A black and grey logo

Description automatically generated**Private Insurance Worksheet For PrEP**

**PrEP Costs:**

**Monthly Drug cost: $\_\_\_\_\_\_\_\_X12 = $\_\_\_\_\_\_\_\_\_\_\_\_ per year**

**Any Public Plans that can cover you?**

**Subtract the amount you think**

**a public plan will pay for your costs \_**

**yearly.** **$\_\_\_\_\_\_\_\_\_\_\_per year**

(Remember to consider the

Trillium deductible when you think

about how much Trillium will

save you.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**=**

**Total Yearly PrEP Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year** *Note: Be aware that pharmacies charge a dispensing fee which maybe waved or reduced in the case of public plans.*

*Version: Dec. 1, 2023*

**Insurance Costs**

**Insurance Premium Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year**

(This is the cost of your

monthly premium fee

X 12 months) +

**Copayment Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_per year**

(This is the cost you pay

at the pharmacy when you

pick up your meds X 12 months

– you will not be reimbursed

by the insurance for this.) +

**Yearly Deductible: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year**

(You have to pay this amount

first before the insurance starts.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**=**

**Total Yearly Insurance Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year**

**Think about whether there are $ limits on your Drug Coverage:**

**Total Drug Coverage Limit: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_ **per year**

This is the upper limit of funds that insurance will coverfor one year for medications. If your Total Yearly PrEP Costs are more than this limit you will pay this out of pocket. You will have to add the difference to your Total Yearly Insurance Costs.

**Total Yearly Insurance Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (accounting for any money that you might need to pay out of pocket, because your benefits plan ran out).**

**Compare your Total Yearly Insurance Costs to your Total Yearly PrEP Costs.**

(Contact prepaccess@actoronto.org for further assistance.)