

Information that may affect how you buy your HIV drugs

This fact sheet was produced by the AIDS Foundation of Chicago and distributed by the American Academy of HIV Medicine (AAHIVM). Please e-mail info@aahivm.org if you have questions.

Do you use a copay card to help pay for name-brand HIV drugs for treatment or PrEP? If you do, watch out: your insurance company might have a new policy that doesn't let your copay card (a.k.a. your copay assistance card) help you afford your medications.

We're talking about "copay accumulators" — policies some insurance companies are using that could make your health care more expensive, perhaps unaffordable. Read on for an overview of the problem and some steps you can take to make your medications affordable.

We are very concerned about the impact that these new insurance company policies will have on people's health. We'll do everything we can to fight them – but need your help. Are you having trouble getting medications because of insurance company policies? We also recognized that insurance companies have put these policies in place because brand-name drugs are just too expensive. We're committed to fighting for more affordable prices for life-saving medications.

What are copay accumulator programs?

Copay accumulators are relatively new policies that some insurance companies are using to stop counting drug company copay cards toward a person's deductible or out-of-pocket maximum. *Note:* These policies apply to drug manufacturer co-pay cards *only*, and not charitable assistance programs like the Patient Advocate Foundation, AIDS Drug Assistance Programs, or state-run programs that help pay for PrEP.

Which insurers are using copay accumulators?

BlueCross BlueShield, Cigna, United Healthcare and pharmacy benefit managers CVS Caremark and Express Scripts have implemented these policies in Illinois and nationally for some plans. Warning: this list could grow.

Which medications are affected?

This new policy can apply to any brand-name drug with a copay program for any health condition, not just HIV for treatment or PrEP.

What does this mean for people in this situation?

Here's where it gets complicated: Before copay accumulator policies were in place, the value of your copay card could be counted toward your deductible and out-of-pocket

maximums. These cards could potentially save you a lot of money and make access to the health care you need easier and less stressful.

But if your insurance company has a copay accumulator policy and you are using a copay card to help pay for your medicine, when you reach your limit on the copay card, the total value on the card *will not count toward your deductible or annual out-of-pocket maximum*. If this policy is in place with your insurance company, you will need to pay your full deductible out of your own pocket before your insurance actually kicks in. This could mean that you'd be responsible for thousands of dollars to cover the cost of your health care and prescriptions.

Let's walk through an example.

You start your new health plan year in January and you take a name-brand (non-generic) medication that costs \$1,500 a month. Your plan has a \$6,000 deductible (the amount you pay before the insurance plan starts paying for some care), and the deal is, you pay the full cost of all care (including drugs) before you meet your deductible. After you meet your deductible, your insurance company kicks in and starts paying for stuff.

The name-brand medication you take has a copay card, and that card is worth \$6,000 per year. You use that copay card in January, February, March and April at the pharmacy to pay for your drug. By the time May arrives, your copay card has run out ($\$1,500 \times 4 \text{ months} = \$6,000$).

- *The old way (no accumulator):* Previously, the insurance company would have counted what the copay card paid towards your deductible. In this scenario, your deductible would be fully met by using the card. So, depending on the details of your insurance, you might not have to pay anything after meeting your deductible, or you might have to come up with a small fee for your medication, or a small fee for other things like office visits.
- *The new way (with an accumulator):* With a copay accumulator policy in place, the insurance company doesn't count the amount of the copay card towards your deductible. When you go to fill your prescription in May, you will owe the full \$1,500 cost of the drug, because your \$6,000 deductible has not been paid down. You'll need to keep paying the full cost of those drugs yourself, out of your pocket, until you pay a total of \$6,000 (four more months of drugs) and meet your plan's deductible.

Will you be ready for an unexpected out-of-pocket cost?

We are very concerned that people may not know their insurance companies have changed their policy and may not be prepared to pay the full cost of their deductibles. While you

might have received a letter from your insurer talking about copay accumulators, it may not have been completely clear what this new policy would mean for you.

So what can you do?

- **Consult your health plan materials or call your insurer to ask questions.** If you have been affected by this type of policy and have had to switch to another drug or have been unable to fill your prescription, tell your insurer. Ask your insurer to waive the policy (it never hurts to ask).
- **Apply for help.** The Patient Advocate Foundation (www.copays.org), Patient Advocate Network Foundation (www.panfoundation.org) or similar organizations can help you get your HIV medications for treatment or prevention. If you want to report problems, please contact www.speakup.HIV to reach someone who can take your report.
- **Tell your employer, too.** If you are employed and receive health insurance through your job, tell your employer. They may have adopted this program thinking of it as a cost-savings strategy without truly understanding the negative impact it could have on their employees.

Some helpful definitions:

The term **accumulator** refers to the running total of a person's costs that apply toward their deductible and out-of-pocket maximum.

A **deductible** is the amount a person pays for health care services before insurance kicks in. For example, an individual with a \$2,000 deductible would pay for their first \$2,000 of care (including things like medications, office visits, lab tests) before health insurance begins to cover costs.

A **copayment** is a fixed amount a patient pays for a covered health service after they've paid their deductible. For example, you might pay a \$20 copayment when you pick up medications at the pharmacy. Some insurance plans have copayments; some do not.

An **out-of-pocket maximum** is the most amount of money a person has to pay for covered services in a plan year. After this amount is spent on out-of-pocket costs (deductibles, copayments and coinsurance), a health plans pays 100% of the cost of covered benefits.

A **high-deductible health plan** is a plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but people pay more health care costs out of their own pocket before the insurance company starts to pay.

A **pharmacy benefit manager** is a third-party administrator of prescription drug programs contracted by health plans, employers and government entities to manage prescription drug programs.

A **copay card** can be provided by a pharmaceutical company (a.k.a. a manufacturer like Gilead) or a charity. These cards help patients afford the cost of their prescriptions. The amount of the patient's copayment may be reduced or covered completely if they use a copay card.

Thanks to Cancer Support Community and The Arthritis Foundation for providing a version of this information. <https://www.cancersupportcommunity.org/blog/2018/04/copay-accumulator-programs-whats-stake-patients>