495	\$255	\$283
	Age 40	\$686	\$370	\$504	\$677	\$364	\$557	\$287	\$319
	Age 50	\$959	\$517	\$704	\$946	\$509	\$778	\$401	\$445
Platinum	Age 20	\$406	\$221	\$301	\$397	\$201	\$327	\$165	\$184
	Age 30	\$725	\$395	\$539	\$710	\$359	\$584	\$295	\$329
	Age 40	\$816	\$445	\$607	\$800	\$404	\$658	\$332	\$370
	Age 50	\$1,141	\$622	\$848	\$1,118	\$564	\$919	\$464	\$518

Table 4: Estimated costs to access PrEP for a 25 year-old individual with an income of \$17,820 (150% FPL) in Los Angeles

BRONZE							
	Molina	LA Care	Health Net	Anthem Blue	Oscar	Kaiser	Blue Shield
Monthly Premium⁶	\$6 x 12 = \$72	\$38 x 12 = \$456	\$92 HSP x 12 = \$1,104	\$81 EPO x 12 = \$972	\$49 EPO x 12 = \$588	\$39 x 12 = \$468	\$103 PPO x 12 = \$1,236
Doctor Visits	1st 3 @ \$75, then full cost (~\$200) until deductible is met = \$625						
Labs	\$40/per x 5 = \$200						
Truvada[®]	Full cost up to \$500/mo. after \$500 deductible is met = \$6,000						
Deductible	\$6,300 medical/ \$500 pharmacy						
OOP Max	\$6,800						
TOTAL COST (w/Gilead copay card)	\$6,872 (\$3,272)	\$7,256 (\$3,656)	\$7,904 (\$4,304)	\$7,772 (\$4,172)	\$7,388 (\$3,788)	\$7,268 (\$3,668)	\$8,036 (\$4,436)

SILVER 94							
	Molina	LA Care	Health Net	Anthem Blue	Oscar	Kaiser	Blue Shield
Monthly Premium	\$49 x 12 = \$588	\$60 x 12 = \$720	\$75 x 12 = \$900	\$85 HMO x 12 = \$1,020 or \$178 EPO x 12 = \$2,136	\$109 x 12 = \$1,308	\$111 x 12 = \$1,332	\$129 HMO x 12 = \$1,548 or \$147 PPO x 12 = \$1,764
Doctor Visits	\$5/per x 5 = \$25						
Labs	\$8/per x 5 = \$40						
Truvada[®]	\$10/per x 12 = \$120						
Deductible	\$75/\$0						
OOP Max	\$2,350						
TOTAL COST (w/Gilead copay card)	\$773 (\$653)	\$905 (\$785)	\$1,085 (\$965)	\$1,205 (\$1,085) or \$2,321 (\$2,201)	\$1,493 (\$1,373)	\$1,517 (\$1,397)	\$1,733 (\$1,613) or \$1,949 (\$1,829)

⁶ Premium reflects a tax credit (i.e. financial assistance)

Table 4: Estimated costs to access PrEP for a 25 year-old individual with an income of \$17,820 (150% FPL) in Los Angeles (cont.)

GOLD							
	Molina	LA Care	Health Net	Anthem Blue	Oscar	Kaiser	Blue Shield
Monthly Premium	\$74 x 12 = \$888	\$98 x 12 = \$1,176	\$134 x 12 = \$1,608	\$138 HMO x 12 = \$1,656 or \$266 EPO x 12 = \$3,192	\$151 EPO x 12 = \$1,812	\$153 x 12 = \$1,836	\$189 HMO x 12 = \$2,268 or \$220 PPO x 12 = \$2,640
Doctor Visits	\$30/per x 5 = \$150						
Labs	\$35/per x 5 = \$175						
Truvada®	\$55 x 12 = \$660						
Deductible	\$0/\$0						
OOP Max	\$6,750						
TOTAL COST (w/Gilead copay card)	\$1,873 (\$1,213)	\$2,161 (\$1,501)	\$2,593 (\$1,933)	\$2,641 (\$1,981) or \$4,177 (\$3,517)	\$2,797 (\$2,137)	\$2,821 (\$2,161)	\$3,253 (\$2,593) or \$3,625 (\$2,965)

PLATINUM							
	Molina	LA Care	Health Net	Anthem Blue	Oscar	Kaiser	Blue Shield
Monthly Premium	\$109 x 12 = \$1,308	\$139 x 12 = \$1,668	\$165 x 12 = \$1,980	\$198 HMO x 12 = \$2,376 or \$345 EPO x 12 = \$4,140	\$192 EPO x 12 = \$2,304	\$185 x 12 = \$2,220	\$270 HMO x 12 = \$3,240 or \$324 PPO x 12 = \$3,888
Doctor Visits	\$15/per x 5 = \$75						
Labs	\$20/per x 5 = \$100						
Truvada®	\$15 x 12 = \$180						
Deductible	\$0/\$0						
OOP Max	\$4,000						
TOTAL COST (w/Gilead copay card)	\$1,663 (\$1,483)	\$2,023 (\$1,843)	\$2,335 (\$2,155)	\$2,731 (\$2,551) or \$4,495 (\$4,315)	\$2,659 (\$2,479)	\$2,575 (\$2,395)	\$3,595 (\$3,415) or \$4,243 (\$4,063)

Table 5: Estimated costs to access PrEP for a 40 year-old individual with an income of \$29,700 (250% FPL) in San Francisco

BRONZE						
	CCHP	Health Net	Anthem Blue	Oscar	Kaiser	Blue Shield
Monthly Premium¹	\$74 x 12 = \$888	\$169 EPO x 12 = \$2,028	\$142 EPO x 12 = \$1,704	\$132 EPO x 12 = \$1,584	\$82 x 12 = \$984	\$171 PPO x 12 = \$2,052
Doctor Visits	1st 3 @ \$75, then full cost (~\$200) until deductible is met = \$625					
Labs	\$40/per x 5 = \$200					
Truvada[®]	Full cost up to \$500/mo. after \$500 deductible is met = \$6,000					
Deductible	\$6,300/\$500					
OOP Max	\$6,800					
TOTAL COST (w/Gilead co-pay card)	\$7,688 (\$4,088)	\$8,828 (\$5,228)	\$8,504 (\$4,904)	\$8,384 (\$4,784)	\$7,784 (\$4,184)	\$8,852 (\$5,252)

SILVER 73						
	CCHP	Health Net	Anthem Blue	Oscar	Kaiser	Blue Shield
Monthly Premium	\$167 x 12 = \$2,004	\$303 EPO x 12 = \$3,636	\$303 EPO x 12 = \$3,636	\$243 EPO x 12 = \$2,916	\$204 x 12 = \$2,448	\$257 HMO x 12 = \$3,084 or \$244 PPO x 12 = \$2,928
Doctor Visits	\$30/per x 5 = \$150					
Labs	\$35/per x 5 = \$175					
Truvada[®]	\$50/per after deductible = \$800					
Deductible	\$2200/\$250					
OOP Max	\$5,700					
TOTAL COST (w/Gilead co-pay card)	\$3,129 (\$2,329)	\$4,761 (\$3,961)	\$4,761 (\$3,961)	\$4,041 (\$3,241)	\$3,573 (\$2,773)	\$4,209 (\$3,409) or \$4,053 (\$3,253)

¹ Premium reflects a tax credit (i.e. financial assistance)

Table 5: Estimated costs to access PrEP for a 40 year-old individual with an income of \$29,700 (250% FPL) in San Francisco (con't.)

GOLD 80						
	CCHP	Health Net	Anthem Blue	Oscar	Kaiser	Blue Shield
Monthly Premium	\$262 x 12 = \$3,144	\$437 EPO x 12 = \$5,244	\$446 EPO x 12 = \$5,352	\$320 EPO x 12 = \$3,840	\$274 x 12 = \$3,288	\$362 HMO x 12 = \$4,344 or \$361 PPO x 12 = \$4,332
Doctor Visits	\$30/per x 5 = \$150					
Labs	\$35/per x 5 = \$175					
Truvada®	\$55 x 12 = \$660					
Deductible	\$0/\$0					
OOP Max	\$6750					
TOTAL COST (w/Gilead co-pay card)	\$4,129 (\$3,469)	\$6,229 (\$5,569)	\$6,337 (\$5,677)	\$4,825 (\$4,165)	\$4,273 (\$3,613)	\$5,329 (\$4,669) or \$5,317 (\$4,657)

PLATINUM						
	CCHP	Health Net	Anthem Blue	Oscar	Kaiser	Blue Shield
Monthly Premium	\$313 x 12 = \$3,756	\$560 EPO x 12 = \$6,720	\$576 EPO x 12 = \$6,912	\$396 EPO x 12 = \$4,752	\$328 x 12 = \$3,936	\$504 HMO x 12 = \$6,048 or \$529 PPO x 12 = \$6,348
Doctor Visits	\$15/per x 5 = \$75					
Labs	\$20/per x 5 = \$100					
Truvada®	\$15 x 12 = \$180					
Deductible	\$0/\$0					
OOP Max	\$4,000					
TOTAL COST (w/Gilead co-pay card)	\$4,111 (\$3,931)	\$7,075 (\$6,895)	\$7,267 (\$7,087)	\$5,107 (\$4,927)	\$4,291 (\$4,111)	\$6,403 (\$6,223) or \$6,703 (\$6,523)

Table 6: Estimated costs to access PrEP for a 50 year-old individual with an income of \$47,520 (400% FPL) in Fresno

BRONZE				
	Health Net	Anthem Blue	Kaiser	Blue Shield
Monthly Premium	\$378 x 12 = \$4,536	\$258 (PPO) x 12 = \$3,096	\$254 x 12 = \$3,048	\$292 (PPO) x 12 = \$3,504
Doctor Visits	1st 3 @ \$75, then full cost (~\$200) until deductible is met = \$625			
Labs	\$40/per x 5 = \$200			
Truvada®	Full cost up to \$500/mo. after \$500 deductible is met = \$6,000			
Deductible	\$6,300/\$500			
OOP Max	\$6,800			
TOTAL COST (w/Gilead copay card)	\$11,336 (\$7,736)	\$9,896 (\$6,296)	\$9,848 (\$6,248)	\$10,304 (\$6,704)

SILVER 70				
	Health Net	Anthem Blue	Kaiser	Blue Shield
Monthly Premium	\$531 x 12 = \$6,372	\$482 x 12 = \$5,784 or \$406 (PPO) x 12 = \$4,872	\$386 x 12 = \$4,632	\$360 (PPO) x 12 = \$4,320
Doctor Visits	\$35/per x 5 = \$175			
Labs	\$35/per x 5 = \$175			
Truvada®	\$55/per after deductible = \$855			
Deductible	\$2,500/\$250			
OOP Max	\$6,800			
TOTAL COST (w/Gilead copay card)	\$7,577 (\$6,722)	\$6,989 (\$6,184) or \$6,077 (\$5,222)	\$5,837 (\$4,982)	\$5,525 (\$4,670)

Table 6: Estimated costs to access PrEP for a 50 year-old individual with an income of \$47,520 (400% FPL) in Fresno (cont'd)

GOLD 80				
	Health Net	Anthem Blue	Kaiser	Blue Shield
Monthly Premium	\$685 x 12 = \$8,220	\$611 x 12 = \$7,332 or 537 (PPO) x 12 = \$6,444	\$462 x 12 = \$5,544	\$470 (PPO) x 12 = \$5,640
Doctor Visits	\$30/per x 5 = \$150			
Labs	\$35/per x 5 = 175			
Truvada®	\$55 x 12 = \$660			
Deductible	\$0/\$0			
OOP Max	\$6,750			
TOTAL COST (w/Gilead copay card)	\$9,205 (\$8,545)	\$8,317 (\$7,657) or \$7,429 (\$6,769)	\$6,529 (\$5,869)	\$6,625 (\$5,965)

PLATINUM				
	Health Net	Anthem Blue	Kaiser	Blue Shield
Monthly Premium	\$826 x 12 = \$9,912	\$755 x 12 = \$9,060 or \$657 (PPO) x 12 = \$7,884	\$519 x 12 = \$6,228	\$627 (PPO) x 12 = \$7,524
Doctor Visits	\$15/per x 5 = \$75			
Labs	\$20/per x 5 = \$100			
Truvada®	\$15 x 12 = \$180			
Deductible	\$0/\$0			
OOP Max	\$4,000			
TOTAL COST (w/Gilead copay card)	\$10,267 (\$10,087)	\$9,415 (\$9,235) or \$8,239 (\$8,059)	\$6,583 (\$6,403)	\$7,879 (\$7,699)

Table 7: Example of Cost Breakdown for Molina Healthcare Bronze Level Plan in Los Angeles

	Monthly Premium	Doctor Visit	Lab	Truvada®		Total Spent by Consumer		Cumulative Total Spent "OOP"	Amount Applied Toward Drug Deductible/ Mo.	Cumulative Amount Applied Toward Med. Deductible/ Mo
				Without copay card	With copay card	Without copay card	With copay card			
Jan.	\$6	\$75	\$40	\$500	\$200	\$621	\$321	\$615	\$500: MET	\$115
Feb.	\$6	\$75	\$40	\$500	\$200	\$621	\$321	\$1,230	—	\$230
March	\$6	—	—	\$500	\$200	\$506	\$206	\$1,730	—	\$230
April	\$6	—	—	\$500	\$200	\$506	\$206	\$2,230	—	\$230
May	\$6	\$75	\$40	\$500	\$200	\$621	\$321	\$2,845	—	\$345
June	\$6	—	—	\$500	\$200	\$506	\$206	\$3,345	—	\$345
July	\$6	—	—	\$500	\$200	\$506	\$206	\$3,845	—	\$345
August	\$6	\$200	\$40	\$500	\$200	\$746	\$446	\$4,585	—	\$585
Sept.	\$6	—	—	\$500	\$200	\$506	\$206	\$5,085	—	\$585
Oct.	\$6	—	—	\$500	\$200	\$506	\$206	\$5,585	—	\$585
Nov.	\$6	\$200	\$40	\$500	\$200	\$746	\$446	\$6,329	—	\$825
Dec.	\$6	—	—	\$475 +\$25*	\$171 +\$29*	\$481	\$181	\$6,800 OPP MAX MET	—	—
Total	\$72	\$625	\$200	\$6,000	\$2,400	\$6,872	\$3,272	\$6,800	—	\$825

* Paid for by plan after OOP maximum is reached

Glossary

Premium

The amount you pay every month for your health insurance plan.

Deductible

The amount you pay before the health plan begins to pay. Plans can have different deductibles – one for medical costs like doctor visits or lab work and another one for drugs, or they can combine the two.

Copay

A fixed amount you pay for services until you reach the out-of-pocket maximum. For example, you might pay \$20 for a doctor visit and \$40 for an x-ray.

Coinsurance

A fixed percentage of the cost of the service that you pay until you reach your out-of-pocket maximum. For example, you might pay 30% of the cost of your lab test. Coinsurance can make it difficult to determine the exact amount of out-of-pocket cost as it is extremely difficult to find the cost of a particular service.

Out-of-Pocket Maximum

The most you have to pay for medical expenses during the year above and beyond your monthly premium. Depending on your plan, these expenses may include an annual deductible, co-insurance and co-pays for doctor visits, lab tests, and prescription drugs. Deductibles, co-pays, and co-insurance count toward your out-of-pocket maximum unless they are considered “out of network” or “not covered.” Premiums do not count. In most cases, once you reach your out-of-pocket maximum, your insurance will cover 100% of the costs they consider medically necessary.

Formulary

The set of prescription drugs covered by a health insurance plan. Drugs on the formulary are grouped into four tiers: generic (Tier 1), preferred (Tier 2), non-preferred (Tier 3), or specialty (Tier 4).

References

This report was compiled from information obtained via the Covered California website (<http://www.coveredca.com>) and Project Inform's “How to choose a health plan in Covered California” (<http://www.projectinform.org/pdf/CCguide.pdf>).

