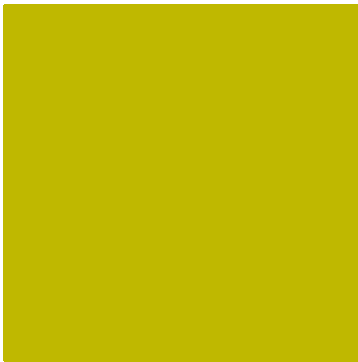
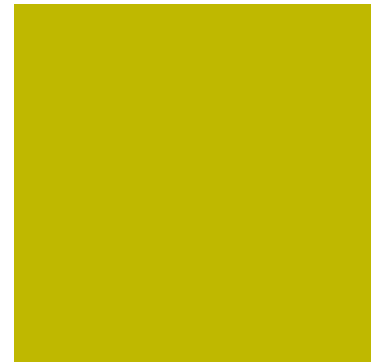




THE AIDS INSTITUTE



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Pre-Exposure Prophylaxis

Coverage, Compliance, and Ending the HIV Epidemic

2026 POLICY REPORT



INTRODUCTION

Pre-exposure prophylaxis (PrEP) for HIV, was approved by the Food and Drug Administration (FDA) in 2012. It was a game-changing innovation, allowing people at risk of acquiring HIV to protect themselves by taking a safe and effective daily pill. PrEP was a transformative advancement in the fight to end the HIV epidemic, offering the promise that this goal could finally be achieved. Yet over a decade later, just 26.3% of the people at greatest risk for HIV are taking PrEP, with stark disparities by race and gender: just 15% of Black, and 18% of Hispanic/Latinx have a prescription for PrEP. Moreover, only 9% of women who could benefit from PrEP are taking it.¹ Removing barriers to PrEP use will prevent thousands of new HIV cases every year and is a crucial component of our national plan to end the HIV epidemic.

Since 2021, most private insurance and Medicaid expansion plans are required to cover PrEP and related services without cost-sharing. Yet many users still report being charged for the medication, the required lab work and visits, or both. There is no centralized system to track these errors, but CDC research found that 20 to 30 percent of commercially insured PrEP users were improperly charged in 2021 and 2022.²

State and federal regulators generally assume insurers are complying with coverage rules unless enrollees report problems. As a result, consumers must recognize improper charges, appeal them, and, if necessary, file complaints with state regulators or the Department of Labor. This system assumes enrollees understand their coverage, expected costs, and federal requirements—information they typically seek in plan documents and websites.

To learn more about how health plans are communicating their coverage of PrEP and its related services, The AIDS Institute reviewed publicly available plan documents for insurance plans available on the 2026 Health Insurance Marketplace. These are the same documents available to plan enrollees and people shopping for health insurance on the Marketplace. We found wide variation in the description of PrEP coverage from plan to plan.

Plan information has improved since the requirement to offer no-cost PrEP went into effect. However, in 2026, five years after the requirement to cover PrEP without cost-sharing became effective, we found that:

- 6% of marketplace health insurance plans fail to indicate that at least one PrEP drug is available without a copayment in their formulary;
- One-quarter (25%) do not list all versions of daily oral PrEP without cost sharing;
- Over half (52%) of plans do not list any forms of long-acting injectable PrEP (LAI) as covered without cost sharing; and
- 84% of plans fail to list all versions of LAI PrEP and daily oral PrEP without cost sharing;
- A quarter (25%) of the plans we reviewed do not include PrEP on a preventive service list;
- Almost two-thirds (59%) do not include any information about the availability of cost-free PrEP-related provider visits, labs, and screenings; and
- Almost two-thirds (60%) have no detail about which labs, screenings, or provider visits are covered without cost.

- 70% did not list the specific lab tests covered without cost-sharing for people starting or using PrEP.

Increasing access to PrEP requires that people who are vulnerable to HIV know that PrEP is available, how to get it, and that it should be free if they have health insurance. Health insurers play a significant role in that educational effort. Our research demonstrates that there have been improvements over the years, but there is more work to be done to ensure that health insurance plans clearly convey to their enrollees and prospective enrollees that PrEP and its related services are covered without cost-sharing. State and federal health insurance regulators must ensure that plans are consistent in describing PrEP coverage and holding insurance companies accountable for ensuring they comply with all ACA (Affordable Care Act) preventive services regulations. State and local health public health departments also must ensure that people who use PrEP understand that if they have private insurance, they should not be charged for PrEP and its related services.

Under the Affordable Care Act, most private insurance plans are required to cover all FDA-approved forms of PrEP and associated services without cost-sharing. Yet our findings show widespread gaps in how plans communicate this coverage, creating confusion for consumers and increasing the risk of improper billing. These failures are not just documentation issues—they represent potential compliance concerns that demand action. Federal regulators, including CMS and the Department of Labor, as well as state insurance commissioners and marketplace oversight entities, must strengthen monitoring and enforcement to ensure plans meet their legal obligations and that preventive coverage protections function as intended.

METHODOLOGY

The AIDS Institute reviewed insurance plan documents available on insurer websites for all individual insurance plans available for the 2026 plan year through the federal health insurance marketplace and state-based health insurance marketplaces. In total, we reviewed 310 plans available in all fifty states and the District of Columbia. The documents we reviewed included the plan's drug formulary, the plan's detailed evidence of coverage, and the plan's list of preventive services (if available).

We evaluated plans based on the following four criteria:

1. Is one version of PrEP clearly listed as available without cost-sharing in the plan's drug formulary?
2. Are all versions of daily oral PrEP listed without cost-sharing?
3. Is one LAI PrEP listed without cost sharing?
4. Are all versions of PrEP (daily oral and LAI) listed without cost-sharing?
5. In the plan documents, is PrEP listed as a free preventive service?
6. In the plan documents, are PrEP essential services listed as covered without cost-sharing?
7. In the plan documents, are the specific necessary labs and essential PrEP services listed without cost-sharing?

We searched drug formularies for the brand names for oral PrEP (Truvada 200-300 mg, Descovy 200-25 mg), as well as the drug names (emtricitabine/tenofovir disoproxil fumarate [TDF/FTC] 200-300 mg, and emtricitabine and tenofovir alafenamide 200-25 mg), and long-acting injectable PrEP (Apretude [cabotegravir extended-release injectable suspension], and Yeztugo [lenacapavir]). We noted whether the drug was listed with or without cost-sharing.³ We also searched the evidence of coverage documents for “silver” plans and, if available separately, a plan's preventive services guidelines to see if PrEP and the associated essential services were listed as a no-cost preventive benefit.

More than half of insured Americans – 63 percent of those under 65 – are covered by employer-sponsored plans. But because those plans are not available publicly, we are unable to review them for this analysis. However, since employer plans are often administered by the same companies as marketplace plans, we believe that our findings indicate that there is more to be done to ensure compliance with PrEP coverage rules across all commercial health insurance products.

Unclear plan documents do not necessarily mean insurers are out of compliance. Still, seven years after the requirement took effect, coverage policies should be clearly reflected in plan materials, which are a key resource for understanding benefits and disputing charges.

FINDINGS

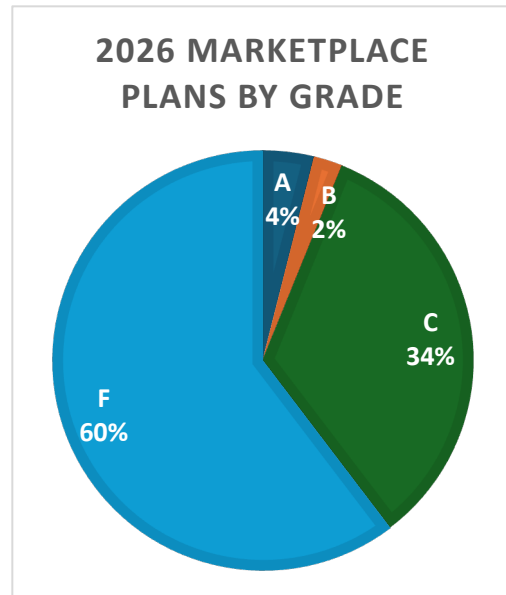
Below are the overall findings in our review of the 2026 individual marketplace plans. In 2026, of the 310 plans reviewed:

- While the vast majority of plans now indicate that at least one PrEP drug is available without a copayment, 6% of plans still do not.
- One quarter (25%) of plans do not indicate on their formulary that all versions of oral PrEP are available without a copayment.
- Over half (52%) of plans do not indicate on their formulary that one version of LAI PrEP is available without a copayment.
- The vast majority (84%) of plans do not indicate on their formulary that all versions of LAI and oral PrEP are available without a copayment.
- One quarter (25%) did not include PrEP on a preventive services list.
- Well over half (59%) did not clearly indicate that they cover essential PrEP-related services without cost-sharing.
- Most plans (70%) did not list the specific lab tests covered without cost-sharing for people starting or using PrEP.

Do Plan Documents Show that PrEP is Covered Without Cost-sharing in 2026?	Yes	No
1. At least 1 PrEP drug is included in the plan’s formulary without cost-sharing?	94%	6%
2. Are all versions of daily oral PrEP listed without cost-sharing?	75%	25%
3. Is one LAI PrEP listed without cost sharing?	48%	52%
4. Are all versions of PrEP (daily oral and LAI) listed without cost-sharing?	16%	84%

5. PrEP is included on a preventive services list?	69%	31%
6. PrEP-related services are clearly shown to have \$0 cost-sharing?	34%	66%
7. Specific PrEP-related labs listed in the plan document?	29%	71%

We graded individual plans based on the number of “yes” responses to the questions above, with four points possible. Letter grades (A–F) were assigned based on the number of ‘yes’ responses across key PrEP coverage indicators identified in publicly available plan documents, with higher grades reflecting more complete documentation. See *Appendix B* for a list of all the plans, their individual grades, and the individual research findings for each of our questions. Of the 325 plans we reviewed:

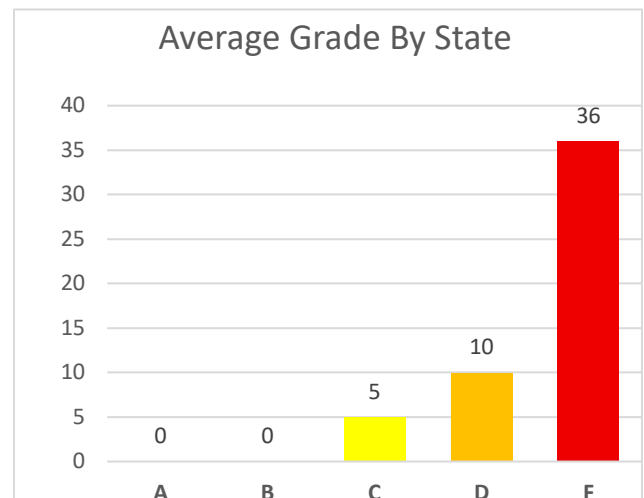


- 12 plans (4%) received a grade A
- 7 plans (2%) received a grade B
- 104 plans (34%) received a grade C
- 187 plans (60%) received a grade F

There is wide variation among plans and within states across the nation.

- **Cigna was the only plan** received an “A” grade in **all 11** the states in which they operate. In those states, they were the only plan that received an “A.” Cigna accounted for 91% of all plans that received a grade “A.” The only other plan with an “A” grade was Blue Cross Blue Shield of California.
- All **Oscar** plan formularies indicate that all versions of PrEP (oral and LAI) are covered without cost sharing. However, they did not receive an “A” grade because their preventive services list do not include PrEP ancillary services listed.
- Notably, **six** plans received an F grade because no versions of PrEP (oral and LAI) and no plan documents state that PrEP is available without cost-sharing.
 - Antidote Health Plan of Ohio (OH)
 - Mass General Brigham (MA)
 - MVP Healthcare (VT)
 - Sanford (ND)
 - Security Health Plan of Wisconsin (WI)
 - Select Health (ID, UT)

When grades for each plan were averaged in each state, no state received an “A” or “B” grade, with 72 percent of states receiving an average of F. See *Appendix A Map 1 for state grades*.



PrEP Medication Covered Without Cost-Sharing

- In **35 states**, all plans indicated that they cover at least one PrEP medication without cost-sharing (AL, AR, CA, CO, CT, DE, DC, FL, HI, IL, IN, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NC, OK, PA, RI, SC, TN, TX, WV, WY) (See Appendix A, Map 2)
- In **8 states**, all plans indicated that they cover all versions of oral PrEP without cost-sharing (CA, DC, HI, MD, MN, NM, RI, WY) (See Appendix A, Map 3)
- In **23 states**, zero plans indicate that all versions of oral and LAI PrEP are covered without cost-sharing (AK, AR, CT, DE, DC, HI, KY, LA, MD, MT, NV, NH, NM, ND, OR, RI, SC, SD, UT, VT, WA, WV, WY) (See Appendix A, Map 4)
- **There are no states** where all plans list at least one version of LAI PrEP as covered without cost-sharing. (See Appendix A, Map 5)

PrEP and Preventive Services Lists

- In **22 states**, all plans included PrEP on a preventive service list (AL, AK, AZ, CO, DE, HI, IL, ME, MD, MI, MS, NE, NC, OR, PA, RI, SC, SD, TN, WA, WV, WY) (See Appendix A, Map 65)
- **Colorado** is the only state where all plans state that ancillary services are covered without cost sharing. (See Appendix A, Map 7)
- **North Dakota** is the only state where all plans do not list PrEP or any ancillary services as covered without cost-sharing.

Long-Acting Injectable PrEP

Identifying coverage for long-acting injectable PrEP in plan materials can be particularly challenging because it may be covered in either a plan's medical benefit or its pharmacy benefit. If it is covered in the medical benefit, it may or may not also appear in a plan's drug formulary. Injectable PrEP administered in a clinical setting may not be listed in the formulary at all. Instead, it may be referenced only through medical billing codes or addressed in separate medical policy documents that are harder for consumers to find, especially if they are not yet enrolled in the plan. This benefit structure creates confusion for enrollees reviewing plan documents to determine whether the medication is covered without cost-sharing and makes it more difficult to assess compliance with preventive services requirements.

Federal guidance requires that LAI PrEP also be covered without cost-sharing or utilization management.

Our research looked at whether Yeztugo and Apretude are listed in a formulary, what prescription tier these medications are listed on if they have associated cost-sharing, if they are listed as a medical benefit, and if they are listed with utilization management.

Based on this data, we found:

- 16% of plans list both Apretude and Yeztugo without cost-sharing;
- 33% of plans list either Apretude or Yeztugo without cost-sharing;

- 21% of plans just list Apretude without cost-sharing;
- 12% of plans just list Yeztugo without cost-sharing; and
- Of the plans that list either LAI PrEP medications, 63% list Apretude and 37% list Yeztugo.

When examining how the medications are listed in the formulary:

- If a plan lists LAI PrEP with no cost-sharing, 4% of those plans have utilization management for Apretude and 5% of those plans have utilization management for Yeztugo;
- 7% of plans list Apretude *with* cost-sharing, and 13% list Yeztugo *with* cost-sharing;
- In plans that list LAI PrEP *with* cost-sharing, 52% say that Apretude is covered as a medical benefit and 8% list Yeztugo as a medical benefit; and
- 56% of plans do not have Apretude in their formulary, and 59% do not have Yeztugo in their formulary.

BACKGROUND

What is PrEP?

PrEP is a medication that effectively prevents the acquisition of HIV. Since its approval in 2012, increasing the number of people at risk for HIV who have access to PrEP and who choose to take PrEP has been a cornerstone of our national strategy to end the HIV epidemic in the United States.⁴ Until 2019, there was only one FDA approved drug for PrEP in the United States. In 2026, there are now four forms of PrEP approved by the FDA: two formulations of daily oral medications, and two long-acting injectable versions of PrEP. Apretude is an injection administered every two months, and Yeztugo is an injection administered every six months. One version of daily oral PrEP (TDF/FTC, or Truvada) has multiple low-cost generic options. The requirement to provide PrEP and essential PrEP services without cost-sharing coincided with market availability of generic oral PrEP drugs, reducing the cost for that component of the PrEP benefit.

Getting and renewing a prescription for PrEP requires a provider visit and basic screenings and lab services to ensure that PrEP is medically appropriate. These must be done multiple times throughout a year (depending on the medication), according to the U.S. Centers for Disease Control and Prevention (CDC) PrEP Clinical Practice Guidelines. The essential services required to start and maintain a prescription for PrEP can include:⁵

- HIV testing;
- Sexually transmitted infection screening and counseling;
- Hepatitis B and C testing;
- Creatinine testing and calculated estimated creatine clearance or glomerular filtration rate;
- Pregnancy testing for individuals with childbearing potential;
- Adherence counseling;
- Office visits are associated with each preventive service listed above.

Coverage of PrEP without Cost-Sharing Overcomes Cost Barrier

Historically, cost has been cited as a key barrier to PrEP uptake by people in the U.S., including the cost of provider visits and lab services. In 2019, the U.S. Preventive Services Task Force (USPSTF) gave PrEP a Grade A rating, which went into effect on January 1, 2021.⁶ This recommendation requires that a PrEP prescription must be covered by marketplace insurance without cost-sharing.⁷ Federal guidance issued in October 2024 clarified that the preventive PrEP benefit that plans must also cover without cost-sharing includes all forms of oral PrEP, Apretude, and the related essential services needed to start or maintain a prescription for PrEP. It also states that plans are not permitted to use utilization management to direct patients to one drug over another.⁸ This guidance applies to non-grandfathered private insurance plans (purchased through the Marketplace or provided by employers), and Medicaid plans in the 41 states that have expanded Medicaid. Note that this guidance was released before Yeztugo was approved by the FDA.

Clear plan documents confirming that PrEP and related services are covered without cost are critical, as cost remains one of the most significant barriers to uptake.⁹ Accurate information helps individuals determine whether charges are appropriate and supports appeals when improper bills occur. Ongoing reports from PrEP users show continued confusion and unexpected charges despite the preventive coverage requirement.

DISCUSSION

Minimal Improvements Since 2024

In 2024, the AIDS Institute conducted this research for plans available in the 2024 plan year. Data is comparable over time to see if there have been any improvements or changes in how plans describe PrEP coverage.

That year, we found:

Do Plan Documents Show that PrEP is Covered Without Cost-sharing in 2024?	Yes	No
1. At least 1 PrEP drug is included in the plan's formulary without cost-sharing	87%	13%
2. PrEP is included on a preventive services list	69%	31%
3. PrEP-related services are clearly shown to have \$0 cost-sharing	34%	66%
4. Specific PrEP-related labs listed in the plan document	29%	71%

Compared with our findings for 2025, there is a 7% increase in plans that list at-least one PrEP medication without cost-sharing, however, there were no improvements on how insurance plans describe PrEP as a preventive service, with the same percentage breakdown in plans when examining the preventive services questions in our research.

The data we collected on LAI PrEP was not collected in 2024 and thus is not comparable. This research data was not collected for the 2025 plan year because the federal government FAQ on

PrEP coverage was released in late 2024, and we did not feel confident that plans would have enough time to comply with the FAQ before they published their 2025 plan information.

Transparency and Compliance Gaps in Coverage of Long-Acting Injectable PrEP

Our findings underscore significant gaps in transparency and consistency in plan descriptions of coverage for long-acting injectable PrEP. Although federal guidance requires coverage without cost-sharing or utilization management, only a small share of plans clearly list both medications without cost-sharing. A majority of plans do not list one or both drugs in their formularies at all, and among those that do, some continue to associate them with cost-sharing or place them under the medical benefit in ways that may obscure preventive coverage protections.

The relatively high percentage of plans that do not list Apretude or Yeztugo, combined with the frequent classification of Apretude as a medical benefit, reinforces the structural challenge facing consumers shopping for coverage. If a medication does not appear in the formulary or is embedded in medical policy documents, prospective enrollees may reasonably assume it is not covered, even when it may be available in practice. This lack of clarity undermines the intent of zero-cost preventive coverage requirements.

Finally, while utilization management appears less common among plans that explicitly list the drugs without cost-sharing, the presence of cost-sharing in some listings and the inconsistent placement across benefit types suggest ongoing compliance and communication concerns. Four years after implementation of the preventive services requirement, plan documents should clearly and consistently reflect zero-cost coverage for long-acting injectable PrEP. The variation observed here highlights the need for stronger regulatory oversight and clearer guidance to ensure that coverage policies are transparent, accessible, and aligned with federal law.

Confusing Plan Information Undermines Access

Our research also found that some insurers had consistent and correct documentation of PrEP coverage across all their plans offered in all states, while others varied. Ambetter, which offers plans in 28 state marketplaces, clearly indicated that PrEP medications and PrEP-related services are covered without cost sharing in every plan they offered in 2026. Additionally, we found that Ambetter's preventive services guide offered details about which PrEP-related services are covered without cost-sharing and is easily accessible to someone shopping for plans on the insurer's website. Cigna and UnitedHealthcare also had consistent language used in their formularies and plan documents across all states where they offered services.

Ambetter Health (Florida) 2026 Preventive Care Guide¹⁰		
Service	Population	Summary
Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis	Adolescents and Adults	USPSTF Rating (Aug. 2023): A USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons

		<p>who are at high risk of HIV acquisition.</p> <p>Includes related benefits:</p> <ul style="list-style-type: none"> • Kidney function testing (creatinine), • Serologic testing for hepatitis B and C virus, • Testing for other STIs, • Pregnancy testing when appropriate and • Ongoing follow-up and monitoring, including HIV testing every 3 months.
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Some plans state that PrEP-related services are covered without cost-sharing but use vague or unclear language. For example, referencing “antiretroviral therapy for people at high risk of HIV acquisition” may not clearly signal PrEP to consumers, nor does it always specify that required labs and visits are covered at no cost.

More commonly, plans omit PrEP from preventive service guides, make those guides difficult to find, or provide outdated or incomplete information. In some cases, insurers are inconsistent across states. For example, while Kaiser uses a uniform preventive services guide listing PrEP and related labs as preventive, its state-specific formularies vary, with some listing PrEP on cost-sharing tiers and others classifying it as preventive medication. These inconsistencies create confusion both within and across states.

Federal Regulatory Actions

In July 2021, the Center for Consumer Information and Insurance Oversight (CCIIO) within the Centers for Medicare and Medicaid Services (CMS), issued guidance to health insurance plan sponsors and pharmacy benefit managers (PBMs) describing how plans must cover PrEP pursuant to the USPSTF Grade A decision issued in December 2019. This guidance clearly states that plans must cover at least one PrEP medication and associated labs, screenings, counseling, and office visits without cost-sharing.¹¹ It also requires that plans cover alternative PrEP medications without cost-sharing when they are medically necessary. In response to concerns about plan coverage of preventive services including PrEP, CCIIO issued further guidance in December 2023 urging plans and PBMs to review their “processes and systems to ensure they are providing full coverage, without cost-sharing, of preventive services as required by federal law.”¹²

Additionally, in October of 2024, the Departments of Health and Human Services, Labor, and Treasury release a FAQ that clarifies that under the ACA, plans must cover all FDA approved PrEP medications, including long-acting injectable formulations, without cost sharing when prescribed consistent with the USPSTF recommendation. The guidance also confirms that

required baseline and ongoing monitoring services associated with PrEP must be covered at no cost. It further emphasizes the importance of proper coding and claims processing to ensure that PrEP and related services are treated as preventive and are not improperly subject to cost sharing. Since 2024, no further regulatory actions have been taken specifically.

State Regulatory Actions

Some state insurance regulators have taken proactive steps to foster compliance with USPSTF regulations regarding out-of-pocket costs for PrEP. Insurance commissioners in nine states (Alabama, California, Colorado, Georgia, Illinois, Massachusetts, Michigan, New Mexico, and New York) have issued bulletins, industry guidance, or letters to insurance companies regarding no-cost coverage of PrEP and PrEP-related services. Our research shows that in two of these states, Alabama and Colorado, all insurance plans offered on the exchanges in 2024 correctly document no-cost coverage of PrEP as a preventive medication including all essential PrEP-related services. These two states were the only two states where all insurance companies did so.

Of the other states where insurance commissioners have issued guidance, California, Colorado, Georgia, Illinois, Michigan, and New Mexico's state average grades for their insurance plans were *above* the national average in our research. However, Massachusetts and New York had state averages below the national average.

While these regulatory actions by states are associated with higher-than-average grades for insurance plans in their states, only 18% of state insurance regulators have issued guidance to insurance plans within their states. In a letter to the National Association of Insurance Commissioners (NAIC), Consumer Representatives presented findings consistent with our research, showing that insurance plans inconsistently and incorrectly show cost-sharing in their plan documents for other preventive services like smoking cessation medications and colorectal cancer screenings.¹³ More must be done by state insurance regulators to not only ensure that these plans are correctly documenting no-cost preventive services like PrEP but also holding insurance companies accountable for any violations of the ACA's preventive services mandate.

POLICY RECOMMENDATIONS

State and federal policymakers must ensure not only that PrEP is covered without cost-sharing, but that plan materials clearly and consistently reflect that coverage for all forms of PrEP, including long-acting injectable (LAI) PrEP.

Recommendations For Insurers

Health insurers should take immediate steps to improve transparency and compliance:

1. Update their formularies to clearly list all FDA-approved forms of PrEP, including daily oral medications and long-acting injectable PrEP such as Apretude and Yeztugo, in formularies as covered without cost-sharing when prescribed consistent with USPSTF

recommendations.

2. Clearly indicate that if LAI PrEP is listed as a medical benefit, that benefit does not have associated cost-sharing.
3. Ensure that PrEP medications are not listed as having utilization management and that enrollees are not required to go through utilization management before they start or change a PrEP medication.
4. Update preventive services guides, evidence of coverage documents, and websites to explicitly state that PrEP medications and all essential PrEP-related services, including required labs and provider visits, are covered without cost-sharing.

State Regulators

1. State insurance commissioners who have not yet done so should issue bulletins to plans in their jurisdiction describing their obligation to comply with Federal requirements for PrEP. Specifically, we ask that this guidance require:
 - medications approved for PrEP to be clearly listed on insurer drug formularies as covered without cost-sharing;
 - medications approved for PrEP be included in the plan's preventative drug list or the appropriate section of the plan's explanation of benefits;
 - all essential services associated with PrEP as an ongoing treatment to be covered at no cost, and essential PrEP-related services to be included in the plan's preventive services list;
 - plans establish a speedy appeals or exceptions process to ensure that enrollees have timely access to the PrEP drug their provider deems medically appropriate for them, without cost-sharing;
 - if a plan erroneously charged patients for PrEP or PrEP-related services, they are required to reimburse patients for those charges.
2. State insurance commissioners should proactively ask plans to affirm that they are providing no-cost PrEP coverage, and to share their updated plan documents to ensure that they are providing accurate information to enrollees.
3. In states with a State Based Marketplace, state regulators should ensure that there is accurate information about PrEP benefits on their marketplace website.
4. Establish or strengthen consumer complaint tracking specific to preventive services and require reimbursement when improper cost-sharing is imposed.
5. State-run health insurance navigator and assister programs should ensure that staff who work in communities with greater risk of HIV – in particular communities of color and LGBTQ communities – educate their clients about the obligation of insurers to cover PrEP *and PrEP-related services* without cost-sharing.

Recommendations For Federal Regulators

Federal regulators, specifically the Departments of Health and Human Services, Treasury, and Labor, must continue to hold insurance companies accountable for following ACA coverage requirements. We encourage CCIIO's Compliance and Enforcement Division to ensure that coverage of preventive services, including PrEP, are included in the division's audit, review, and examination activities. CMS should take proactive steps to ensure that insurance plans are complying with PrEP coverage requirements and not just rely on complaints from consumers. This will be key to ensuring that insurance companies are held accountable and that state insurance commissioners can begin enforcement activities as needed.

Recommendations For State and Local Public Health Departments

State and local public health departments also can play a role in ensuring that patients have access to PrEP without cost-sharing. We urge health departments engaged in increasing education and demand for PrEP among their populations to include messaging related to the expected costs of PrEP. This is particularly important in communities of color and LGBTQ communities, which are at greater risk of HIV and where PrEP use has been low. People should understand that PrEP is accessible, and depending on their insurance status, may have no cost barriers. Public health messaging on PrEP should clearly indicate that almost all private insurance companies must cover PrEP medications and all related lab costs and office visits for free.

CONCLUSION

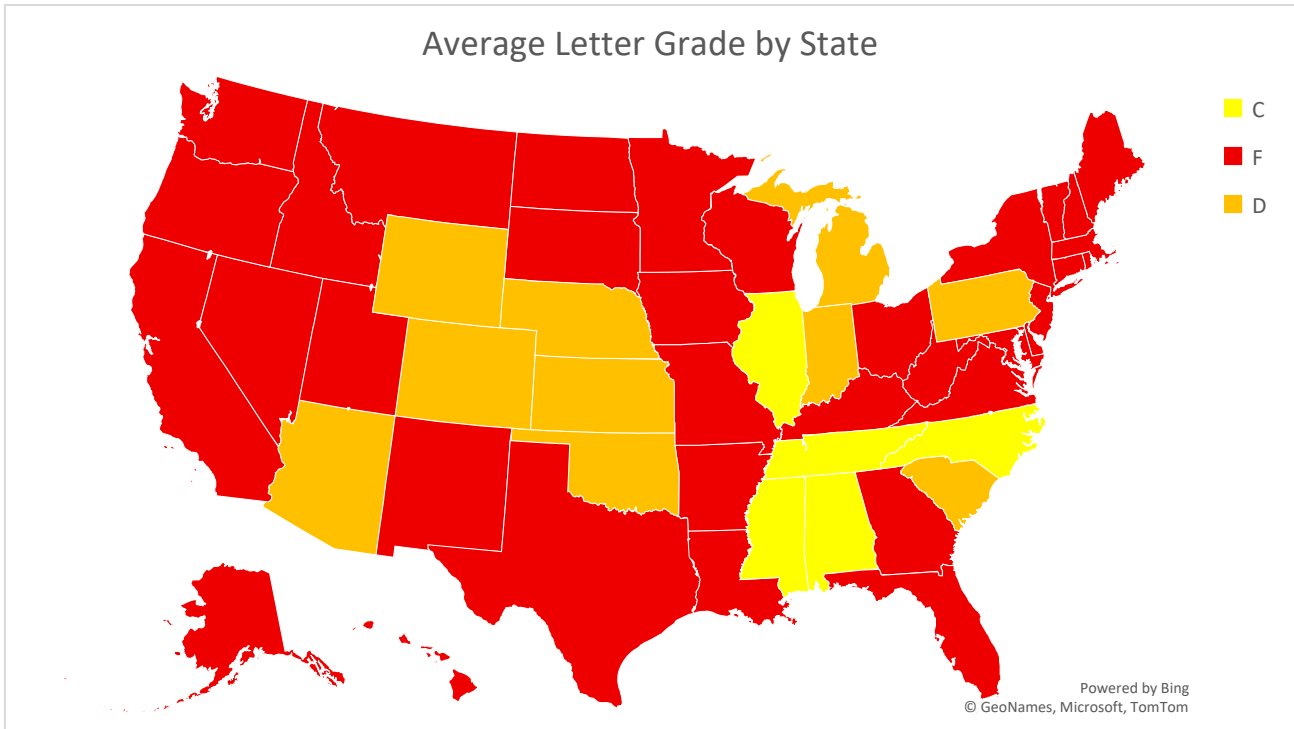
More than a decade after PrEP was approved and almost seven years after no-cost coverage became mandatory, significant gaps remain between federal policy and what consumers see in their health plan documents. While most marketplace plans now list at least one oral PrEP medication without cost-sharing, transparency around long-acting injectable PrEP is inconsistent and often unclear. More than half of plans do not indicate that any form of LAI PrEP is covered without cost-sharing, and many fail to clearly describe associated laboratory and provider services as preventive benefits.

Inconsistent and incorrect formulary listings and incomplete preventive services documentation create confusion for consumers and undermine the intent of the Affordable Care Act's preventive services protections. Cost remains one of the most significant barriers to PrEP uptake, and unclear plan materials make it harder for individuals to understand their rights and challenge improper charges.

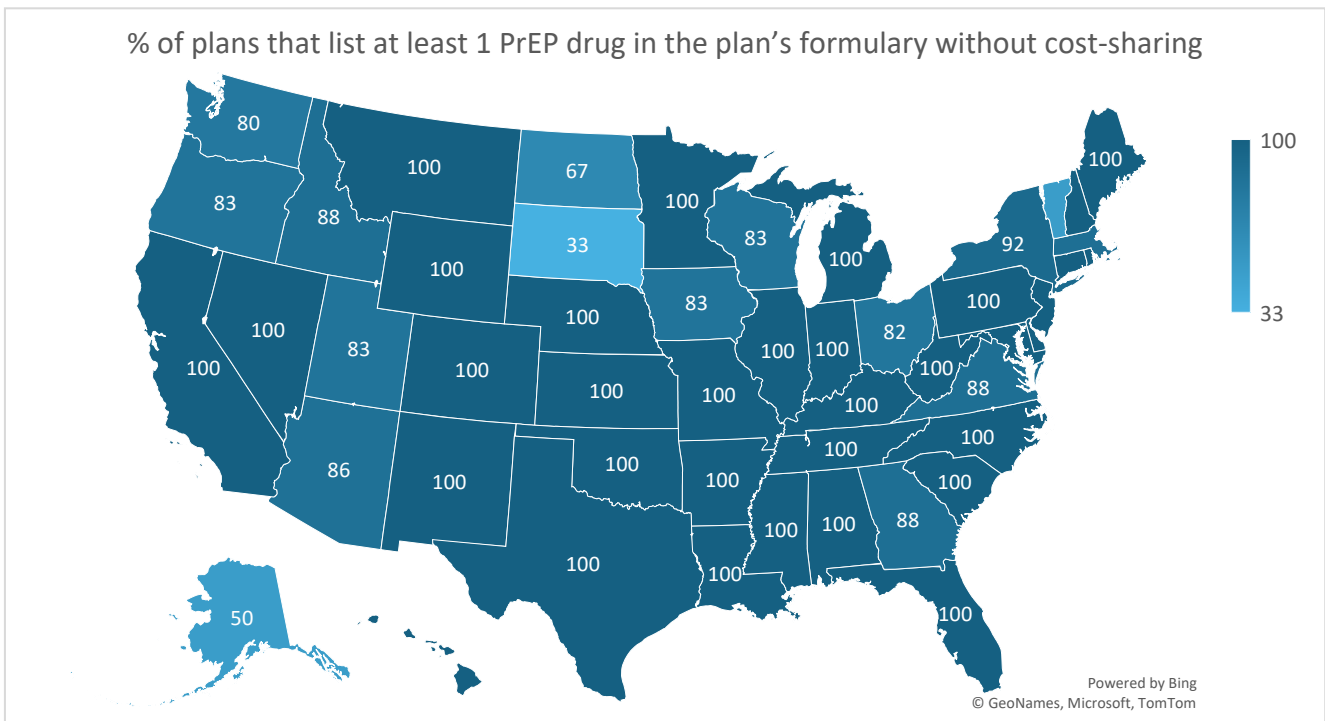
Ending the HIV epidemic requires more than coverage on paper. It requires transparent, accessible, and consistently enforced preventive coverage for all forms of PrEP. Federal and state regulators must strengthen oversight, insurers must improve clarity and compliance, and public health leaders must ensure that communities most impacted by HIV understand that PrEP, including long-acting injectable options, should be available without financial barriers. Clear communication and strong enforcement are essential to translating federal policy into meaningful access.

APPENDIX A: DATA MAPS

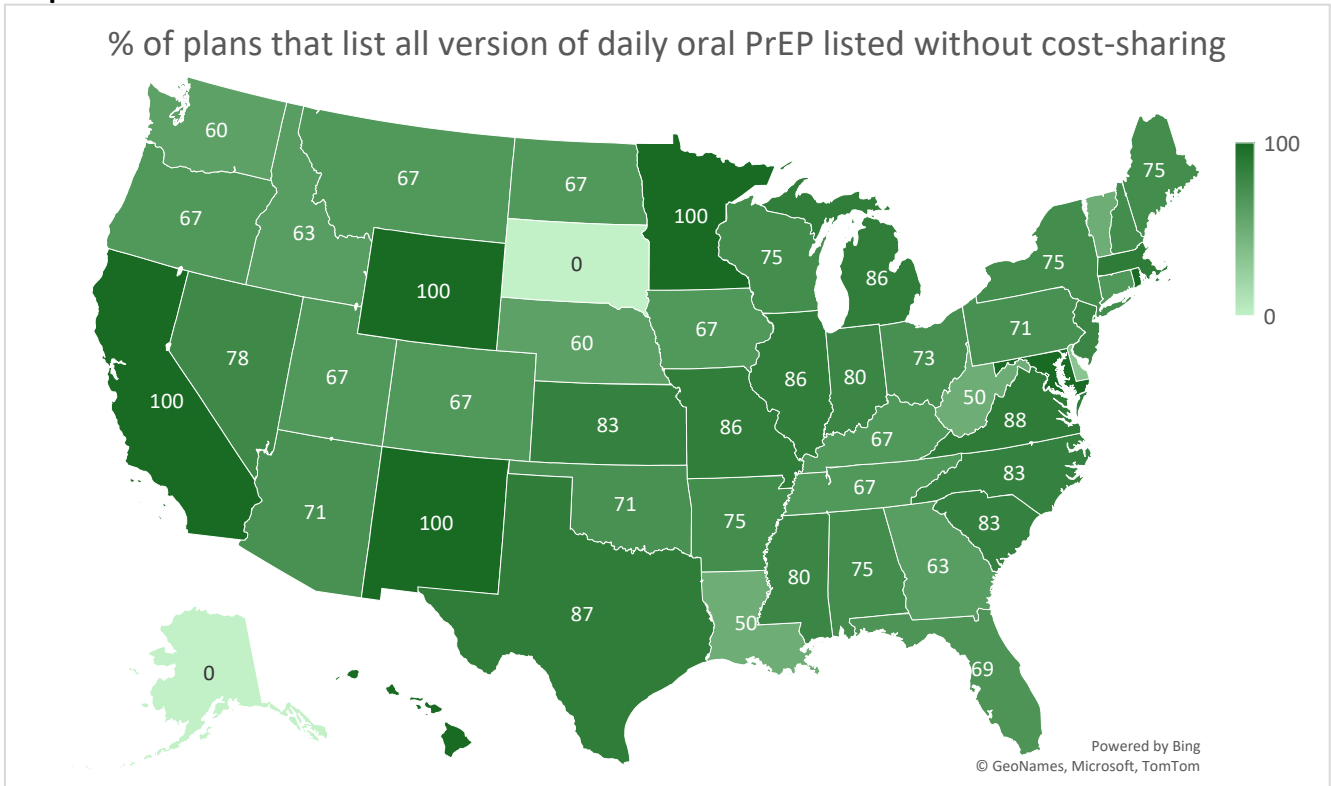
Map 1



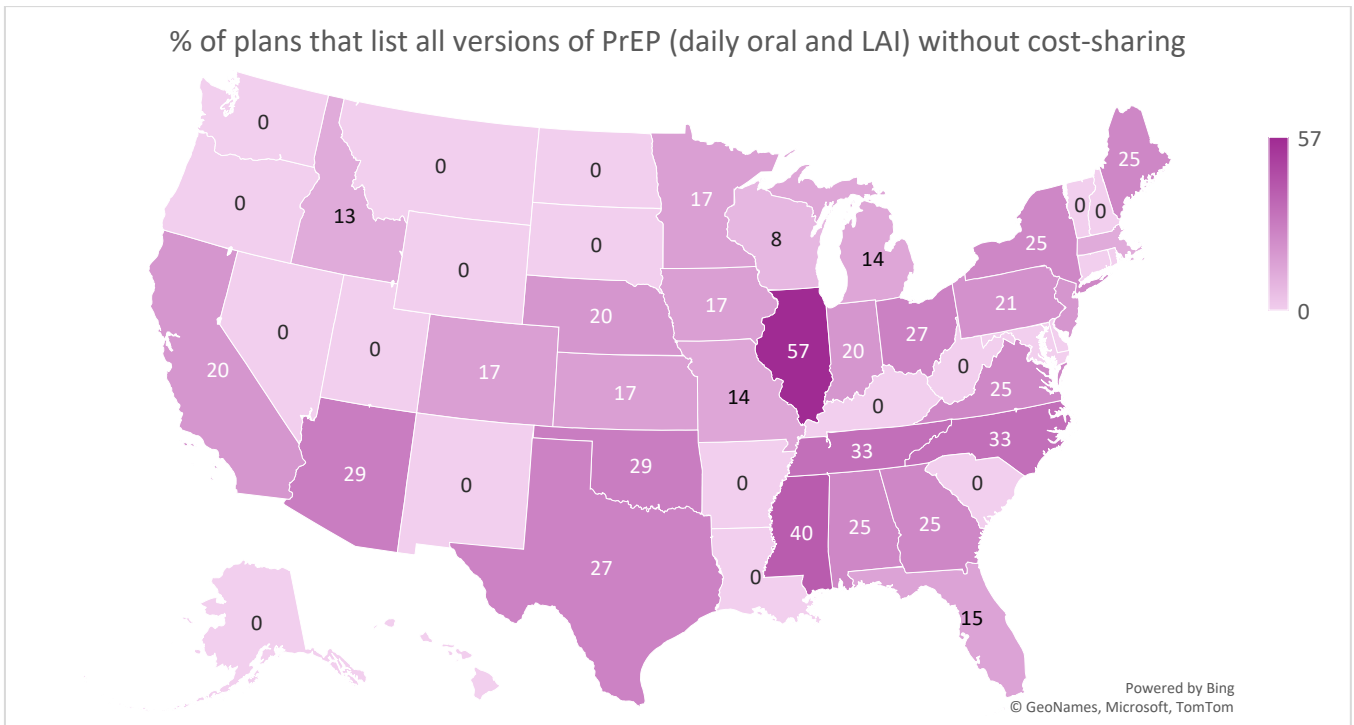
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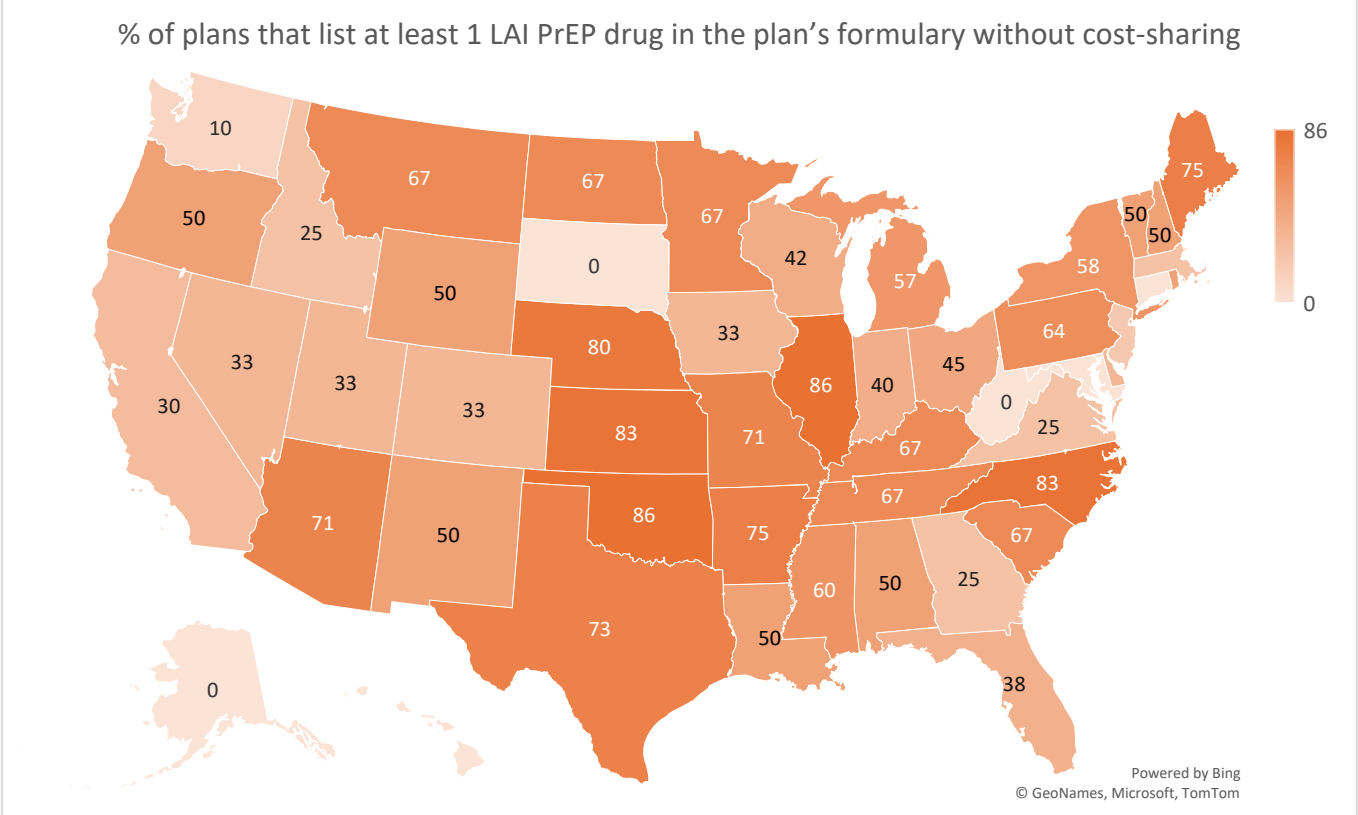
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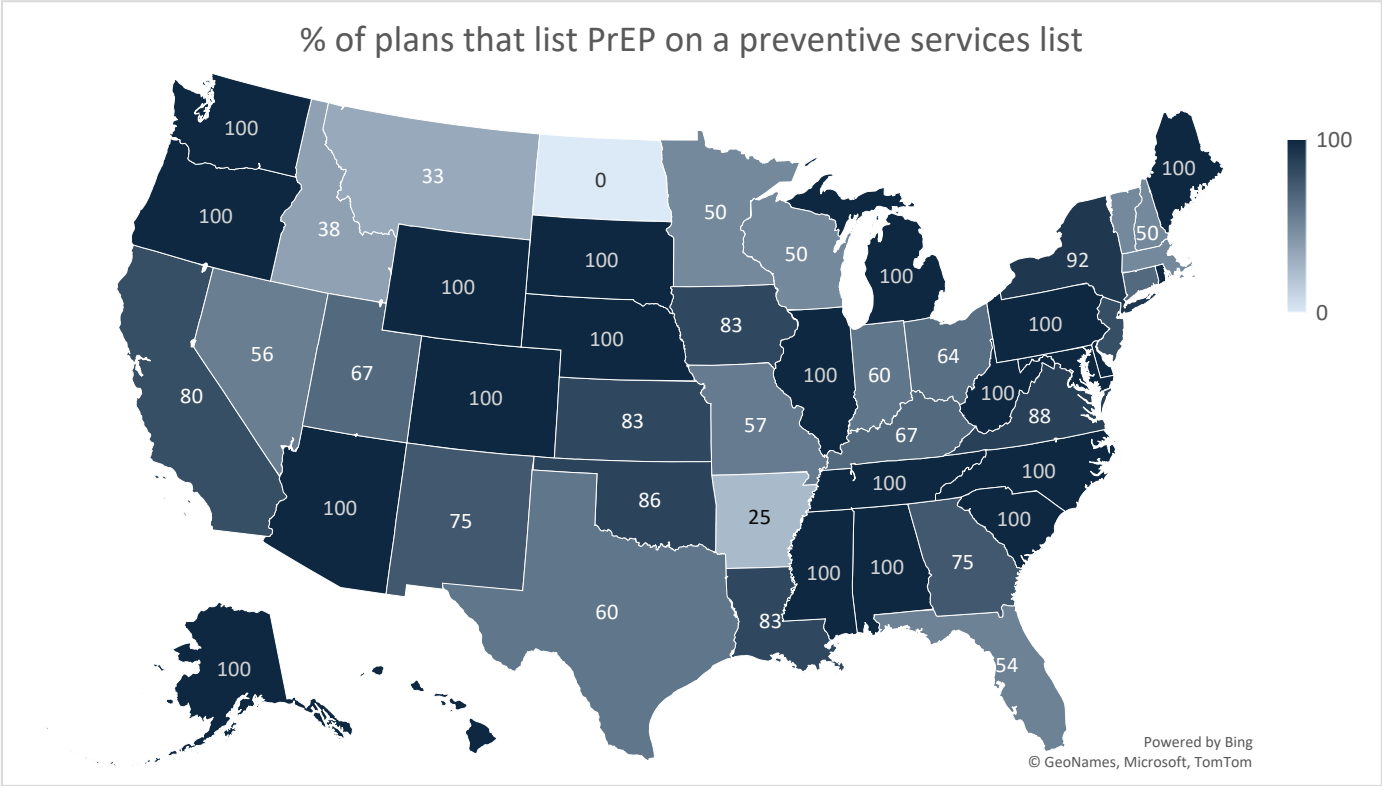
Map 4



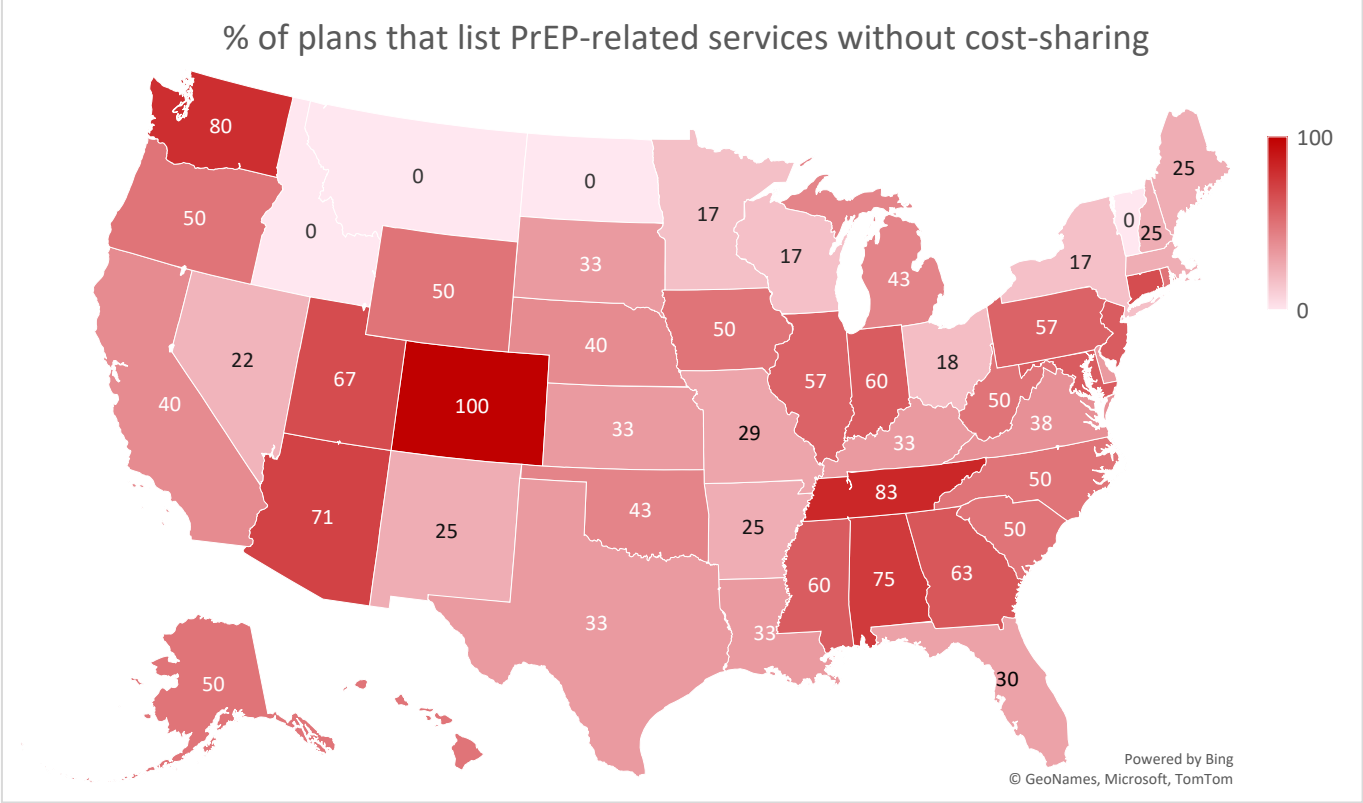
Map 5



Map 6



Map 7



APPENDIX B: DATA TABLE

State	# of 2026 QHP Issuers	Issuers	Grade	Is one version of PrEP available without cost-sharing?	Are all versions of oral PrEP listed without cost-sharing?	Are all versions of PrEP listed without cost-sharing, including injectable?	Is one Injectable PrEP on Formulary at \$0?	PrEP on Preventive Services List	Ancillary Services Explicitly Noted	Lists specific labs and ancillary services
AL	4	Ambetter of Alabama	F	Yes	No	No	No	Yes	Yes	Yes
		Blue Cross and Blue Shield of Alabama	C	Yes	Yes	No	No	Yes	Yes	Yes
		Oscar Insurance Company	C	Yes	Yes	Yes	Yes	Yes	No	No
		UnitedHealthcare	B	Yes	Yes	No	Yes	Yes	Yes	Yes
AK	2	Premiera Blue Cross Blue Shield of Alaska	F	No	No	No	No	Yes	Yes	Yes
		Moda Health Plan, Inc.	F	Yes	No	No	No	Yes	No	No
AR	7	Ambetter from Arizona Complete Health	F	Yes	No	No	No	Yes	Yes	Yes
		Antidote Health Plan	F	No	No	No	No	Yes	Yes	No
		Blue Cross Blue Shield of Arizona	F	Yes	Yes	No	Yes	Yes	No	No
		Cigna HealthCare of Arizona	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		Imperial Insurance Companies	C	Yes	Yes	No	Yes	Yes	Yes	No
		Oscar Health Plan, Inc.	C	Yes	Yes	Yes	Yes	Yes	No	No
		UnitedHealthcare	B	Yes	Yes	No	Yes	Yes	Yes	Yes
AK	4	Ambetter from Arkansas Health & Wellness	F	Yes	No	No	No	Yes	Yes	Yes
		Arkansas Blue Cross Blue Shield	F	Yes	Yes	No	Yes	No	No	No
		Health Advantage	F	Yes	Yes	No	Yes	No	No	No
		Octave	F	Yes	Yes	No	Yes	No	No	No
CA	10	Anthem Blue Cross	F	Yes	Yes	No	No	Yes	No	No
		Blue Shield of California	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		Chinese Community Health Plan	F	Yes	Yes	Yes	Yes	No	No	No
		Ambetter from Health Net	F	Yes	Yes	No	No	Yes	No	No
		Kaiser Permanente	C	Yes	Yes	No	No	Yes	Yes	Yes
		L.A. Care Health Plan	F	Yes	Yes	No	No	Yes	Yes	No
		Molina	B	Yes	Yes	No	Yes	Yes	Yes	Yes
		Sharp Health Plan	F	Yes	Yes	No	No	No	No	No
		Sutter Health Plan	F	Yes	Yes	No	No	Yes	No	No
		Western Health Advantage	F	Yes	Yes	No	No	Yes	No	No
CO	6	Anthem	F	Yes	Yes	No	No	Yes	Yes	No
		Cigna Healthcare	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes

		Denver Health Plan	C	Yes	Yes	No	Yes	Yes	Yes	No
		Kaiser Permanente	F	Yes	No	No	No	Yes	Yes	No
		Rocky Mountain Health Plans	C	Yes	Yes	No	No	Yes	Yes	Yes
		SelectHealth	F	Yes	No	No	No	Yes	Yes	No
CT	3	Anthem	F	Yes	Yes	No	No	No	No	No
		ConnectiCare Benefits	C	Yes	Yes	No	No	Yes	Yes	Yes
		ConnectiCare Insurance Company Inc.	F	Yes	No	No	No	Yes	Yes	Yes
DE	3	Ambetter Health of Delaware	F	Yes	No	No	No	Yes	Yes	Yes
		AmeriHealth Caritas Next	F	Yes	Yes	No	Yes	Yes	No	No
		Highmark Blue Cross Blue Shield Delaware	F	Yes	No	No	No	Yes	No	No
DC	2	Kaiser	C	Yes	Yes	No	No	Yes	Yes	Yes
		CareFirst BlueCross BlueShield	F	Yes	Yes	No	No	No	No	No
FL	13	22 Health	F	Yes	Yes	No	Yes	No	No	No
		Ambetter Health	F	Yes	No	No	No	Yes	Yes	Yes
		AmeriHealth Caritas Next	C	Yes	Yes	No	Yes	Yes	Yes	No
		AvMed	F	Yes	Yes	No	No	No	No	No
		Capital Health Plan	F	Yes	No	No	No	No	No	No
		Cigna Healthcare	C	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		Florida Blue	F	Yes	No	No	No	Yes	No	No
		Florida Health Care Plans	F	Yes	Yes	No	No	No	No	No
		Health First Commercial Plans, Inc.	F	Yes	No	No	Yes	No	No	No
		Molina Healthcare	F	Yes	Yes	No	No	Yes	No	No
		Oscar Health Maintenance Organization	C	Yes	Yes	Yes	Yes	Yes	No	No
		UnitedHealthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
		Wellpoint	F	Yes	Yes	No	No	No	No	No
GA	8	Alliant Health Plans	F	Yes	No	No	No	Yes	Yes	No
		Ambetter from Peach State Health Plan	F	Yes	No	No	No	Yes	Yes	Yes
		Anthem Blue Cross and Blue Shield	F	Yes	Yes	No	No	No	No	No
		CareSource	F	Yes	Yes	No	No	No	No	No
		Cigna HealthCare of Georgia	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		Kaiser Permanente	F	No	No	No	No	Yes	Yes	Yes
		Oscar Health Plan of Georgia	C	Yes	Yes	Yes	Yes	Yes	No	No
		United Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
HI	2	HMSA	F	Yes	Yes	No	No	Yes	No	No
		Kaiser Permanente	C	Yes	Yes	No	No	Yes	Yes	Yes
ID	8	Blue Cross of Idaho Health Service, Inc.	F	Yes	Yes	No	No	No	No	No

		Moda Health	F	Yes	No	No	No	Yes	No	No
		Molina Healthcare of Idaho	F	Yes	Yes	No	No	Yes	No	No
		Mountain Health CO-OP	F	Yes	No	No	No	No	No	No
		PacificSource Health Plans	F	Yes	Yes	Yes	Yes	No	No	No
		Regence BlueShield of Idaho, Inc.	F	Yes	Yes	No	Yes	Yes	No	No
		Select Health	F	No	No	No	No	No	No	No
		St. Luke's Health Plan	F	Yes	Yes	No	No	No	No	No
IA	6	Avera Health Plans	F	Yes	Yes	No	No	Yes	No	No
		Iowa Total Care (Ambetter)	F	Yes	No	No	No	Yes	Yes	Yes
		Medica	F	Yes	Yes	No	Yes	No	No	No
		Oscar	C	Yes	Yes	Yes	Yes	Yes	No	No
		Wellmark	F	No	No	No	No	Yes	Yes	No
		UnitedHealthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
IL	7	Ambetter of Illinois	C	Yes	No	No	Yes	Yes	Yes	Yes
		Blue Cross and Blue Shield of Illinois	F	Yes	Yes	No	Yes	Yes	No	No
		Cigna Healthcare	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		MercyCare Health Plans	B	Yes	Yes	Yes	Yes	Yes	Yes	No
		Molina Healthcare	C	Yes	Yes	Yes	Yes	Yes	No	No
		Oscar Health Plan, Inc.	C	Yes	Yes	Yes	Yes	Yes	No	No
		UnitedHealthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
IN	5	Ambetter Health from MHS	C	Yes	No	No	Yes	Yes	Yes	Yes
		Anthem Blue Cross and Blue Shield	F	Yes	Yes	No	No	No	No	No
		CareSource	F	Yes	Yes	No	No	No	No	No
		Cigna	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		United Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
KS	6	Ambetter from Sunflower Health	C	Yes	No	No	Yes	Yes	Yes	Yes
		BCBS of Kansas	F	Yes	Yes	No	Yes	Yes	No	No
		BCBS of Kansas City	F	Yes	Yes	No	Yes	Yes	No	No
		Medica	F	Yes	Yes	No	Yes	No	No	No
		Oscar	C	Yes	Yes	Yes	Yes	Yes	No	No
		United Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
KY	3	Anthem Health Plans of KY	F	Yes	Yes	No	Yes	No	No	No
		Passport by Molina Healthcare	F	Yes	Yes	No	No	Yes	No	No
		Wellcare Health Plans of Kentucky, Inc. (Ambetter)	C	Yes	No	No	Yes	Yes	Yes	Yes
LA	6	Ambetter from Louisiana Healthcare Connections	C	Yes	No	No	Yes	Yes	Yes	Yes
		AmeriHealth Caritas Next	F	Yes	Yes	No	Yes	Yes	No	No
		Blue Cross Blue Shield of Louisiana (LA Health Service and Indemnity Company)	F	Yes	No	No	No	Yes	No	No
		HMO Louisiana Blue	F	Yes	No	No	No	Yes	No	No
		CHRISTUS Health Plan	F	Yes	Yes	No	Yes	No	No	No

		United Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
ME	4	Anthem	F	Yes	Yes	No	No	Yes	Yes	No
		Community Health Options	F	Yes	Yes	Yes	Yes	No	No	No
		Harvard Pilgrim HealthCare	F	Yes	Yes	No	Yes	Yes	No	No
		Mending Health (formerly Taro)	F	Yes	No	No	Yes	Yes	No	No
ND	5	CareFirst BlueCross BlueShield (PPO)	F	Yes	Yes	No	No	Yes	No	No
		CareFirst BlueChoice (HMO)	F	Yes	Yes	No	No	Yes	No	No
		Kaiser Permanente	C	Yes	Yes	No	No	Yes	Yes	Yes
		Wellpoint	F	Yes	Yes	No	No	Yes	Yes	No
		UnitedHealthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
MA	8	BCBS of Mass	F	Yes	Yes	No	Yes	No	No	No
		Fallon Community Health Plan	C	Yes	Yes	No	No	Yes	Yes	Yes
		Harvard Pilgrim Health Care	F	Yes	Yes	No	No	Yes	No	No
		Health New England	F	Yes	Yes	Yes	Yes	No	No	No
		Mass General Brigham	F	No	No	No	No	No	No	No
		Tufts Health Plans	F	Yes	Yes	No	No	No	No	No
		WellSense	F	Yes	Yes	No	No	Yes	No	No
		United Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
MI	7	Ambetter by Meridian	C	Yes	No	No	Yes	Yes	Yes	Yes
		Blue Care Network of MI	F	Yes	Yes	No	No	No	No	No
		Blue Cross Blue Shield	F	Yes	Yes	No	No	No	No	No
		McLaren Health	F	Yes	Yes	No	Yes	No	No	No
		Oscar Health	C	Yes	Yes	Yes	Yes	Yes	No	No
		Priority Health	B	Yes	Yes	No	Yes	Yes	Yes	Yes
		United HealthCare	C	Yes	Yes	No	No	Yes	Yes	Yes
MN	6	BCBS Minnesota	C	Yes	Yes	No	Yes	Yes	Yes	No
		Health Partners, Inc.	F	Yes	Yes	No	No	No	No	No
		Health Partners Insurance Company	F	Yes	Yes	No	No	No	No	No
		Medica	F	Yes	Yes	No	Yes	No	No	No
		Quartz	F	Yes	Yes	No	Yes	Yes	No	No
		UCare	C	Yes	Yes	Yes	Yes	Yes	No	No
MS	5	Ambetter from Magnolia	C	Yes	No	No	Yes	Yes	Yes	Yes
		Cigna Healthcare	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		Molina	F	Yes	Yes	No	No	Yes	No	No
		Oscar	C	Yes	Yes	Yes	Yes	Yes	No	No
		UnitedHealthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
MO	7	Anthem Blue Cross and Blue Shield	F	Yes	Yes	No	No	No	No	No
		Ambetter from Home State Health	C	Yes	No	No	Yes	Yes	Yes	Yes
		BlueCross BlueShield of Kansas City	F	Yes	Yes	No	Yes	Yes	No	No
		Cox Health Systems Insurance Co.	F	Yes	Yes	No	Yes	No	No	No

		Medica	F	Yes	Yes	No	Yes	No	No	No
		Oscar	C	Yes	Yes	Yes	Yes	Yes	No	No
		United Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
MT	3	Blue Cross and Blue Shield of Montana	F	Yes	Yes	No	Yes	Yes	No	No
		Montana Health CO-OP	F	Yes	No	No	No	No	No	No
		PacificSource Health Plans	F	Yes	Yes	No	Yes	No	No	No
NE	5	Ambetter	C	Yes	No	No	Yes	Yes	Yes	Yes
		BCBS of Nebraska	F	Yes	No	No	Yes	Yes	No	No
		Medica	F	Yes	Yes	No	Yes	No	No	No
		Oscar	C	Yes	Yes	Yes	Yes	Yes	No	No
		United Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
NV	9	Ambetter from Silver Summit	C	Yes	No	No	Yes	Yes	Yes	Yes
		Anthem	F	Yes	Yes	No	No	No	No	No
		CareSource	F	Yes	Yes	No	No	Yes	No	No
		Community Care Health Plan of Nevada	F	Yes	Yes	No	No	No	No	No
		Health Plan of Nevada, Inc.	F	Yes	Yes	No	No	No	No	No
		Hometown Health	F	Yes	Yes	No	Yes	Yes	No	No
		Imperial	F	Yes	Yes	No	Yes	Yes	No	No
		Molina	C	Yes	Yes	No	No	Yes	Yes	Yes
NH	4	SelectHealth	F	Yes	No	No	No	No	No	No
		Ambetter (NH Healthy Families)	C	Yes	No	No	Yes	Yes	Yes	Yes
		Anthem Blue Cross and Blue Shield	F	Yes	Yes	No	No	No	No	No
		Harvard Pilgrim	F	Yes	Yes	No	No	No	No	No
NJ	5	WellSense	F	Yes	Yes	No	Yes	Yes	No	No
		AmeriHealth Ins Company of NJ	F	Yes	Yes	No	No	Yes	Yes	No
		Horizon Blue Cross Blue Shield of New Jersey	F	Yes	Yes	No	No	No	No	No
		Oscar	C	Yes	Yes	Yes	Yes	Yes	No	No
		United HealthCare	C	Yes	Yes	No	No	Yes	Yes	Yes
NM	4	WellCare (Ambetter)	C	Yes	No	No	Yes	Yes	Yes	Yes
		BlueCross BlueShield of New Mexico	F	Yes	Yes	No	Yes	No	No	No
		Molina Healthcare of New Mexico, Inc.	F	Yes	Yes	No	Yes	Yes	No	No
		Presbyterian Health Plan UnitedHealthcare of New Mexico, Inc.	F	Yes	Yes	No	No	Yes	No	No
NY	12	UnitedHealthcare of New Mexico, Inc.	C	Yes	Yes	No	No	Yes	Yes	Yes
		Anthem	F	Yes	No	No	No	No	No	No
		CDPHP	F	Yes	Yes	No	No	Yes	No	No
		Excellus BCBS	C	Yes	Yes	Yes	Yes	Yes	No	No
		Emblem Health	C	Yes	Yes	Yes	Yes	Yes	No	No
		Fidelis	F	No	No	No	No	Yes	No	No
		HealthFirst	C	Yes	Yes	No	Yes	Yes	Yes	No
Highmark	F	Yes	No	No	No	Yes	No	No		

		Independent Health (IHBC)	F	Yes	Yes	No	Yes	Yes	No	No	
		MetroPlus	F	Yes	Yes	No	Yes	Yes	No	No	
		MVP Health	F	Yes	Yes	No	Yes	Yes	No	No	
		Oscar	C	Yes	Yes	Yes	Yes	Yes	No	No	
		United Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes	
NC	6	Ambetter of North Carolina	C	Yes	No	No	Yes	Yes	Yes	Yes	
		AmeriHealth Caritas Next	F	Yes	Yes	No	Yes	Yes	No	No	
		Blue Cross and Blue Shield of NC	F	Yes	Yes	No	Yes	Yes	No	No	
		Cigna Healthcare	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		Oscar Health Plan of North Carolina, Inc	C	Yes	Yes	Yes	Yes	Yes	No	No	
		UnitedHealthcare	C	Yes	Yes	No	No	Yes	Yes	Yes	
ND	3	BCBS of North Dakota	F	Yes	Yes	No	Yes	No	No	No	
		Medica	F	Yes	Yes	No	Yes	No	No	No	
		Sanford	F	No	No	No	No	No	No	No	
OH	11	Ambetter (Buckeye Community Health Plan)	C	Yes	No	No	Yes	Yes	Yes	Yes	
		Community Ins Co. (Anthem BlueCross and BlueShield)	F	Yes	Yes	No	No	No	No	No	
		Antidote Health Plan of Ohio	F	No	No	No	No	No	No	No	
		CareSource	F	Yes	Yes	No	No	No	No	No	
		Medical Mutual	C	Yes	Yes	Yes	Yes	Yes	No	No	
		Molina Healthcare	F	Yes	Yes	No	No	Yes	No	No	
		Oscar Health Insurance	C	Yes	Yes	Yes	Yes	Yes	No	No	
		Oscar Insurance Corporation of Ohio	C	Yes	Yes	Yes	Yes	Yes	No	No	
		Paramount Insurance	F	Yes	Yes	No	Yes	No	No	No	
		SummaCare	F	No	No	No	No	Yes	No	No	
		UnitedHealthcare	C	Yes	Yes	No	No	Yes	Yes	Yes	
OK	7	Ambetter of Oklahoma	C	Yes	No	No	Yes	Yes	Yes	Yes	
		Blue Cross and Blue Shield of Oklahoma	F	Yes	Yes	No	Yes	Yes	No	No	
		CommunityCare	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
		Medica	F	Yes	Yes	No	Yes	No	No	No	
		Oscar Insurance Company	C	Yes	Yes	Yes	Yes	Yes	No	No	
		Mending Health Plan	F	Yes	No	No	Yes	Yes	No	No	
		United Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes	
OR	6	BridgeSpan	F	Yes	Yes	No	Yes	Yes	No	No	
		Kaiser Permanente	F	No	No	No	No	Yes	Yes	Yes	
		Moda	F	Yes	No	No	No	Yes	No	No	
		PacificSource	F	Yes	Yes	No	Yes	Yes	No	No	
		Providence	B	Yes	Yes	No	Yes	Yes	Yes	Yes	
		Regence BlueCross BlueShield of Oregon	F	Yes	Yes	No	No	Yes	Yes	No	
PA	14	Ambetter Health of Pennsylvania	C	Yes	No	No	Yes	Yes	Yes	Yes	
		Capital Advantage Assurance (BlueCross)	C	Yes	Yes	No	Yes	Yes	Yes	No	

		Geisinger Health Plan (HMO)	C	Yes	Yes	No	Yes	Yes	Yes	No
		Geisinger Quality Options, Inc. (PPO)	C	Yes	Yes	No	Yes	Yes	Yes	No
		Highmark Blue Shield (PPO) (benefits group)	F	Yes	No	No	No	Yes	No	No
		Highmark Coverage Advantage (EPO) (Blue Cross Blue Shield)	F	Yes	No	No	No	Yes	No	No
		Highmark Inc.	F	Yes	No	No	No	Yes	No	No
		Independence Blue Cross (Personal Choice PPO)	F	Yes	Yes	No	No	Yes	Yes	No
		Independence Blue Cross (Keystone HMO)	F	Yes	Yes	No	No	Yes	Yes	No
		Jefferson Health Plans (HMO)	C	Yes	Yes	No	Yes	Yes	Yes	No
		Oscar Health Plan of PA	C	Yes	Yes	Yes	Yes	Yes	No	No
		Partners Insurance Co (Jefferson PPO)	C	Yes	Yes	No	Yes	Yes	Yes	No
		UPMC Health Options	C	Yes	Yes	Yes	Yes	Yes	No	No
		UPMC Health Plan	C	Yes	Yes	Yes	Yes	Yes	No	No
RI	2	BCBS	F	Yes	Yes	No	No	Yes	No	No
		Neighborhood Health Plan of RI	C	Yes	Yes	No	Yes	Yes	Yes	No
SC	6	Ambetter from Absolute Total Care	C	Yes	No	No	Yes	Yes	Yes	Yes
		BlueCross BlueShield of South Carolina	F	Yes	Yes	No	Yes	Yes	No	No
		First Choice Next (Select Health)	F	Yes	Yes	No	Yes	Yes	No	No
		InStil Health	F	Yes	Yes	No	Yes	No	No	No
		Molina Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
		United Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
SD	3	Avera Health Plans	F	Yes	No	No	No	Yes	No	No
		Sanford Health Plan	F	No	No	No	No	Yes	No	No
		Wellmark BlueCross BlueShield of South Dakota	F	No	No	No	No	Yes	Yes	No
TN	6	Alliant Health Plans	F	Yes	No	No	No	Yes	Yes	No
		Ambetter of Tennessee	C	Yes	No	No	Yes	Yes	Yes	Yes
		BlueCross BlueShield of Tennessee	C	Yes	Yes	No	Yes	Yes	Yes	No
		Cigna Healthcare	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		Oscar Insurance Company	C	Yes	Yes	Yes	Yes	Yes	No	No
		UnitedHealthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
TX	15	Ambetter from Superior HealthPlan	C	Yes	No	No	Yes	Yes	Yes	Yes
		Baylor Scott and White Health Plan	F	Yes	Yes	No	Yes	No	No	No
		Blue Cross and Blue Shield of Texas	F	Yes	Yes	No	Yes	Yes	No	No
		CHRISTUS Health Plan	F	Yes	Yes	No	Yes	No	No	No
		Cigna Healthcare	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		Community First	F	Yes	Yes	Yes	Yes	No	No	No

		Community Health Choice	F	Yes	Yes	No	Yes	No	No	No
		Harbor Health	F	Yes	Yes	No	Yes	No	No	No
		Imperial Insurance Companies, Inc.	F	Yes	Yes	No	Yes	No	No	No
		Moda Health, Inc.	F	Yes	No	No	No	Yes	No	No
		Molina Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
		Oscar Insurance Company	C	Yes	Yes	Yes	Yes	Yes	No	No
		Sendero Health Plans, Local Nonprofit	C	Yes	Yes	Yes	Yes	Yes	No	No
		UnitedHealthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
		Wellpoint	F	Yes	Yes	No	No	Yes	Yes	No
UT	6	BridgeSpan Health Company	C	Yes	Yes	No	Yes	Yes	Yes	No
		Imperial Health Plan of Southwest	C	Yes	Yes	No	Yes	Yes	Yes	No
		Molina Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
		Regence BlueCross BlueShield of Utah	F	Yes	Yes	No	No	Yes	Yes	No
		SelectHealth	F	No	No	No	No	No	No	No
		University of UT Health Plans	F	Yes	No	No	No	No	No	No
VT	2	BlueCross BlueShield of Vermont	B	Yes	Yes	No	Yes	Yes	Yes	Yes
		MVP Healthcare	F	No	No	No	No	No	No	No
VA	8	Anthem (Health Keepers, Inc)	F	Yes	Yes	No	No	No	No	No
		CareFirst BlueChoice	F	Yes	Yes	No	No	Yes	No	No
		CareFirst BlueCross BlueShield (Group Hospitalization and Medical Services, Inc)	F	Yes	Yes	No	No	Yes	No	No
		Cigna Healthcare	A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		Kaiser Permanente	C	Yes	Yes	No	No	Yes	Yes	Yes
		Oscar Insurance Company	C	Yes	Yes	Yes	Yes	Yes	No	No
		Sentara Health Plans	F	No	No	No	No	Yes	No	No
		UnitedHealthcare (Optimum)	C	Yes	Yes	No	No	Yes	Yes	Yes
WA	10	Ambetter (Coordinated Care)	C	Yes	No	No	Yes	Yes	Yes	Yes
		BridgeSpan Health Company	F	Yes	Yes	No	No	Yes	Yes	No
		Community Health Network of Washington	F	Yes	No	No	No	Yes	Yes	Yes
		Kaiser Permanente	C	Yes	Yes	No	No	Yes	Yes	Yes
		LifeWise Health Plan	F	No	No	No	No	Yes	Yes	Yes
		Molina	F	Yes	Yes	No	No	Yes	No	No
		Premera Blue Cross	F	No	No	No	No	Yes	Yes	Yes
		Regence BlueShield	F	Yes	Yes	No	No	Yes	No	No
		UnitedHealthcare	C	Yes	Yes	No	No	Yes	Yes	Yes
		Wellpoint	F	Yes	Yes	No	No	Yes	Yes	No
WV	2	CareSource	F	Yes	Yes	No	No	Yes	No	No

		Highmark Blue Cross Blue Shield West Virginia	F	Yes	No	No	No	Yes	Yes	No
WI	12	Aspirus Health Plan	F	No	No	No	No	Yes	No	No
		Anthem BC and BS (CompCare)	F	Yes	Yes	No	No	No	No	No
		CareSource (Common Ground Healthcare)	F	Yes	Yes	No	No	No	No	No
		Dean Health Plan	F	Yes	Yes	Yes	Yes	No	No	No
		Group Health Coop of South Central WI	F	Yes	Yes	No	No	Yes	No	No
		HealthPartners Insurance	F	Yes	Yes	No	Yes	No	No	No
		Medica Health Plans of WI	F	Yes	Yes	No	Yes	No	No	No
		MercyCare Health Plans	F	Yes	Yes	No	Yes	Yes	No	No
		Network Health	F	Yes	No	No	No	Yes	Yes	No
		Quartz Health Benefits	F	Yes	Yes	No	Yes	Yes	No	No
		Security Health Plan of Wisconsin	F	No	No	No	No	No	No	No
		United HealthCare	C	Yes	Yes	No	No	Yes	Yes	Yes
WY	2	BCBS of Wyoming	F	Yes	Yes	No	Yes	Yes	No	No
		United Healthcare	C	Yes	Yes	No	No	Yes	Yes	Yes

¹ AIDSvu. (2024, June 26). *AIDSvu releases 2024 PrEP use data showing growing use across the U.S.* <https://aidsvu.org/news-updates/aidsvu-releases-2024-prep-use-data-showing-growing-use-across-the-u-s/>

² Huang, Y.-L., Zhu, W., Patel, R., Bowman, S., & Hoover, K. (2024, March 3). Out-of-Pocket Payments for PrEP Ancillary Services Among US Commercially Insured Persons, 2017-2022. Conference on Retroviruses and Opportunistic Infections, Denver, CO. <https://www.croiconference.org/wp-content/uploads/sites/2/posters/2024/1117.pdf>

³ Medications used to prevent HIV transmission may also be used to treat HIV and thus may be listed in a plan's formulary both in a tier without cost-sharing and in a tier that requires cost-sharing. In some cases, the medication was listed only in a tier with cost-sharing, but with a notation that, when used for preventive purposes, the plan would not charge enrollees cost-sharing. In that case, we credited the plan as clearly indicating that at least one PrEP drug is available without cost-sharing.

⁴ The White House, National HIV/AIDS Strategy for the United States 2022–2025, December 1, 2021.

⁵ US Public Health Service, Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States: A Clinical Practice Guideline (2021), available at <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021>.

⁶ US Preventative Services Task Force. Prevention of HIV Infection: Pre-Exposure Prophylaxis. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hivinfection-pre-exposure-prophylaxis>

⁷ The Affordable Care Act (ACA) requires that all services or items recommended by the USPSTF with a Grade A or B rating be covered without cost-sharing in non-grandfathered health insurance plans. 45 CFR § 147.130 - Coverage of preventive health services, available at <https://www.law.cornell.edu/cfr/text/45/147.130>

⁸ Centers for Medicare & Medicaid Services. (2024, October 21). FAQs about Affordable Care Act and Women's Health and Cancer Rights Act implementation part 68. <https://www.cms.gov/files/document/faqs-implementation-part-68.pdf>

⁹ Sosnowy C, Predmore Z, Dean LT, et al. Paying for PrEP: A qualitative study of cost factors that impact pre-exposure prophylaxis uptake in the US. *International Journal of STD & AIDS*. 2022;33(14):1199-1205. doi:10.1177/09564624221132406

¹⁰ Ambetter for Peach State Health Plan. Preventive Services Guide.

<https://ambetter.pshpgeorgia.com/content/dam/centene/peachstate/ambetter/PDFs/GA-PrevtveServicsGuid2023.pdf> (Jan 2023)

¹¹ Departments of Labor, Health and Human Services, and the Treasury, FAQs About Affordable Care Act Implementation Part 47, <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-47.pdf> (July 19, 2021).

¹² Brooks-Lasure, C., Blum, J., Seshamani, M., Tsai, D., & Montz, E. (2023, December 14). CMS Letter to Plans and Pharmacy Benefit Managers. <https://www.cms.gov/newsroom/fact-sheets/cms-letter-plans-and-pharmacy-benefit-managers>

¹³ Killelea, A. (2023). *Preventive Services Coverage and Cost-Sharing Protections Are Inconsistently and Inequitably Implemented*. National Association of Insurance Commissioners. <https://healthyfuturega.org/wp-content/uploads/2023/08/NAIC-Letter.pdf>