Texas HIV Medication Program 2025 Reviewed Marketplace Plan List for Individuals below 100% Federal Poverty Level*																	
Plan Name	Covers All Areas of Texas	Clinics	Biktarvy	Dovato	Symtuza	Triumeq	Tivicay	Genvoya	Odefsey	Descovy	Prezcobix Cabenuv	a Trogarzo	Sunlenca	Rukobia	Fuzeon	Selzentry	PCP Copayment
							AUSTIN	AREA									
Sendero Health Original Silver Plan	No	Community Care: David Powell     Health Center	<b>✓</b>	<b>√</b>	<b>✓</b>	✓	✓	<b>√</b>	✓	<b>✓</b>	✓ ×	×	×	✓	<b>✓</b>	✓ (Generic)	\$20.00
	•					CO	RPUS CHI	RISTI ARE	Α	•		•	•		•	•	
Blue Advantage Silver HMO Standard Plan	No	1. Coastal Bend Wellness Foundation	<b>√</b>	✓	<b>✓</b>	<b>√</b>	✓	<b>✓</b>	<b>√</b>	<b>✓</b>	✓ ×	×	×	<b>✓</b>	<b>✓</b>	✓ (Generic)	\$0.00
	1		I.	I.		DALLAS	and FOR	T WORTH	AREA					1			1
Blue Advantage Bronze HMO Standard Plan	No	AIDS Healthcare Foundation     2. Parkland Health     John Peter Smith Hospital District	<b>✓</b>	✓	<b>✓</b>	<b>√</b>	<b>√</b>	✓	<b>✓</b>	×	✓ ×	×	×	✓	✓	✓ (Generic)	\$50.00
Blue Advantage Gold 206 Plan	Yes	AIDS Healthcare Foundation     2. Parkland Health     John Peter Smith Hospital District	<b>√</b>	<b>√</b>	<b>✓</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>✓</b>	×	✓ ×	×	×	<b>√</b>	<b>✓</b>	✓ (Generic)	\$30.00
	"				1		EL PASC	AREA			<u> </u>		"	"		"	
MyBlue Health Gold 403 Plan	Yes	1. La Fe	<b>✓</b>	<b>✓</b>	✓	✓	✓	<b>✓</b>	<b>✓</b>	<b>✓</b>	✓ x	×	×	<b>✓</b>	<b>✓</b>	✓ (Generic)	\$0.00
							HOUSTO	N AREA				•					,
Blue Advantage Bronze HMO Standard Plan	No	1. Legacy 2. Quentin Mease 3. St. Hope	✓	<b>√</b>	✓	<b>✓</b>	✓	✓	<b>✓</b>	✓	✓ ×	×	×	✓	✓	✓ (Generic)	\$50.00
Blue Advantage Plus Gold Standard Plan	No	1. Legacy 2. Quentin Mease 3. St. Hope	<b>✓</b>	✓	<	<b>√</b>	<b>√</b>	<b>✓</b>	<b>✓</b>	<b>√</b>	✓ ×	×	×	<b>✓</b>	<b>√</b>	✓ (Generic)	\$0.00
		-					LAREDO	AREA						1			
Blue Advantage Plus Gold 803Plan	Yes	1. City of Laredo	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>√</b>	<b>√</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	✓ ×	×	×	<b>✓</b>	<b>✓</b>	✓ (Generic)	\$0.00
		<u> </u>	II.	I.			LONGVIE	W AREA	I.								ı
Blue Advantage Silver HMO 205 Plan	No	1. Special Health Resources for Texas	<b>√</b>	<b>√</b>	<b>✓</b>	<b>√</b>	<b>√</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	✓ ×	×	×	<b>✓</b>	✓	✓ (Generic)	\$0.00
		<del>'</del>			<b>'</b>	-	LUBBOC	K AREA		•	+ +	-	<del>'</del>		•	<del>'</del>	1
Blue Advantage Gold HMO Standard Plan	No	City of Laredo Healh Department     Community Health Center of     Lubbock	✓	<b>√</b>	✓	<b>✓</b>	✓	✓	<b>✓</b>	✓	✓ ×	×	×	×	✓	✓ (Generic)	\$30.00
Molina Healthcare Gold 1 Plan	No	1. City of Laredo Health Department	✓	✓	✓	✓	✓	✓	✓	✓	✓ x	×	×	×	✓	√ (Generic)	\$20.00
						S	SAN ANGE	LO AREA									
Blue Advantage Plus Bronze Standard Plan	No	1. Shannon Supportive Services	✓	✓	✓	✓	✓	✓	<b>✓</b>	✓	✓ ×	×	×	✓	✓	✓ (Generic)	\$50.00
	1		T			S	AN ANTO	NIO AREA	ı T					1			T
Blue Advantage Bronze HMO Standard Plan	No	CentroMed     San Antonio AIDS Foundation     University Health System	✓	✓	✓	✓	✓	✓	<b>✓</b>	×	✓ ×	×	×	✓	✓	✓ (Generic)	\$50.00
MyBlue Health Gold 403 Plan	No	CentroMed     San Antonio AIDS Foundation	✓	✓	<b>✓</b>	✓	✓	✓	✓	<b>✓</b>	✓ ×	×	×	✓	<b>✓</b>	✓ (Generic)	\$0.00
				T	,	RIO	GRANDE '	VALLEY A	REA								
MyBlue HealhSlilver 405 Plan	No	1. Valley AIDS Council	✓	✓	×	×	×	✓	✓	×	✓ ×	×	×	×	✓	✓ (Generic)	\$0.00
		*The plan information liste	d cuch ac.		<u> </u>						*						

\*The plan information listed, such as:

Medical providers,

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.

Medications covered, and

Copayment amount,