

Silver Level

2015 Coverage

Aetna Silver \$10 Copay OAMC

Based on your income, you might qualify for **cost-sharing. If you are interested, please ask for more information or call the insurance plan!*

Tier 1 (preferred generic)- co-pay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$45 once deductible (\$500) paid

Tier 3 (non-preferred brand)- co-pay \$75 once deductible (\$500)

Tier 4 (preferred specialty)- co-insurance 40% once deductible (\$500)

Tier 5 (non-preferred specialty)- co-insurance 50% once deductible (\$500) paid

**if not in network, specialty meds not covered.*

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

No medications in Tiers 1, 2, and 3 for this plan			Tier 4	Tier 5
			abacavir	Atripla
			abacavir-lamivudine-zidovudine	Aptivus
			Didanosine	Crixivan
			lamivudine	Combivir
			lamivudine-zidovudine	Complera
			Nevirapine	Edurant
			stavudine	Emtriva
			Tivicay	Epivir
			Trizivir	Epzicom
			zidovudine	Fuzeon
				Intelence
				Invirase
				Isentress
				Kaletra
				Lexiva
				nevirapine er
				Norvir
				Prezista
				Rescriptor
				Reyataz
				Selzentry
				Stribild
				Sustiva
				Truvada
				Videx
				Viracept
				Viramune
				Viread
				Ziagen

Write down the medications you are on and what tier they are in!

- (Example) Atripla/Tier 5
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level

2015 Coverage

Based on your income, you might qualify for **cost-sharing. If you are interested, please ask for more information or call the insurance plan!*

Tier 1 (preferred generic)- co-pay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$45 once deductible (\$500) paid

Tier 3 (non-preferred brand)- co-pay \$75 once deductible (\$500)

Tier 4 (preferred specialty)- co-insurance 40% once deductible (\$500)

Tier 5 (non-preferred specialty)- co-insurance 50% once deductible (\$500) paid

**If not in network, not covered.*

Aetna Silver \$10 Copay HMO

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

No medications in Tiers 1, 2, and 3 for this plan	Tier 4	Tier 5
	Abacavir	Atripla
	abacavir-lamivudine-zidovudine	Aptivus
	Didanosine	Crixivan
	Lamivudine	Combivir
	lamivudine-zidovudine	Complera
	Nevirapine	Edurant
	Stavudine	Emtriva
	Tivicay	Epivir
	Trizivir	Epzicom
	Zidovudine	Fuzeon
		Intelence
		Invirase
		Isentress
		Kaletra
		Lexiva
		nevirapine er
		Norvir
		Prezista
		Rescriptor
		Reyataz
		Selzentry
		Stribild
		Sustiva
		Truvada
		Videx
		Viracept
		Viramune
		Viread
		Ziagen

Write down the medications you are on and what tier they are in!

- (Example) Atripla/Tier 5
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level 2015 Coverage

Based on your income, you might qualify for **cost-sharing. If you are interested, please ask for more information or call the insurance plan!*

Tier 1 (preferred generic)- co-pay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$40 once deductible (\$500) paid

Tier 3 (non-preferred brand)- co-pay \$70 once deductible (\$500)

Tier 4 (preferred specialty)- co-insurance 40% once deductible (\$500)

Tier 5 (non-preferred specialty)- co-insurance 50% once deductible (\$500) paid

**If not in network, not covered.*

Aetna Silver \$10 Copay HMO Savings Plus

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**.

The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

No medications in Tiers 1, 2, and 3 for this plan			Tier 4	Tier 5
			Abacavir	Atripla
			abacavir-lamivudine-zidovudine	Aptivus
			Didanosine	Crixivan
			Lamivudine	Combivir
			lamivudine-zidovudine	Complera
			Nevirapine	Edurant
			Stavudine	Emtriva
			Tivicay	Epivir
			Trizivir	Epzicom
			Zidovudine	Fuzeon
				Intelence
				Invirase
				Isentress
				Kaletra
				Lexiva
				nevirapine er
				Norvir
				Prezista
				Rescriptor
				Reyataz
				Selzentry
				Stribild
				Sustiva
				Truvada
				Videx
				Viracept
				Viramune
				Viread
				Ziagen

Write down the medications you are on and what tier they are in!

- (Example) Atripla/Tier 5
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level 2015 Coverage

Based on your income, you might qualify for **cost-sharing. If you are interested, please ask for more information or call the insurance plan!*

Tier 1 (preferred generic)- co-pay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$40 once deductible (\$2500) paid

Tier 3 (non-preferred brand)- co-pay \$75 once deductible (\$2500)

Tier 4 (preferred specialty)- co-insurance 40% once deductible (\$2500)

Tier 5 (non-preferred specialty)- co-insurance 50% once deductible (\$2500)

**If not in network, not covered.*

Aetna Silver \$5 Copay 2500 HMO Savings Plus

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

No medications in Tiers 1, 2, and 3 for this plan			Tier 4	Tier 5
			Abacavir	Atripla
			abacavir-lamivudine-zidovudine	Aptivus
			Didanosine	Crixivan
			Lamivudine	Combivir
			lamivudine-zidovudine	Complera
			Nevirapine	Edurant
			Stavudine	Emtriva
			Tivicay	Epivir
			Trizivir	Epzicom
			Zidovudine	Fuzeon
				Intelence
				Invirase
				Isentress
				Kaletra
				Lexiva
				nevirapine er
				Norvir
				Prezista
				Rescriptor
				Reyataz
				Selzentry
				Stribild
				Sustiva
				Truvada
				Videx
				Viracept
				Viramune
				Viread
				Ziagen

Write down the medications you are on and what tier they are in!

- (Example) Atripla/Tier 5
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level 2015 Coverage

Based on your income, you might qualify for **cost-sharing. If you are interested, please ask for more information or call the insurance plan!*

Tier 1 (preferred generic)- co-pay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$45 once deductible (\$2750) paid

Tier 3 (non-preferred brand)- co-pay \$75 once deductible (\$2750)

Tier 4 (preferred specialty)- co-insurance 40% once deductible (\$2750)

Tier 5 (non-preferred specialty)- co-insurance 50% once deductible (\$2750)

**If not in network, not covered.*

Aetna Silver \$5 Copay 2750 HMO

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**.

The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

No medications in Tiers 1, 2, and 3 for this plan			Tier 4	Tier 5
			Abacavir	Atripla
			abacavir-lamivudine-zidovudine	Aptivus
			Didanosine	Crixivan
			Lamivudine	Combivir
			lamivudine-zidovudine	Complera
			Nevirapine	Edurant
			Stavudine	Emtriva
			Tivicay	Epivir
			Trizivir	Epzicom
			Zidovudine	Fuzeon
				Intelence
				Invirase
				Isentress
				Kaletra
				Lexiva
				nevirapine er
				Norvir
				Prezista
				Rescriptor
				Reyataz
				Selzentry
				Stribild
				Sustiva
				Truvada
				Videx
				Viracept
				Viramune
				Viread
				Ziagen

Write down the medications you are on and what tier they are in!

- (Example) Atripla/Tier 5
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level 2015 Coverage

Based on your income, you might qualify for **cost-sharing. If you are interested, please ask for more information or call the insurance plan!*

Tier 1 (preferred generic)- co-pay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$45 once deductible (\$2750) paid

Tier 3 (non-preferred brand)- co-pay \$75 once deductible (\$2750)

Tier 4 (preferred specialty)- co-insurance 40% once deductible (\$2750)

Tier 5 (non-preferred specialty)- co-insurance 50% once deductible (\$2750)

**If not in network, specialty meds not covered.*

Aetna Silver \$5 Copay 2750 OAMC

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**.

The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

No medications in Tiers 1, 2, and 3 for this plan			Tier 4	Tier 5
			Abacavir	Atripla
			abacavir-lamivudine-zidovudine	Aptivus
			Didanosine	Crixivan
			Lamivudine	Combivir
			lamivudine-zidovudine	Complera
			Nevirapine	Edurant
			Stavudine	Emtriva
			Tivicay	Epivir
			Trizivir	Epzicom
			Zidovudine	Fuzeon
				Intelence
				Invirase
				Isentress
				Kaletra
				Lexiva
				nevirapine er
				Norvir
				Prezista
				Rescriptor
				Reyataz
				Selzentry
				Stribild
				Sustiva
				Truvada
				Videx
				Viracept
				Viramune
				Viread
				Ziagen

Write down the medications you are on and what tier they are in!

- (Example) Atripla/Tier 5
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level 2015 Coverage

* **Cost-sharing reductions available!** If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- co-pay \$4 (no HIV/AIDS drugs)

Tier 2 (generic)- co-pay \$15

Tier 3 (preferred brand)- co-insurance 40% not to exceed \$300 for each medication

Tier 4 (non-formulary/non-preferred)- co-insurance 50% not to exceed \$300 for each medication

*If not in network, 70% co-insurance

IBC Keystone HMO Silver

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

Tier 1	Tier 2	Tier 3	Tier 4
	abacavir	Atripla	Aptivus
	abacavir-lamivudine-zidovudine	Complera	Combivir (generic lamivudine-zidovudine - Tier 2)
	didanosine	Crixivan	Epivir (generic lamivudine - Tier 2)
	lamivudine	Eduvant	Intelence
	lamivudine-zidovudine	Emtriva	Rescriptor
	nevirapine/nevirapiner	Epzicom	Retrovir (generic zidovudine - Tier 2)
	stavudine	Fuzeon	Tivicay
	zidovudine	Invirase	Trizivir (generic abacavir-lamivudine-zidovudine - Tier 2)
		Isentress	Triumeq
		Kaletra	Videx Ec (generic didanosine - Tier 2)
		Lexiva	Videx Pediatric (generic didanosine - Tier 2)
		Norvir	Viramune (generic nevirapine -Tier 2)
		Prezista	Zerit (generic stavudine - Tier 2)
		Reyataz	Ziagen (generic abacavir - Tier 2)
		Selzentry	
		Stribild	
		Sustiva	
		Truvada	
		Viracept	
		Viramune Xr 100mg (generic nevirapine -Tier 2)	
		Viread	

Write down the medications you are on and what tier they are in!

- (Example) *Atripla/Tier 3* _____
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level 2015 Coverage

* **Cost-sharing reductions available!** If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- co-pay \$4 (no HIV/AIDS drugs)

Tier 2 (generic)- co-pay \$15

Tier 3 (preferred brand)- co-insurance 50% not to exceed \$400 for each medication

Tier 4 (non-formulary/non-preferred)- co-insurance 50% not to exceed \$500 for each medication

*If not in network, 70% co-insurance

IBC Keystone HMO Silver Proactive

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

Tier 1	Tier 2	Tier 3	Tier 4
	abacavir	Atripla	Aptivus
	abacavir-lamivudine-zidovudine	Complera	Combivir (generic lamivudine-zidovudine - Tier 2)
	didanosine	Crixivan	Epivir (generic lamivudine - Tier 2)
	lamivudine	Edurant	Intelence
	lamivudine-zidovudine	Emtriva	Rescriptor
	nevirapine/nevirapine er	Epzicom	Retrovir (generic zidovudine - Tier 2)
	stavudine	Fuzeon	Tivicay
	zidovudine	Invirase	Trizivir (generic abacavir-lamivudine-zidovudine - Tier 2)
		Isentress	Triumeq
		Kaletra	Videx Ec (generic didanosine - Tier 2)
		Lexiva	Videx Pediatric (generic didanosine - Tier 2)
		Norvir	Viramune (generic nevirapine -Tier 2)
		Prezista	Zerit (generic stavudine - Tier 2)
		Reyataz	Ziagen (generic abacavir - Tier 2)
		Selzentry	
		Stribild	
		Sustiva	
		Truvada	
		Viracept	
		Viramune Xr 100mg (generic nevirapine -Tier 2)	
		Viread	

Write down the medications you are on and what tier they are in!

- (Example) *Atripla/Tier 3* _____
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level 2015 Coverage

* **Cost-sharing reductions available!** If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- co-pay \$4 (no HIV/AIDS drugs)

Tier 2 (generic)- co-pay \$15

Tier 3 (preferred brand)- co-insurance 30% not to exceed \$200 for each medication

Tier 4 (non-formulary/non-preferred)- co-insurance 40% not to exceed \$200 for each medication

*If not in network, 70% co-insurance

IBC Personal Choice PPO Silver

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

Tier 1	Tier 2	Tier 3	Tier 4
	abacavir	Atripla	Aptivus
	abacavir-lamivudine-zidovudine	Complera	Combivir (generic lamivudine-zidovudine - Tier 2)
	didanosine	Crixivan	Epivir (generic lamivudine - Tier 2)
	lamivudine	Edurant	Intelence
	lamivudine-zidovudine	Emtriva	Rescriptor
	nevirapine/nevirapine er	Epzicom	Retrovir (generic zidovudine - Tier 2)
	stavudine	Fuzeon	Tivicay
	zidovudine	Invirase	Trizivir (generic abacavir-lamivudine-zidovudine - Tier 2)
		Isentress	Triumeq
		Kaletra	Videx Ec (generic didanosine - Tier 2)
		Lexiva	Videx Pediatric (generic didanosine - Tier 2)
		Norvir	Viramune (generic nevirapine -Tier 2)
		Prezista	Zerit (generic stavudine - Tier 2)
		Reyataz	Ziagen (generic abacavir - Tier 2)
		Selzentry	
		Stribild	
		Sustiva	
		Truvada	
		Viracept	
		Viramune Xr 100mg (generic nevirapine - Tier 2)	
		Viread	

Write down the medications you are on and what tier they are in!

- (Example) *Atripla/Tier 3* _____
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level 2015 Coverage

Based on your income, you might qualify for **cost-sharing. If you are interested, please ask for more information or call the insurance plan!*

Tier 1 (preferred generic)- co-pay \$4 (no HIV/AIDS drugs)

Tier 2 (generic)- co-pay \$15

Tier 3 (preferred brand)- co-insurance 30% not to exceed \$200

Tier 4 (non-formulary/non-preferred)- co-insurance 40% not to exceed \$200

**If not in network, 70% co-insurance*

IBC Blue Cross Silver, a Multi-State Plan

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

Tier 1	Tier 2	Tier 3	Tier 4
	abacavir	Atripla	Aptivus
	abacavir-lamivudine-zidovudine	Complera	Combivir (generic lamivudine-zidovudine - Tier 2)
	didanosine	Crixivan	Epivir (generic lamivudine - Tier 2)
	lamivudine	Edurant	Intelence
	lamivudine-zidovudine	Emtriva	Rescriptor
	nevirapine/nevirapine er	Epzicom	Retrovir (generic zidovudine - Tier 2)
	stavudine	Fuzeon	Tivicay
	zidovudine	Invirase	Trizivir (generic abacavir-lamivudine-zidovudine - Tier 2)
		Isentress	Triumeq
		Kaletra	Videx Ec (generic didanosine - Tier 2)
		Lexiva	Videx Pediatric (generic didanosine - Tier 2)
		Norvir	Viramune (generic nevirapine -Tier 2)
		Prezista	Zerit (generic stavudine - Tier 2)
		Reyataz	Ziagen (generic abacavir - Tier 2)
		Selzentry	
		Stribild	
		Sustiva	
		Truvada	
		Viracept	
		Viramune Xr 100mg (generic nevirapine - Tier 2)	
		Viread	

Write down the medications you are on and what tier they are in!

- (Example) *Atripla/Tier 3* _____
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level 2015 Coverage

UnitedHealthcare Silver Compass 5000

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

Tier 1 - co-pay \$5, no deductible

Tier 2 - co-pay \$50, no deductible

Tier 3 - co-insurance 20% with \$150 co-pay min. and \$1000 deductible

Tier 4 - co-insurance 30% with \$300 co-pay min. and \$1000 deductible

*if not in network, not covered.

Tier 1	Tier 2	Tier 3	Tier 4
abacavir	Aptivus (cap)	Aptivus (sol)	
abacavir-lamivudine-zidovudine	Atripla	Triumeq	Combivir (generic lamivudine-zidovudine - Tier 1)
didanosine	Complera		Epivir (generic lamivudine - Tier 1)
lamivudine	Crixivan		Retrovir (generic zidovudine - Tier 1)
lamivudine-zidovudine	Edurant		Stribild
nevirapine/nevirapine er	Emtriva		Tivicay
stavudine	Epzicom		Trizivir (generic abacavir-lamivudine-zidovudine - Tier 1)
zidovudine	Fuzeon		Videx Ec (generic didanosine - Tier 1)
	Intelence		Viramune (generic nevirapine -Tier 1)
	Invirase		Zerit (generic stavudine - Tier 1)
	Isentress		Ziagen (generic abacavir - Tier 1)
	aletra		
	Lexiva		
	Norvir		
	Prezista		
	Rescriptor		
	Reyataz		
	Selzentry		
	Sustiva		
	Truvada		
	Videx Pediatric (generic didanosine - Tier 1)		
	Viracept		
	Viramune Xr 100mg (generic nevirapine -Tier 1)		
	Viread		

Write down the medications you are on and what tier they are in!

- (Example) *Atripla/Tier 2* _____
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

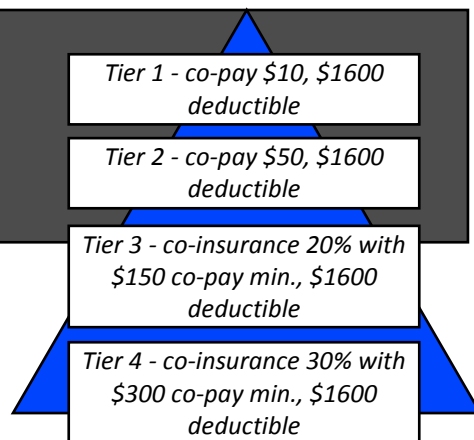
Silver Level

2015 Coverage

UnitedHealthcare Silver Compass

HSA 1600

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.



*If not in network, not covered.

Tier 1	Tier 2	Tier 3	Tier 4
abacavir	Aptivus (cap)	Aptivus (sol)	
abacavir-lamivudine-zidovudine	Atripla	Triumeq	Combivir (generic lamivudine-zidovudine - Tier 1)
didanosine	Complera		Epivir (generic lamivudine - Tier 1)
lamivudine	Crixivan		Retrovir (generic zidovudine - Tier 1)
lamivudine-zidovudine	Edurant		Stribild
nevirapine/nevirapine er	Emtriva		Tivicay
stavudine	Epzicom		Trizivir (generic abacavir-lamivudine-zidovudine - Tier 1)
zidovudine	Fuzeon		Videx Ec (generic didanosine - Tier 1)
	Intelence		Viramune (generic nevirapine -Tier 1)
	Invirase		Zerit (generic stavudine - Tier 1)
	Isentress		Ziagen (generic abacavir - Tier 1)
	aletra		
	Lexiva		
	Norvir		
	Prezista		
	Rescriptor		
	Reyataz		
	Selzentry		
	Sustiva		
	Truvada		
	Videx Pediatric (generic didanosine - Tier 1)		
	Viracept		
	Viramune Xr 100mg (generic nevirapine -Tier 1)		
	Viread		

Write down the medications you are on and what tier they are in!

- (Example) *Atripla/Tier 2* _____
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level

2015 Coverage

Assurant Health Silver Plan 001

Tier 1 (generic) – no charge after deductible of \$3500

Tier 2 (preferred brand) – no charge after deductible of \$3500

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

*Same rates apply if not in network.

Tier 1	Tier 2	Injectable Medicine May be Covered Under the Medical Benefit
Abacavir	Atripla	Fuzeon
Didanosine	Aptivus	
Lamivudine	Crixivan	
lamivudine-zidovudine	Combivir	
Nevirapine	Complera	
Stavudine	Edurant	
Zidovudine	Emtriva	
	Epivir	
	Epzicom	
	Tivicay	
	Intelence	
	Invirase	
	Isentress	
	Kaletra	
	Lexiva	
	Norvir	
	Prezista	
	Rescriptor	
	Retrovir	
	Reyataz	
	Selzentry	
	Stribild	
	Sustiva	
	Triumeq	
	Truvada	
	Videx	
	Viracept	
	Viramune	
	Viread	
	Zerit	
	Ziagen	

Write down the medications you are on and what tier they are in!

- (Example) Atripla/Tier 2
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

Silver Level

2015 Coverage

Tier 1 (generic) – co-pay \$15

Tier 2 (preferred brand) – co-pay \$35

Tier 3 (non-preferred brand) – co-pay \$60

Assurant Health Silver Plan 002

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different

*Same rates apply if not in network.

Tier 1	Tier 2	Tier 3	Injectable Medicine May be Covered Under the Medical Benefit
abacavir	Aptivus	Atripla	Fuzeon
didanosine	Emtriva	Crixivan	
lamivudine	Kaletra	Combivir (generic lamivudine-zidovudine - Tier 1)	
lamivudine-zidovudine	Lexiva	Complera	
nevirapine	Norvir	Edurant	
stavudine	Prezista	Epivir (generic lamivudine - Tier 1)	
zidovudine	Reyataz	Epzicom	
	Sustiva	Isentress	
	Truvada	Intelence	
	Videx (solution)	Invirase	
	Viread	Rescriptor	
		Retrovir (generic zidovudine - Tier 1)	
		Selzentry	
		Stribild	
		Tivicay	
		Triumeq	
		Videx Ec (generic didanosine - Tier 1)	
		Viracept	
		Viramune (generic nevirapine -Tier 1)	
		Zerit (generic stavudine - Tier 1)	
		Ziagen (generic abacavir - Tier 1)	

Write down the medications you are on and what tier they are in!

- (Example) Atripla/Tier 3
- _____
- _____
- _____
- _____

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!