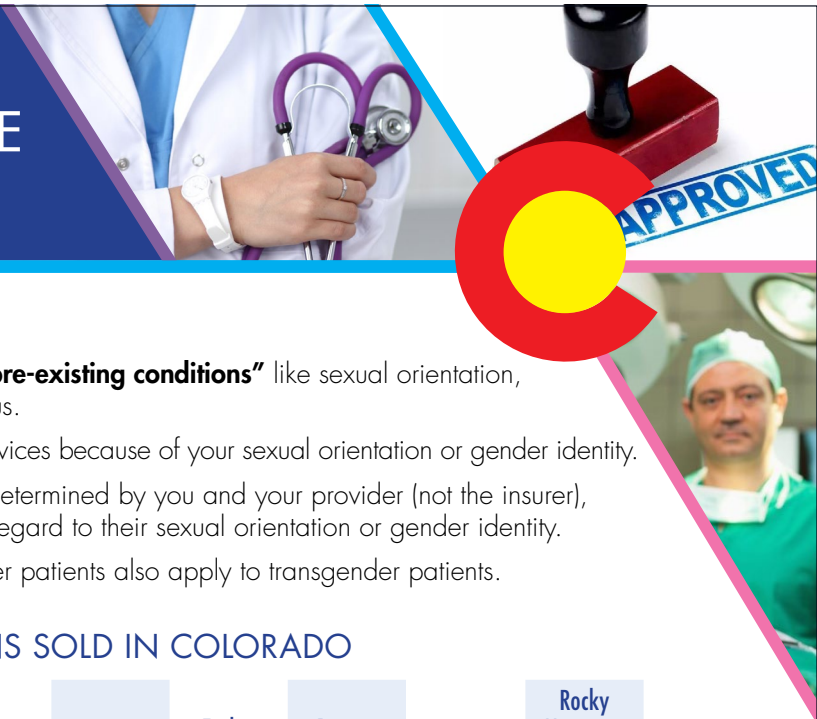


# TRANSGENDER HEALTH INSURANCE BUYER'S GUIDE COLORADO 2020



## IN COLORADO:

- You cannot be denied or limited coverage based on “**pre-existing conditions**” like sexual orientation, gender identity, or health conditions, including HIV status.
- You **cannot be charged more** for health insurance or services because of your sexual orientation or gender identity.
- You have a right to **medically necessary services**, as determined by you and your provider (not the insurer), if those services are provided to other patients without regard to their sexual orientation or gender identity.
- All free **preventative services** offered to non-transgender patients also apply to transgender patients.

## KNOW WHAT'S COVERED IN HEALTH PLANS SOLD IN COLORADO

	Anthem Blue Cross Blue Shield	Bright Health	Cigna	Friday Health Plans	Denver Health (Elevate)	Kaiser Permanente	Rocky Mountain Health Plans	Oscar
Has a transgender- or LGBTQ-specific health navigator?	No	Yes	No	No	Yes	Yes	No	No
Mental and behavioral health coverage?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
List specific covered services? <sup>1</sup>	No	No	No	No	No	No	Yes	No
Requires prior-authorization? <sup>2</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hormone therapy coverage? <sup>3</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Puberty blocker coverage? <sup>4</sup>	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Medically necessary, gender-affirming surgery coverage?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Includes explicit cosmetic exclusions?	No	Yes	No	No	No	No	Yes	Yes

1 All plans state that they cover “medically necessary” treatments, although they may not specifically state which services are covered. Some plans have exclusions for services that are considered to be “cosmetic” in nature. It is recommended that individuals review each plan and talk to the insurance company for more in-depth information on covered services.

2 Prior-authorization through your doctor may be required to access transgender-specific insurance benefits, including surgery and hormone therapy. Some procedures may be considered cosmetic in nature and not covered. Details for insurance plan exclusions and limitations may be found at [www.connectforhealthco.com](http://www.connectforhealthco.com) or by contacting the insurance carrier directly.

3 For more information on which forms of hormone therapy are covered and how medications are tiered, see the document titled “Hormone Therapy Prescription Coverage Guide.”

4 It is strongly encouraged to contact insurance carriers directly to get, in writing, information about restrictions or limitations on puberty blockers for transgender and non-binary youth.

Details for insurance plans and requirements can be found at [www.connectforhealthco.com](http://www.connectforhealthco.com).

## IF YOU ARE WRONGFULLY DENIED **MEDICALLY NECESSARY** SERVICES FROM YOUR HEALTH INSURANCE CARRIER, IT'S YOUR RIGHT TO:

- **APPEAL THE DECISION DIRECTLY WITH THE HEALTH INSURANCE CARRIER.** If your health plan ID card has a “CO-DOI” designation on it, your plan is subject to Colorado’s insurance laws and rules, including [CCR 4-2-62](http://CCR 4-2-62), which prohibits discrimination based on sexual orientation and gender identity within the insurance marketplace
- **FILE A COMPLAINT WITH THE COLORADO DIVISION OF INSURANCE** at [www.dora.colorado.gov/insurancecomplaints](http://www.dora.colorado.gov/insurancecomplaints)
- **FILE A COMPLAINT WITH THE COLORADO CIVIL RIGHTS DIVISION** at [www.colorado.gov/pacific/dora/civil-rights](http://www.colorado.gov/pacific/dora/civil-rights)

## QUESTIONS?

Need assistance appealing your denial or filing a complaint? Contact [health@one-colorado.org](mailto:health@one-colorado.org).



# HORMONE THERAPY PRESCRIPTION COVERAGE GUIDE COLORADO 2020



This document can be used to review the coverage and forms of hormone therapy by each insurance company. Not all health plans cover all prescriptions. Each insurance company has a list of prescriptions they cover, called a formulary or drug list, on their website. These lists often split drugs into 'tiers' or categories, which determine your share of the costs. While some plans have a copay for prescriptions—a fixed amount that starts right away—other plans require you to pay the full cost until you hit a prescription deductible (if there is one) or your overall plan deductible, which is more common. This document does not review each plan offered through each carrier.



















**Lower tiers** generally mean generic and lower-cost drugs. **Middle tiers** often include brand name drugs. **Higher tiers** generally include specialty drugs or drugs administered in a medical facility (although this is not the case for Denver Health Medical Plan, whose fifth tier covers zero cost-share drugs). Each company tiers drugs differently, so it is important that you look at each plan specifically to see what the medications may cost you.

This is a summary of hormone therapy drugs available, but may not be an exhaustive list. Want to know if your prescription medication is covered? You can use the [Quick Cost and Plan Finder tool](https://planfinder.connectforhealthco.com) offered by [Connect for Health Colorado](https://connectforhealthco.com), found at <https://planfinder.connectforhealthco.com>.

**You can click on the hyperlinked name of each insurance company below for more information about how each company tiers their drugs.**

**NC** = Not Covered **PA** = Requires Prior Authorization **MB** = Medical Benefit (administered in a medical setting)

**GL** = Gender Limit (applies only to specific genders) **AR** = Age restriction (64 years +)

	Anthem Blue Cross Blue Shield	Bright Health	Cigna	Friday Health Plans	Denver Health (Elevate)	Kaiser Permanente	Rocky Mountain Health Plans	Oscar
<b>Total Number of Tiers/Drug Levels</b>	4	5	5	4	5	4	4	5
<b>ESTROGEN TIER LEVELS</b>								
Depo-Estradiol (Estradiol Cypionate) 	NC	NC	NC	3 GL	NC	2	MB	NC
Estradiol 	1b	2 AR	1	1,3 GL	1	1,2	1	2, PA
Estradiol 	1b	2	2	1 GL	1	NC	2	2, PA
Estradiol Valerate 	NC	2	NC	3 GL	NC	1	MB	2
<b>PROGESTERONE TIER LEVELS</b>								
Medroxyprogesterone Acetate 	1b	1	2	1,3 GL	5	2	1	NC
Medroxyprogesterone Acetate 	1a, 1b	1	1	1,3 GL	1	1	1	2
Micronized Progesterone 	1b	2	2	NC	1	NC	2	2
<b>ANTI-ANDROGEN TIER LEVELS</b>								
Spirolactone 	1a	2	2	1	1	1	1	1
Finasteride 	1b	2	2	1,3 GL	1	1	1	2
Dutasteride 	NC	2	2	1 GL	1	NC	3	2
<b>TESTOSTERONE TIER LEVELS</b>								
DepoTestosterone/Testosterone Cypionate 	1b, PA	2, PA	2	1, PA GL	1, PA	1,2	3,4 PA	2, PA
Testosterone Enanthate 	NC	2, PA	2	1, PA GL	1, PA	NC	1, PA	2, PA
AndroGel 	2, PA	2, PA	2,3 PA	NC	1, PA	NC	NC	2, PA
Androderm 	NC	2, PA	NC	NC	NC	NC	2 PA	NC
Andropus 	NC	NC	NC	NC	NC	NC	NC	NC
<b>PUBERTY BLOCKERS TIER LEVELS*</b>								
Leuprolide Acetate 	3, PA	5, PA	2, PA	4, PA	NC	NC	1, PA	5, PA
Lupron Depot 	NC	5, PA	5, PA	4, PA	4, PA	NC	MB	5, PA
Supprelin (Histrelin Acetate) 	NC	NC	NC	4, PA	4	NC	MB	NC

\*Age and gender limits may apply. It is strongly encouraged to contact insurance carriers directly to get, in writing, information about restrictions or limitations on puberty blockers for transgender and non-binary youth.

# PrEP AND HIV PRESCRIPTION COVERAGE GUIDE COLORADO 2020



This document can be used to review the coverage of medications prescribed to both prevent and treat HIV by each insurance company. Not all health plans cover all prescriptions. Each insurance company has a list of prescriptions they cover, called a formulary or drug list, on their website. These lists often split drugs into 'tiers' or categories, which determine your share of the costs. While some plans have a copay for prescriptions, a fixed amount that starts right away, other plans require you to pay the full cost until you hit a prescription deductible (if there is one) or your overall plan deductible, which is more common. This document does not review each plan offered through each carrier.

**Lower tiers** generally mean generic and lower-cost drugs. **Middle tiers** often include brand name drugs. **Higher tiers** generally include specialty drugs or drugs administered in a medical facility (although this is not the case for Denver Health Medical Plan, whose fifth tier covers zero cost-share drugs). Each company tiers drugs differently, thus it is important that you look at each plan specifically to see how what medications may cost you.

This is a summary of HIV drugs available, but may not be an exhaustive list. Want to know if your prescription medication is covered? You can use the [Quick Cost and Plan Finder tool](https://planfinder.connectforhealthco.com) offered by [Connect for Health Colorado](https://planfinder.connectforhealthco.com), found at <https://planfinder.connectforhealthco.com>. For individuals not using a single tablet regimen, it is important to verify the tier level for all medications that you are or may be prescribed to treat HIV. **You can click on the hyperlinked name of each insurance company below for more information about how each company tiers their drugs.**

**NC** = Not Covered **PA** = Requires Prior Authorization **MB** = Medical Benefit (administered in a medical setting)

	Anthem Blue Cross Blue Shield	Bright Health	Cigna	Friday Health Plans	Denver Health (Elevate)	Kaiser Permanente	Rocky Mountain Health Plans	Oscar
Total Number of Tiers/Drug Levels	4	5	5	4	5	4	4	5
<b>PRE-EXPOSURE PROPHYLAXIS TIER LEVELS</b>								
Truvada for PrEP	4	3	3	4, PA	2	4	4	3
<b>SINGLE TABLET REGIMENS TIER LEVELS</b>								
Trimeq	4	NC	3	4, PA	2	NC	2	3
Atripla	NC	3	3	4, PA	2	NC	NC	NC
Complera	NC	3	3	4, PA	2	4	4	NC
Odefsey	NC	NC	3	4, PA	2	2	4	3
Stribild	4	NC	3	4, PA	2	NC	4	NC
Genvoya	3	3	3	4, PA	2	2	4	3
<b>INTEGRASE INHIBITORS TIER LEVELS</b>								
Isentress	3	3	3	4, PA	2	4	2	3
Tivicay	3	3,5	3	4, PA	2	4	3	3
<b>PROTEASE INHIBITORS TIER LEVELS</b>								
Prezista	3	3	3	4, PA	2	4	4	3
Aptivus	3	3	3	4, PA	2	2	2,3	3
Crixivan	4	3	3	4, PA	2	2	2	3
Invirase	4	3	NC	4, PA	2	4	2	3
Kaletra	3	3	3	4, PA	1,2	NC	1,2,4	3
Lexiva	4	3	3	4, PA	2	NC	2,4	3
Viracept	4	3	NC	4, PA	2	4	2	3
Evotaz	NC	NC	3	4, PA	1,2	NC	2	3
Prezcobix	NC	3	3	4, PA	2	NC	2	3
Reyataz	NC	NC	3	4, PA	1,2	NC	2	3
<b>PK ENHANCER TIER LEVELS</b>								
Norvir	3	3	3	4, PA	1,2	NC	2	3
Tyboost	NC	NC	3	4, PA	2	NC	2	3

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# PrEP AND HIV PRESCRIPTION COVERAGE GUIDE (CONT.) COLORADO 2020



**NC** = Not Covered **PA** = Requires Prior Authorization **MB** = Medical Benefit (administered in a medical setting)

	Anthem Blue Cross Blue Shield	Bright Health	Cigna	Friday Health Plans	Denver Health (Elevate)	Kaiser Permanente	Rocky Mountain Health Plans	Oscar
Total Number of Tiers/Drug Levels	4	5	5	4	5	4	4	5
<b>NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS) TIER LEVELS</b>								
Descovy	NC	NC	3	4, PA	2	4	4	3
Truvada	4	3	3	4, PA	2	4	2	3
Epzicom	NC	NC	NC	4, PA	1	NC	NC	NC
Emtriva	4	5	3	4, PA	2	2	2	3
Epivir	NC	NC	NC	4, PA	1	1	2,4	3
Viread	3	5	3	4, PA	1,2	1	2,3	3
Ziagen	NC	5	NC	4, PA	1	1	4	NC
Zerit	NC	NC	NC	4, PA	NC	1,2	NC	3
Videx	NC	5	3	4, PA	1	1,2	2,3,4	3
Trizivir	NC	NC	NC	4, PA	1	4	4	NC
Retrovir	NC	NC	NC	4, PA	1	1	3,4,MB	3
Combivir	NC	NC	NC	4, PA	1	1	4	NC
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIS) TIER LEVELS</b>								
Edurant	3	3	3	4, PA	2	4	2	3
Sustiva	NC	NC	3	4, PA	1	NC	4	NC
Intelence	3, PA	5	3	4, PA	2	2, 4	2	3
Rescriptor	4	NC	NC	4, PA	2	2	2	4
Viramune	NC	NC	NC	4, PA	1	1	4	NC
<b>ENTRY INHIBITOR TIER LEVELS</b>								
Selzentry	4	3	NC	4, PA	2	4	2	3
<b>FUSION INHIBITOR TIER LEVELS</b>								
Fuzeon	NC	5	NC	4, PA	2	NC	2	5

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