

FLORIDA

Copay Assistance Diversion Programs

Copay Accumulators 101

Millions of Americans endure long and expensive medical journeys to get the medications that best treat their needs. Copay accumulator adjustment policies and other copay assistance diversion schemes allow insurers and pharmacy benefit managers (PBMs) to collect copayments on an enrollee's behalf without counting those payments toward the enrollee's annual deductible or out-of-pocket limit. These policies undermine access to lifesaving prescription drugs for people living with serious, complex, chronic illnesses.

Findings for Florida 2024 Marketplace Plans

Florida received a D because 9 out of 14 plans have copay assistance diversion policies.

These plans have copay assistance diversion policies:	These plans do not have copay assistance diversion policies:
AvMed, Capital Health Plan, Cigna Healthcare, Florida Blue HMO, Florida Health Care Plans, Florida Blue (BlueCross BlueShield FL), Health First Commercial Plans, Oscar Insurance Company of Florida, UnitedHealthcare	Aetna CVS Health, Ambetter by Sunshine Health (HMO)*, Ambetter from Sunshine Health (EPO)*, AmeriHealth Caritas Next, Molina Health Care*

Need for Action

Florida legislators can further protect Floridians with chronic illness by joining 19 other states, Washington D.C., and Puerto Rico and enacting legislation to protect residents from these harmful practices by insurance companies and PBMs. Such legislation would ensure Floridians with state-regulated insurance plans are protected.

A federal rule requires all private health insurance plans, including marketplace and employer-sponsored health plans, to count copay assistance toward patient cost-sharing limits in most cases. The plans listed above have copay diversion policies contrary to this rule. Florida insurance regulators can ensure health insurers and pharmacy benefit managers comply with federal rules.

The HELP Copays Act of 2023 ([HR 830](#) and [S. 1375](#)) would enact these same protections in federal law to protect people with employer-sponsored health plans living with chronic illness.

* = Plan applies copay assistance for brand drug with no generic equivalent

+ = Plan utilizes as copay maximizer or alternative funding program

