

2021 Medicare Part D Creditable Coverage

CARRIER	RX COVERAGE	TOTAL OOP	CARRIER PLAN	E.D.I.S. BENEFIT NEEDED TO MAKE THE PLAN CREDITABLE
---------	-------------	-----------	--------------	---

Note: A credible plan will have a \$0 to \$250 RX deductible with generic & brand coverage, will have a 60% coinsurance or better, option to use mail order, an annual max of \$25,000 or more (if any), and a lifetime max (combined with medical) of no less than \$1,000,000.

Aetna					
Bronze MC 50/50 8300 Ded	\$8300 integrated	\$30/\$100/\$150/50%	\$8,550	Creditable	Not applicable
Bronze MC 60/50 6300 Ded	\$500	\$18/40%/40%/40%	\$8,200	Creditable	Not applicable
Bronze HMO Basic \$75/125 7900 Ded	\$500	\$30/\$150/\$180/50%	\$7,900	Creditable	Not applicable
Bronze MC 100/50 7000 Ded HSA	\$7000 integrated	0%	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze HMO Ded \$75/125 7900 Ded	\$500	\$30/\$150/\$180/50%	\$7,900	Creditable	Not applicable
Bronze MC Savings Plus 50/50 8300 Ded	\$8300 integrated	0%	\$6,900	Creditable	Not applicable
Bronze MC Savings Plus 60/50 6300 Ded	\$500	\$18/40%/40%/40%	\$8,200	Creditable	Not applicable
Bronze MC Savings Plus HDHP CA 100/50 7000 Ded HSA	\$7000 integrated	0%	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze HMO Value \$75/125 7900 Ded	\$7900 integrated	0%	\$7,900	Creditable	Not applicable

Anthem					
Bronze PPO 40/5600/40%	\$5600 integrated	\$10/60/100	\$8,400	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze PPO 60/6350/40%	\$500	\$20/\$60/\$100/30%	\$8,150	Creditable	Not applicable
Bronze PPO 70/6300/35%	\$6300 integrated	\$10/60/100	\$7,900	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze PPO 5000/45% w/HSA	\$5000 integrated	35%	\$6,750	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze PPO 6600/0% w/HSA	\$6600 integrated	0%	\$6,600	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 40/5600/40%	\$500	\$20/60/100/30%	\$8,150	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 60/6350/40%	\$6350 integrated	\$20/60/100/30%	\$8,150	Creditable	Not applicable
Bronze Select PPO 70/6300/35%	\$6300 integrated	\$10/60/100	\$7,900	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 3950/50%	\$3950 integrated	50%	\$8,100	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 5000/45% w/HSA	\$5000 integrated	35%	\$6,750	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 6600/40% w/HSA	\$6600 integrated	40%	\$6,650	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 6900/0% w/HSA	\$6900 integrated	0%	\$6,600	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver PPO 2000/30% w/HSA -RxC	\$2000 integrated	\$5/50/80	\$6,000	Creditable	Not applicable
Silver PPO 5/2500/45%	\$150 RX	\$10/55/95	\$7,900	Creditable	Not applicable
Silver Select PPO 50/2000/40%	\$150 RX	\$10/55/95	\$7,900	Creditable	Not applicable
Silver HMO 55/2250/40%	\$150 RX	\$5/70/110	\$7,900	Creditable	Not applicable
Silver Select HMO 55/2250/40%	\$150 RX	\$5/70/110	\$7,900	Creditable	Not applicable

Blue Shield					
Bronze Full PPO 6250/70% OffEx	\$500	50%	\$8,200	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Full PPO 6850/65 OffEx	\$650	\$20/\$65/\$90/30%	\$8,200	Creditable	Not applicable
Bronze Full PPO 7500/70 OffEx	\$250	50%	\$8,200	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Full PPO Savings 5700/40% OffEX	\$500	40%	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Full PPO Savings 7000 OffEx	\$500	100%	\$6,900	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage

Cal Choice					
Anthem Blue Cross Bronze PPO A (HSA)	\$500	35% up to \$500/Fill	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Anthem Blue Cross Bronze Select PPO B (HSA Eligible)	\$500	35% up to \$500/Fill	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Anthem Blue Cross Bronze EPO A	\$625	\$20/\$65/\$105/30%	\$8,500	Creditable	Not applicable
Anthem Blue Cross Silver Advantage PPO A	\$300	\$20/\$60/\$100/30%	\$8,500	Creditable	Not applicable
Kaiser Bronze HMO C (HSA)	\$0 RX	\$0	\$7,000	Creditable	Not applicable
Kaiser Bronze HMO A	\$500	\$18/40%/40%	\$8,200	Creditable	Not applicable
Sutter Bronze HMO A	\$6300 integrated	100% up to \$500/Fill	\$8,200	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Sutter Bronze HMO B	\$7000 integrated	\$0	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
UHC HMO B w/HSA	\$6500 integrated	100%	\$6,500	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
WHA Bronze HMO B	\$0 RX	100% up to \$500/Fill	\$8,200	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
WHA Bronze HMO C w/HSA	\$7000 integrated	100%	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage

Cigna+Oscar					
Cigna + Oscar Bronze \$6300	\$500	\$18/40%/40%	\$8,200	Creditable	Not applicable
Cigna + Oscar Bronze \$6500 HSA	\$250	0%	\$7,000	Creditable	Not applicable
Cigna + Oscar Bronze \$5500 HSA	\$250	0%	\$7,000	Creditable	Not applicable

CARRIER	RX COVERAGE	TOTAL OOP	CARRIER PLAN	E.D.I.S. BENEFIT NEEDED TO MAKE THE PLAN CREDITABLE
---------	-------------	-----------	--------------	---

EDHP Stop Loss & MEC Plans

MEC	This plan does not provide prescription benefits so a notice is not necessary as per CMS regulations.			
MEC Value	This plan does not provide prescription benefits so a notice is not necessary as per CMS regulations.			
MEC+	Creditable			
MVP	Non-Creditable			
Spec & Ag RBP / HYBRID / PPO	If employer plan has no RX deductible, or one of no more than \$250 and includes generic and brand copays with the remainder being covered at 100%, each of these plans will be considered creditable.			

Health Net

Bronze 60 HDHP PPO 7000/0% + Child Dental	\$7000 integrated	0%	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze 60 PPO 6300/65 + Child Dental	\$500 RX	\$20/50%/50%/50%	\$8,200	Creditable	Not applicable

Kaiser Permanente

Bronze 60 HDHP HMO 700/0% + Child Dental	\$7000 integrated	100%	\$7,000	Creditable	Not applicable
Bronze 60 HMO 6300/65 + Child Dental	\$500	\$18/40%/40%/40%	\$8,200	Creditable	Not applicable
Bronze 60 HMO 5400/60 + Child Dental	\$5400 integrated	100% up to \$500	\$8,200	Creditable	Not applicable

Oscar

Bronze 60 EPO 6300/65 + Child Dental	\$500 RX	\$18/40%/40%/40%	\$7,800	Creditable	Not applicable
Bronze 60 HDHP EPO 6900/0% + Child Dental	\$6900 integrated	100%	\$6,900	Creditable	Not applicable
Bronze 8150 EPO Option 1	\$8150 integrated	100%	\$8,150	Creditable	Not applicable
Bronze 8150 EPO Option 2	\$8150 integrated	100%	\$8,150	Creditable	Not applicable

Sharp

Bronze 60 HDHP HMO 7000/0%/0% + Child Dental	\$7000 integrated	0%	\$7,000	Creditable	Not applicable
Bronze 60 HMO 6300/65/40%	\$500 RX	100% up to \$500/Fill	\$8,200	Creditable	Not applicable
Bronze 60 HDHP NG 1	\$6100 integrated	\$20/70/100	\$6,900	Creditable	Not applicable

Sutter Health Plus

Bronze SD38 HDHP HMO	\$7000 integrated	100%	\$7,000	Non-Credible	\$0 to \$250 RX deductible with generic & brand coverage
Bronze MS76 HMO	\$500 RX	\$18/40%/40%/40%	\$8,200	Non-Credible	\$0 to \$250 RX deductible with generic & brand coverage

UnitedHealthcare

Bronze HDHP w/ Motion	\$7000 integrated	0%	\$7,000	Creditable	Not applicable
Bronze HDHP	\$7200 integrated	\$15/\$70/\$115/25%	\$8,500	Creditable	Not applicable

Western Health Advantage

Capital 6300 Bronze 60 HMO	\$500	\$18/40%/40%/40%	\$8,200	Creditable	Not applicable
Gateway 7000 Bronze 60 HDHP HMO	\$0 RX	0%	\$7,000	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage

RED denotes benefits after the deductible is met.