Michigan Drug Assistance Program (MIDAP)

MIDAP Medication Matrix

January 2015

The goal of the MIDAP Medication Matrix is to provide information on the cost of HIV medications covered by insurance plans in the Michigan Marketplace. This Matrix may be used as a guide to assist with informed decision making and selection of insurance plan during open enrollment.

NOTE: THE INFORMATION IN THE MATRIX IS SUBJECT TO CHANGE AT ANY TIME.

The Michigan Drug Assistance Program researched the out-of-pocket costs for HIV medications for certain Silver and Gold Plans in the Michigan Marketplace to better assist our clients with informed decision making.

Things to Keep in Mind:

- The cost of the copays and coinsurance were calculated using information from the insurance company's websites, the ACA Marketplace website, as well as the Average Wholesale Price (AWP) of medications listed in the Positively Aware HIV Drug Guide during the period from October to November 2014. (http://www.positivelyaware.com/drugs/hiv/hiv-drug-chart)

- Always confirm medication coverage and costs directly with a plan before enrolling. Insurance companies can change their coverage at any time without telling customers.

- The cost of copays and coinsurance listed below are ESTIMATES only. The out-of-pocket costs should always be verified with the insurance plan before enrolling.

- The actual out-of-pocket cost of medications will vary based on the plan selected. Actual costs of plan benefits for an individual will vary based on age, county of residence, income, Federal Poverty Level, and household size. Actual healthcare costs to an individual will also vary based on long term healthcare needs and services.

- The matrix information is subject to change at any time and should always be verified with the insurance company before enrolling in any plan.

- Under the copay/coinsurance column, dollar amounts refer to copays, whereas percentages refer to coinsurance

- Tier levels refer to the copay/coinsurance categorization of a medication. A higher tier level generally means a higher copay or coinsurance cost.

- Please keep in mind that copay costs are generally less expensive than coinsurance costs when applied to expensive HIV medications. A copay is a fixed amount whereas a coinsurance varies depending on the pharmaceutical cost of the drug. In certain circumstances, it may be more cost-effective to select a plan with copays rather than coinsurance.

- The medication costs calculated on the following pages are the estimated out of pocket costs per person.

Plan Name: MyPriority HMO Rx Plus Silver 1800
Insurance Company: Priority Health

Medication	Tier Level	Copay/ Coinsurance	Estimated Out of Pocket Cost per month
Abacavir (Ziagen)	Tier 1	$10	$10
Abacavir/lamivudine (Epzicom)	Tier 4	20%	$265
Abacavir/lamivudine/zidovudine (Trizivir)	Tier 4	20%	$265
Atazanavir (Reyataz)	Tier 4	20%	$265
Darunavir (Prezista)	Tier 4	20%	$265
Delavirdine (Rescriptor)	Tier 2	$60 copay after deductible	$60
Didanosine (VIDEX EC, VIDEX soln)	Tier 1	$10	$10
Dolutegravir (TIVICAY)	Tier 4	20%	$265
Efavirenz (Sustiva)	Tier 2	$60 copay after deductible	$60
Efavirenz/emtricitabine/tenofovir (Atripla)	Tier 4	20%	$265
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Tier 4	20%	$265
Emtricitabine (Emtriva)	Tier 2	$60 copay after deductible	$60
Emtricitabine/tenofovir (Truvada)	Tier 4	20%	$265
Emtricitabine/rilpivirine/tenofovir (Complera)	Tier 4	20%	$265
Enfuvirtide (Fuzeon)	Not Covered		
Etravirine (Intelence)	Tier 4	20%	$265
Fosamprenavir (Lexiva)	Tier 4	20%	$265
Indinavir (Crixivan)	Tier 2	$60 copay after deductible	$60
Lamivudine (Epivir)	Tier 1	$10	$10
Lamivudine/zidovudine (Combivir)	Tier 4	20%	$265
Maraviroc (Selzentry)	Tier 4	20%	$265
Nelfinavir (Viracept)	Tier 4	20%	$265
Nevirapine (Viramune)	Tier 1	$10	$10
Raltegravir (Isentress)	Tier 4	20%	$265
Rilpiviring (Edurant)	Tier 4	20%	$265
Ritonavir (Norvir)	Tier 4	20%	$265
Saquinavir (Invirase)	Tier 4	20%	$265
Stavudine (Zerit)	Tier 1	$10	$10
Tenofovir (Viread)	Tier 4	20%	$265
Tipranavir (Aptivus)	Tier 4	20%	$265
Zidovudine (Retrovir)	Tier 1	$10	$10

Priority Health Drug Category Key:
Tier 1: Generic
Tier 2: Preferred Brand
Tier 3: Non-preferred Brand
Tier 4: Preferred Specialty
Tier 5: Non-preferred Specialty

Plan Name: Blue Cross Blue Shield Premier Silver
Insurance Company: Blue Cross Blue Shield

Medication	Tier Level	Copay/Coinsurance	Estimated Out of Pocket Cost Per Month
Abacavir (Ziagen)	Tier 1	$15	$15
Abacavir/lamivudine (Epzicom)	Tier 2	25%	$331
Abacavir/lamivudine/zidovudine (Trizivir)	Tier 1	$15	$15
Atazanavir (Reyataz)	Tier 2	25%	$352
Darunavir (Prezista)	Tier 2	25%	$350
Delavirdine (Rescriptor)	Tier 2	25%	$108
Didanosine (VIDEX EC, VIDEX soln)	Tier 1	$15	$15
Dolutegravir (TIVICAY)	Tier 2	25%	$370
Efavirenz (Sustiva)	Tier 2	25%	$215
Efavirenz/emtricitabine/tenofovir (Atripla)	Tier 2	25%	$600
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Tier 2	25%	$616
Emtricitabine (Emtriva)	Tier 2	25%	$150
Emtricitabine/tenofovir (Truvada)	Tier 2	25%	$385
Emtricitabine/rilpivirine/tenofovir (Complera)	Tier 2	25%	$616
Enfuvirtide (Fuzeon)	Tier 4	20%	$703
Etravirine (Intelence)	Tier 2	25%	$281
Fosamprenavir (Lexiva)	Tier 2	25%	$282
Indinavir (Crixivan)	Tier 2	25%	$137
Lamivudine (Epivir)	Tier 1	$15	$15
Lamivudine/zidovudine (Combivir)	Tier 1	$15	$15
Maraviroc (Selzentry)	Tier 2	25%	$340
Nelfinavir (Viracept)	Tier 2	25%	$273
Nevirapine (Viramune)	Tier 1	$15	$15
Raltegravir (Isentress)	Tier 2	25%	$338
Rilpiviring (Edurant)	Tier 2	25%	$231
Ritonavir (Norvir)	Tier 2	25%	$77
Saquinavir (Invirase)	Tier 2	25%	$294
Stavudine (Zerit)	Tier 1	$15	$15
Tenofovir (Viread)	Tier 2	25%	$262
Tipranavir (Aptivus)	Tier 2	25%	$375
Zidovudine (Retrovir)	Tier 1	$15	$15

Blue Cross Blue Shield Drug Category Key:
Tier 1: Generics = lowest copayment
Tier 2: Preferred Brand = higher copayment
Tier 3: Non-preferred Brands = highest copayment
Tier 4: Preferred Specialty = lowest specialty drug copayment
Tier 5: Non-preferred Specialty = highest specialty drug copayment

Plan Name: Blue Cross Select Silver
Insurance Company: Blue Care Network

Medication	Tier Level	Copay/Coinsurance	Estimated Out of Pocket Cost Per Month
Abacavir (Ziagen)	Tier 1B	$4	$4
Abacavir/lamivudine (Epzicom)	Tier 2	25%	$331
Abacavir/lamivudine/zidovudine (Trizivir)	Tier 1B	$4	$4
Atazanavir (Reyataz)	Tier 2	25%	$352
Darunavir (Prezista)	Tier 2	25%	$350
Delavirdine (Rescriptor)	Tier2	25%	$108
Didanosine (VIDEX EC, VIDEX soln)	Tier 1B	$4	$4
Dolutegravir (TIVICAY)	Tier 2	25%	$370
Efavirenz (Sustiva)	Tier 2	25%	$215
Efavirenz/emtricitabine/tenofovir (Atripla)	Tier 2	25%	$600
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Tier 2	25%	$616
Emtricitabine (Emtriva)	Tier 2	25%	$151
Emtricitabine/tenofovir (Truvada)	Tier 2	25%	$385
Emtricitabine/rilpivirine/tenofovir (Complera)	Tier 2	25%	$616
Enfuvirtide (Fuzeon)	Tier 4	20%	$703
Etravirine (Intelence)	Tier 2	25%	$281
Fosamprenavir (Lexiva)	Tier 2	25%	$282
Indinavir (Crixivan)	Tier 2	25%	$137
Lamivudine (Epivir)*	Tier 1B	$4	$4
Lamivudine/zidovudine (Combivir)	Tier 1B	$4	$4
Maraviroc (Selzentry)	Tier 2	25%	$340
Nelfinavir (Viracept)	Tier 2	25%	$273
Nevirapine (Viramune)	Tier 1B	$4	$4
Raltegravir (Isentress)	Tier 2	25%	$338
Rilpiviring (Edurant)	Tier 2	25%	$231
Ritonavir (Norvir)	Tier 2	25%	$77
Saquinavir (Invirase)	Tier 2	25%	$294
Stavudine (Zerit)	Tier 1B	$4	$4
Tenofovir (Viread)	Tier 2	25%	$262
Tipranavir (Aptivus)	Tier 2	25%	$375
Zidovudine (Retrovir)	Tier 1B	$4	$4

Blue Care Network Drug Category Key:
Tier 1: Generics = lowest copayment
Tier 1A: Preferred Generics = lowest generic drug copayment
Tier 1B: Generics = higher generic drug copayment
Tier 2: Preferred Brand = higher copayment
Tier 3: Non-preferred Brands = highest copayment
Tier 4: Preferred Specialty = lowest specialty drug copayment
Tier 5: Non-preferred Specialty = highest specialty drug copayment

Plan Name: Personal Alliance 3000 HMO Silver Plan
Insurance Company: Health Alliance Plan

Medication	Tier Level	Copay/Coinsurance	Estimated Out of Pocket Cost Per Month
Abacavir (Ziagen)	Tier 4	50%	$335
Abacavir/lamivudine (Epzicom)	Tier 4	50%	$662
Abacavir/lamivudine/zidovudine (Trizivir)	Tier 4	50%	$966
Atazanavir (Reyataz)	Tier 4	50%	$705
Darunavir (Prezista)	Tier 4	50%	$700
Delavirdine (Rescriptor)	Tier 4	50%	$216
Didanosine (VIDEX EC, VIDEX soln)	Tier 4	50%	$258
Dolutegravir (TIVICAY)	Not Covered		
Efavirenz (Sustiva)	Tier 4	50%	$431
Efavirenz/emtricitabine/tenofovir (Atripla)	Tier 4	50%	$1201
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Tier 4	50%	$1232
Emtricitabine (Emtriva)	Tier 4	50%	$301
Emtricitabine/tenofovir (Truvada)	Tier 4	50%	$770
Emtricitabine/rilpivirine/tenofovir (Complera)	Tier 4	50%	$1232
Enfuvirtide (Fuzeon)	Not Covered		
Etravirine (Intelence)	Tier 4	50%	$562
Fosamprenavir (Lexiva)	Tier 4	50%	$563
Indinavir (Crixivan)	Tier 4	50%	$274
Lamivudine (Epivir)*	Tier 4	50%	$249
Lamivudine/zidovudine (Combivir)	Tier 4	50%	$541
Maraviroc (Selzentry)	Tier 4	50%	$681
Nelfinavir (Viracept)	Tier 4	50%	$547
Nevirapine (Viramune)	Tier 4	50%	$325
Raltegravir (Isentress)	Tier 4	50%	$676
Rilpiviring (Edurant)	Tier 4	50%	$462
Ritonavir (Norvir)	Tier 4	50%	$154
Saquinavir (Invirase)	Not Covered		
Stavudine (Zerit)	Tier 4	50%	$277
Tenofovir (Viread)	Tier 4	50%	$524
Tipranavir (Aptivus)	Tier 4	50%	$750
Zidovudine (Retrovir)	Tier 4	50%	$291

Health Alliance Plan Drug Categories:
Tier 0: Zero co-pay Generic: Generic prescription preventive drugs that are mandated by the ACA and covered at $0 copay
Tier 1: Generic = Non-brand name drugs that have the lowest copay
Tier 2: Preferred Brand = Brand name formulary drugs that have the lowest brand copay
Tier 3: Non-Preferred Brand = Brand name formulary drugs that are not in the Preferred Brand tier
Tier 4: Specialty Drugs = biologics or drugs that require close monitoring for safety and efficacy and as designated to be a specialty drug

Plan Name: McLaren Rewards Silver
Insurance Company: McLaren Health Plan

Medication	Tier Level	Copay/Coinsurance	Estimated Out of Pocket Cost Per Month
Abacavir (Ziagen)	Tier 1	$5	$5
Abacavir/lamivudine (Epzicom)	Tier 2	$30	$30
Abacavir/lamivudine/zidovudine (Trizivir)	Tier 1	$5	$5
Atazanavir (Reyataz)	Tier 2	$30	$30
Darunavir (Prezista)	Tier 2	$30	$30
Delavirdine (Rescriptor)	Tier 2	$30	$30
Didanosine (VIDEX EC, VIDEX soln)	Tier 1	$5	$5
Dolutegravir (TIVICAY)	Tier 3	$60	$60
Efavirenz (Sustiva)	Tier 2	$30	$30
Efavirenz/emtricitabine/tenofovir (Atripla)	Tier 2	$30	$30
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Tier 2	$30	$30
Emtricitabine (Emtriva)	Tier 2	$30	$30
Emtricitabine/tenofovir (Truvada)	Tier 2	$30	$30
Emtricitabine/rilpivirine/tenofovir (Complera)	Tier 2	$30	$30
Enfuvirtide (Fuzeon)	Tier 2	$30	$30
Etravirine (Intelence)	Tier 2	$30	$30
Fosamprenavir (Lexiva)	Tier 2	$30	$30
Indinavir (Crixivan)	Tier 2	$30	$30
Lamivudine (Epivir)*	Tier 2	$30	$30
Lamivudine/zidovudine (Combivir)	Tier 1	$5	$5
Maraviroc (Selzentry)	Tier 2	$30	$30
Nelfinavir (Viracept)	Tier 2	$30	$30
Nevirapine (Viramune)	Tier 2	$30	$30
Raltegravir (Isentress)	Tier 2	$30	$30
Rilpiviring (Edurant)	Tier 2	$30	$30
Ritonavir (Norvir)	Tier 2	$30	$30
Saquinavir (Invirase)	Tier 2	$30	$30
Stavudine (Zerit)	Tier 1	$5	$5
Tenofovir (Viread)	Tier 2	$30	$30
Tipranavir (Aptivus)	Tier 2	$30	$30
Zidovudine (Retrovir)	Tier 1	$5	$5

McLaren Health Plan Drug Category Key:
Tier 1: Generics
Tier 2: Preferred Brand
Tier 3: Non-preferred Brands
Tier 4: Specialty
Tier 5: Preventative

Plan Name: Totally You Silver Plan
Insurance Company: Total Health Care USA, Inc.

Medication	Tier Level	Copay/Coinsurance	Estimated Out of Pocket Cost Per Month
Abacavir (Ziagen)	Tier 3	$50	$50
Abacavir/lamivudine (Epzicom)	Tier 2	$15	$15
Abacavir/lamivudine/zidovudine (Trizivir)	Tier 2	$15	$15
Atazanavir (Reyataz)	Tier 2	$15	$15
Darunavir (Prezista)	Tier 2	$15	$15
Delavirdine (Rescriptor)	Tier 2	$15	$15
Didanosine (VIDEX EC, VIDEX soln)	Tier 3	$50	$50
Dolutegravir (TIVICAY)	Not Covered		
Efavirenz (Sustiva)	Tier 2	$15	$15
Efavirenz/emtricitabine/tenofovir (Atripla)	Tier 2	$15	$15
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Tier 2	$15	$15
Emtricitabine (Emtriva)	Tier 2	$15	$15
Emtricitabine/tenofovir (Truvada)	Tier 2	$15	$15
Emtricitabine/rilpivirine/tenofovir (Complera)	Tier 2	$15	$15
Enfuvirtide (Fuzeon)	Not Covered		
Etravirine (Intelence)	Tier 3	$50	$50
Fosamprenavir (Lexiva)	Tier 2	$15	$15
Indinavir (Crixivan)	Tier 2	$15	$15
Lamivudine (Epivir)*	Tier 2	$15	$15
Lamivudine/zidovudine (Combivir)	Not Covered		
Maraviroc (Selzentry)	Tier 3	$50	$50
Nelfinavir (Viracept)	Tier 2	$15	$15
Nevirapine (Viramune)	Tier 2	$15	$15
Raltegravir (Isentress)	Tier 2	$15	$15
Rilpiviring (Edurant)	Tier 2	$15	$15
Ritonavir (Norvir)	Tier 2	$15	$15
Saquinavir (Invirase)	Tier 2	$15	$15
Stavudine (Zerit)	Tier 1	$0	$0
Tenofovir (Viread)	Tier 2	$15	$15
Tipranavir (Aptivus)	Tier 3	$50	$50
Zidovudine (Retrovir)	Tier 1	$0	$0

Total Health Care Drug Category Key:
Tier 1: Generics
Tier 2: Preferred Brands
Tier 3: Non-preferred Brands and Non-preferred Generics
Tier 4: Specialty
Tier 5: Preventative

Plan Name: Consumer's Mutual Choice Medium Deductible Silver Plan
Insurance Company: Consumer's Mutual of Michigan

Medication	Tier Level	Copay/Coinsurance	Estimated Out of Pocket Cost Per Month
Abacavir (Ziagen)	Tier 2	$12	$12
Abacavir/lamivudine (Epzicom)	Tier 2	$12	$12
Abacavir/lamivudine/zidovudine (Trizivir)	Tier 3	$30	$30
Atazanavir (Reyataz)	Tier 2	$12	$12
Darunavir (Prezista)	Tier 2	$12	$12
Delavirdine (Rescriptor)	Tier 2	$12	$12
Didanosine (VIDEX EC, VIDEX soln)	Tier 1	$5	$5
Dolutegravir (TIVICAY)	Tier 3	$30	$30
Efavirenz (Sustiva)	Tier 2	$12	$12
Efavirenz/emtricitabine/tenofovir (Atripla)	Tier 2	$12	$12
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Tier 2	$12	$12
Emtricitabine (Emtriva)	Tier 2	$12	$12
Emtricitabine/tenofovir (Truvada)	Tier 2	$12	$12
Emtricitabine/rilpivirine/tenofovir (Complera)	Tier 2	$12	$12
Enfuvirtide (Fuzeon)	Tier 2	$12	$12
Etravirine (Intelence)	Tier 2	$12	$12
Fosamprenavir (Lexiva)	Tier 2	$12	$12
Indinavir (Crixivan)	Tier 2	$12	$12
Lamivudine (Epivir)*	Tier 1	$5	$5
Lamivudine/zidovudine (Combivir)	Tier 1	$5	$5
Maraviroc (Selzentry)	Tier 2	$12	$12
Nelfinavir (Viracept)	Tier 2	$12	$12
Nevirapine (Viramune)	Tier 2	$12	$12
Raltegravir (Isentress)	Tier 2	$12	$12
Rilpiviring (Edurant)	Tier 2	$12	$12
Ritonavir (Norvir)	Tier 2	$12	$12
Saquinavir (Invirase)	Tier 2	$12	$12
Stavudine (Zerit)	Tier 1	$5	$5
Tenofovir (Viread)	Tier 2	$12	$12
Tipranavir (Aptivus)	Tier 2	$12	$12
Zidovudine (Retrovir)	Tier 1	$5	$5

Consumer's Mutual Drug Category Key:
Tier 1: Generics
Tier 2: Preferred Brands
Tier 3: Non-preferred Brands
Tier 4: Specialty
Tier 5: Preventative

Plan Name: Assurant Health Silver Plan 002
Insurance Company: Assurant Health

Medication	Tier Level	Copay/Coinsurance	Estimated Out of Pocket Cost Per Month
Abacavir (Ziagen)	Tier 1	$15	$15
Abacavir/lamivudine (Epzicom)	Tier 2	$35	$35
Abacavir/lamivudine/zidovudine (Trizivir)	Not Covered		
Atazanavir (Reyataz)	Tier 2	$35	$35
Darunavir (Prezista)	Tier 2	$35	$35
Delavirdine (Rescriptor)	Tier 2	$35	$35
Didanosine (VIDEX EC, VIDEX soln)	Tier 1	$15	$15
Dolutegravir (TIVICAY)	Tier 2	$35	$35
Efavirenz (Sustiva)	Tier 2	$35	$35
Efavirenz/emtricitabine/tenofovir (Atripla)	Tier 2	$35	$35
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Tier 2	$35	$35
Emtricitabine (Emtriva)	Tier 2	$35	$35
Emtricitabine/tenofovir (Truvada)	Tier 2	$35	$35
Emtricitabine/rilpivirine/tenofovir (Complera)	Tier 2	$35	$35
Enfuvirtide (Fuzeon)	Med Benefit		
Etravirine (Intelence)	Tier 2	$35	$35
Fosamprenavir (Lexiva)	Tier 2	$35	$35
Indinavir (Crixivan)	Tier 2	$35	$35
Lamivudine (Epivir)*	Tier 2	$35	$35
Lamivudine/zidovudine (Combivir)	Tier 2	$35	$35
Maraviroc (Selzentry)	Tier 2	$35	$35
Nelfinavir (Viracept)	Tier 2	$35	$35
Nevirapine (Viramune)	Tier 2	$35	$35
Raltegravir (Isentress)	Tier 2	$35	$35
Rilpiviring (Edurant)	Tier 2	$35	$35
Ritonavir (Norvir)	Tier 2	$35	$35
Saquinavir (Invirase)	Tier 2	$35	$35
Stavudine (Zerit)	Tier 1	$15	$15
Tenofovir (Viread)	Tier 2	$35	$35
Tipranavir (Aptivus)	Tier 2	$35	$35
Zidovudine (Retrovir)	Tier 2	$35	$35
Triumeq	Tier 2	$35	$35

Assurant Health Drug Category Key:
Tier 1: Generics
Tier 2: Preferred Brands
Med Benefit: = Must pay out of pocket cost if deductible has not been met

Plan Name: United Healthcare Silver Compass 2000
Insurance Company: United Healthcare

Medication	Tier Level	Copay/Coinsurance	Estimated Out of Pocket Cost Per Month
Abacavir (Ziagen)	Tier 1	$5	$5
Abacavir/lamivudine (Epzicom)	Tier 2	$35	$35
Abacavir/lamivudine/zidovudine (Trizivir)	Tier 4	30%	$579
Atazanavir (Reyataz)	Tier 2	$35	$35
Darunavir (Prezista)	Tier 2	$35	$35
Delavirdine (Rescriptor)	Tier 2	$35	$35
Didanosine (VIDEX EC, VIDEX soln)	Tier 1	$5	$5
Dolutegravir (TIVICAY)	Tier 4	30%	$444
Efavirenz (Sustiva)	Tier 2	$35	$35
Efavirenz/emtricitabine/tenofovir (Atripla)	Tier 2	$35	$35
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Tier 4	30%	$739
Emtricitabine (Emtriva)	Tier 2	$35	$35
Emtricitabine/tenofovir (Truvada)	Tier 2	$35	$35
Emtricitabine/rilpivirine/tenofovir (Complera)	Tier 2	$35	$35
Enfuvirtide (Fuzeon)	Tier 2	$35	$35
Etravirine (Intelence)	Tier 2	$35	$35
Fosamprenavir (Lexiva)	Tier 2	$35	$35
Indinavir (Crixivan)	Tier 2	$35	$35
Lamivudine (Epivir)*	Tier 2	$35	$35
Lamivudine/zidovudine (Combivir)	Tier 4	30%	$324
Maraviroc (Selzentry)	Tier 2	$35	$35
Nelfinavir (Viracept)	Tier 2	$35	$35
Nevirapine (Viramune)	Tier 2	$35	$35
Raltegravir (Isentress)	Tier 2	$35	$35
Rilpiviring (Edurant)	Tier 2	$35	$35
Ritonavir (Norvir)	Tier 2	$35	$35
Saquinavir (Invirase)	Tier 2	$35	$35
Stavudine (Zerit)	Tier 3	20%	$111
Tenofovir (Viread)	Tier 2	$35	$35
Tipranavir (Aptivus)	Tier 2	$35	$35
Zidovudine (Retrovir)	Tier 3	20%	$117
Triumeq	Tier 3	20%	$452

United Healthcare Drug Category Key:
Tier 1: Generics
Tier 2: Preferred Brands
Tier 3: Non-preferred Brands
Tier 4: Specialty
Tier 5: Preventative

Plan Name: Humana Connect Silver 4600/6300 Plan
Insurance Company: Humana, Inc.

Medication	Tier Level	Copay/Coinsurance	Estimated Out of Pocket Cost Per Month
Abacavir (Ziagen)	Tier 5	50%	$335
Abacavir/lamivudine (Epzicom)	Tier 5	50%	$662
Abacavir/lamivudine/zidovudine (Trizivir)	Tier 5	50%	$966
Atazanavir (Reyataz)	Tier 5	50%	$705
Darunavir (Prezista)	Tier 5	50%	$700
Delavirdine (Rescriptor)	Tier 5	50%	$216
Didanosine (VIDEX EC, VIDEX soln)	Tier 5	50%	$258
Dolutegravir (TIVICAY)	Tier 5	50%	$740
Efavirenz (Sustiva)	Tier 5	50%	$431
Efavirenz/emtricitabine/tenofovir (Atripla)	Tier 5	50%	$1,201
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Tier 5	50%	$1,232
Emtricitabine (Emtriva)	Tier 5	50%	$301
Emtricitabine/tenofovir (Truvada)	Tier 5	50%	$770
Emtricitabine/rilpivirine/tenofovir (Complera)	Tier 5	50%	$1,232
Enfuvirtide (Fuzeon)	Tier 5	50%	$1,757
Etravirine (Intelence)	Tier 5	50%	$562
Fosamprenavir (Lexiva)	Tier 5	50%	$563
Indinavir (Crixivan)	Tier 5	50%	$274
Lamivudine (Epivir)*	Tier 5	50%	$249
Lamivudine/zidovudine (Combivir)	Tier 5	50%	$541
Maraviroc (Selzentry)	Tier 5	50%	$681
Nelfinavir (Viracept)	Tier 5	50%	$547
Nevirapine (Viramune)	Tier 5	50%	$377
Raltegravir (Isentress)	Tier 5	50%	$676
Rilpiviring (Edurant)	Tier 5	50%	$462
Ritonavir (Norvir)	Tier 5	50%	$154
Saquinavir (Invirase)	Tier 5	50%	$589
Stavudine (Zerit)	Tier 5	50%	$277
Tenofovir (Viread)	Tier 5	50%	$524
Tipranavir (Aptivus)	Tier 5	50%	$750
Zidovudine (Retrovir)	Tier 5	50%	$291

Humana Drug Category Key:
Tier 1: Preferred Low Cost Generic Drugs- Preferred generic drugs cost less than non-preferred generic drugs
Tier 2: Non-preferred generic drugs. These cost more than preferred generic drugs but generally cost less than brand name drugs.
Tier 3: Preferred brand-name drugs.
Tier 4: Non-preferred brand name drugs. These are higher cost brand drugs with a preferred generic alternative.
Tier 5: Specialty Drugs- these are primarily drugs that must be self-administered

Plan Name: Harbor Choice Silver
Insurance Company: Harbor Health Plan

Medication	Tier Level	Copay/Coinsurance	Estimated Out of Pocket Cost Per Month
Abacavir (Ziagen)	SP (Tier 4)	50%	$335
Abacavir/lamivudine (Epzicom)	SP (Tier 4)	50%	$662
Abacavir/lamivudine/zidovudine (Trizivir)	SP (Tier 4)	50%	$966
Atazanavir (Reyataz)	SP (Tier 4)	50%	$705
Darunavir (Prezista)	SP (Tier 4)	50%	$700
Delavirdine (Rescriptor)	SP (Tier 4)	50%	$216
Didanosine (VIDEX EC, VIDEX soln)	SP (Tier 4)	50%	$258
Dolutegravir (TIVICAY)	SP (Tier 4)	50%	$740
Efavirenz (Sustiva)	SP (Tier 4)	50%	$431
Efavirenz/emtricitabine/tenofovir (Atripla)	SP (Tier 4)	50%	$1,201
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	SP (Tier 4)	50%	$1,232
Emtricitabine (Emtriva)	SP (Tier 4)	50%	$301
Emtricitabine/tenofovir (Truvada)	SP (Tier 4)	50%	$770
Emtricitabine/rilpivirine/tenofovir (Complera)	SP (Tier 4)	50%	$1,232
Enfuvirtide (Fuzeon)	MSP (Tier 4)	50%	$1,757
Etravirine (Intelence)	SP (Tier 4)	50%	$562
Fosamprenavir (Lexiva)	SP (Tier 4)	50%	$563
Indinavir (Crixivan)	SP (Tier 4)	50%	$274
Lamivudine (Epivir)*	SP (Tier 4)	50%	$249
Lamivudine/zidovudine (Combivir)	SP (Tier 4)	50%	$541
Maraviroc (Selzentry)	SP (Tier 4)	50%	$681
Nelfinavir (Viracept)	SP (Tier 4)	50%	$547
Nevirapine (Viramune)	SP (Tier 4)	50%	$377
Raltegravir (Isentress)	SP (Tier 4)	50%	$676
Rilpiviring (Edurant)	SP (Tier 4)	50%	$462
Ritonavir (Norvir)	SP (Tier 4)	50%	$154
Saquinavir (Invirase)	SP (Tier 4)	50%	$589
Stavudine (Zerit)	SP (Tier 4)	50%	$277
Tenofovir (Viread)	SP (Tier 4)	50%	$524
Tipranavir (Aptivus)	SP (Tier 4)	50%	$750
Zidovudine (Retrovir)	SP (Tier 4)	50%	$291

Harbor Health Drug Category Key:
Tier 0: Preventive
Tier 1: Generic
Tier 2: Brand Formulary
Tier 3: Brand non-formulary
Tier 4: Specialty (SP)
MSP = Medical Specialty Pharmacy

For further assistance in selecting a plan please see the following resources:

1. Certified Application Counselors and Navigators
    - Enroll Michigan
    - Certified Application Counselor Program

2. Case Management Agencies
    - I Will Survive HIV

3. The Marketplace
    - 1-800-318-2596
    - TTY: 1-855-889-4325

4. State of Michigan
    - MIBridges
    - 1-855-789-5610
    - County Department of Human Services office

5. Michigan Drug Assistance and Premium Assistance Program
    - 1-800-825-6565
    - www.michigan.gov/dap