

CO-PAY ACCUMULATORS: Considerations for HIV and Hepatitis

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WHAT IS A CO-PAY ACCUMULATOR POLICY?

A co-pay accumulator policy is when an insurance plan or its pharmacy benefits manager refuses to count a manufacturer co-pay card or other third-party assistance (e.g., a charitable assistance program) towards that person's deductible or plan annual out-of-pocket maximum. Since the cost sharing for many HIV and hepatitis C (HCV) medications is very high, many insured people living with these conditions depend on manufacturer co-pay cards or charitable co-pay assistance programs to help defray their prescription drug cost sharing. Because manufacturer and charitable co-pay assistance programs have annual dollar limits per person, co-pay accumulator policies mean that people using co-pay cards will hit the annual limit on these programs earlier in the year. Once the co-pay assistance runs out, people may face steep and unexpected mid-year costs when they go to pick up their medications because they still have to meet their deductible and/or plan out-of-pocket maximum. Co-pay accumulator policies are more common in employer-sponsored insurance plans, but they are also appearing in individual market plans as well. The below example walks through the consumer impact of a co-pay accumulator policy on access to PrEP.

CASE STUDY FOR PREP

SILVER LEVEL HIGH DEDUCTIBLE PLAN (CO-PAY)

- Plan annual OOP maximum: \$6,000; Deductible (combined medical and Rx): \$3,000
- Drug cost sharing for preferred brand: \$50 after deductible
- Industry co-pay assistance program (CAP) annual max: \$7,200
- WAC monthly drug price: \$1,676

COSTS WITHOUT CO-PAY ACCUMULATOR POLICY

Month	Consumer Pays	Co-pay Card pays
January	\$0	\$1,676
February	\$0	\$1,374
March	\$0	\$50
April	\$0	\$50
May	\$0	\$50
June-December	\$0	\$50
Total	\$0	\$3,550

**Total plan payments
(consumer and co-pay card) \$3,550**

COSTS WITH CO-PAY ACCUMULATOR POLICY

Month	Consumer Pays	Co-pay Card pays
January	\$0	\$1,676
February	\$0	\$1,676
March	\$0	\$1,676
April	\$0	\$1,676
May	\$1,180	\$496 (max co-pay assistance hit)
June	\$1,676	\$0
July	\$194	\$0
June-December	\$50	\$0
Total	\$3,300	\$7,200

**Total plan payments
(consumer and co-pay card) \$10,500**

DO CO-PAY ACCUMULATOR POLICIES AFFECT RYAN WHITE PROGRAM OR PREP DRUG ASSISTANCE PROGRAM INSURANCE ASSISTANCE?

Probably not. Even when plans and pharmacies use broad language stating that no third-party payments will count toward a person's deductible or out-of-pocket maximum, we believe that any payment made on behalf of a Ryan White HIV/AIDS Program or health department PrEP insurance assistance program should be covered by the federal third-party payment regulation, 45 CFR § 156.1250. The regulation requires issuers that sell Qualified Health Plans on the Marketplace to accept premium and other cost-sharing payments from Ryan White HIV/AIDS Program grantees as well as a qualified "local, state, or federal government program."

HOW DO I KNOW IF A PLAN HAS A CO-PAY ACCUMULATOR POLICY?

Unfortunately, plans and pharmacies/PBMs do not always make co-pay accumulator policies clear in plan documents. In a few cases, the information is found on a plan's Summary of Benefits and Coverage document, using language like the example below.

<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at http://MolinaMarketplace.com/NMFormulary2019</p>	Tier 1	\$10 copay/prescription	Not Covered	<p>Preauthorization may be required, or services not covered. Mail-order Prescription Drugs are available at up to a 90-day supply and is offered at two times the 30-day retail prescription Cost Sharing. Depending on Tier level this will be either a Copayment or a Coinsurance.</p>
	Tier 2	\$50 copay/prescription	Not Covered	
	Tier 3	30% coinsurance	Not Covered	<p>Coupons or any other form of third-party prescription drug cost sharing assistance will not apply toward any deductibles or annual out-of-pocket limits.</p>
	Tier 4	30% coinsurance	Not Covered	<p>Preauthorization is required, or services not covered. Mail order not available.</p> <p>Tier 5 (formulary preventative drugs) do not have any member Cost Sharing.</p>

The pharmacy may also post information about the policy on its website or in letters to plan enrollees, particularly if the policy only applies to medications available through a specialty pharmacy. More often, the information about whether a plan has a co-pay accumulator policy is buried in plan documents and difficult to find. It is generally a good idea to call the number for pharmacy benefits on your insurance card to ask if there is a co-pay accumulator policy.

WHAT SHOULD I DO IF MY PLAN HAS A CO-PAY ACCUMULATOR POLICY?

If it is during open enrollment and your client depends on a manufacturer co-pay card or charitable assistance to afford medications, then it makes sense to stay away from plans with these policies.

If your client learns about the policy after open enrollment or the plan or pharmacy implements a co-pay accumulator policy in the middle of the year, consumers should review whether there are other assistance options (e.g., charitable assistance if that is not mentioned as part of the co-pay accumulator policy, local or state PrEP drug assistance programs, or clinic assistance programs).

Assister Language to Help Clients Find Out if Their Plan Has a Co-pay Accumulator Policy

Do you use a drug manufacturer co-pay assistance card/coupon to help cover the cost of your medication?

If yes – when you choose an insurance plan, be sure to read the fine print or ask your insurance plan representative whether the copay assistance card/coupon will count toward your deductible and out-of-pocket maximum. If you are already enrolled in a plan, call your pharmacy benefits number to ask if your plan has a co-pay accumulator policy in place.

Sometimes, co-pay accumulator policies are only applied to medications accessed through a specialty or mail order pharmacy. Consumers should request to access their drugs at a brick-and-mortar, in-network, retail pharmacy instead, which is less likely to apply the co-pay accumulator policy. For most private insurance plans, consumers must have the option to pick up their medications at a brick-and-mortar pharmacy and should cite the federal regulation allowing for this option, 45 CFR § 156.122(e).

These policies should also be reported to your state department of insurance as potentially discriminatory against individuals with high-cost conditions who rely on co-pay assistance to afford their medications. There is a sample letter in the resources below to use when talking to your state department of insurance or other insurance regulators about this issue. Enrollees and advocates should also voice their opposition to these policies to employers and the plans themselves, citing adherence and access challenges when people cannot afford HIV and HCV medications.

RESOURCES

For questions about co-pay accumulator policies, contact [Amy Killelea](#)

HIV Health Care Access Working Group, [Letter to Departments of Insurance and State Attorneys General on Co-pay Accumulator Policies](#).

National Hemophilia Foundation, [Video: Co-pay Accumulator Adjustments - What Are They and How Can They Affect You](#)

The AIDS Institute, [examples of hidden copay accumulator policies](#) in select health plans