

## 2022 Medicare Part D Creditable Coverage

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

<b>Aetna</b>					
Bronze MC 50/50 8300 Ded	\$8300 integrated	\$30/\$100/\$150/50%	\$8,550	Creditable	Not applicable
Bronze HMO Basic \$75/125 7900 Ded	\$7900 integrated	0%	\$7,900	Creditable	Not applicable
Bronze MC 100/50 7000 Ded HSA	\$7000 integrated	0%	\$7,000	Not-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze HMO Ded \$75/125 7900 Ded	\$7900 integrated	0%	\$7,900	Creditable	Not applicable
Bronze MC Savings Plus 50/50 8300 Ded	\$8300 integrated	\$30/\$100/\$150/50%	\$8,550	Creditable	Not applicable
Bronze MC Savings Plus 100/50 7000 Ded HSA	\$7000 integrated	0%	\$7,000	Not-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

<b>Anthem</b>					
Bronze PPO 40/6200/40%	\$6200 integrated	20/80/120/30%	\$8,700	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze PPO 4600/50%	\$4600 integrated	50%	\$8,100	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze PPO 60/6850/40%	\$650	20/90/160/30%	\$8,200	Creditable	Not applicable
Bronze PPO 6000/45% w/HSA	\$6000 integrated	45%	\$7,050	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze PPO 6700/0%/ w/HSA	\$6700 integrated	0%	\$7,050	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze PPO 70/6600/35%	\$6600 integrated	20/80/120/30%	\$8,700	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze PPO 75/7300/40%	\$650	20/90/160/30%	\$8,650	Creditable	Not applicable
Bronze Select PPO 40/6200/40%	\$6200 integrated	\$20/80/120/30%	\$8,700	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 4600/50%	\$4600 integrated	50%	\$8,100	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 60/6850/40%	\$650	20/90/160/30%	\$8,200	Creditable	Not applicable
Bronze Select PPO 6000/45% w/HSA	\$6000 integrated	45%	\$7,050	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 6700/0% w/HSA	\$6700 integrated	0%	\$7,050	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 70/6600/35%	\$6600 integrated	20/80/120/30%	\$8,700	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 7000/0% w/HSA	\$7000 integrated	0%	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 75/7300/40%	\$650	20/90/160/30%	\$8,650	Creditable	Not applicable
Silver PPO 2100/30% w/HSA	\$2100 integrated	30%	\$6,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver PPO 2600/35% w HSA	\$2600 integrated	35%	\$7,050	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver PPO 55/2500/45%	\$200 RX	\$15/70/110/30%	\$8,700	Creditable	Not applicable
Silver HMO 60/2500/45%	\$200 RX	\$15/70/110/30%	\$8,700	Creditable	Not applicable
Silver Select HMO 60/2500/45%	\$200 RX	\$15/70/110/30%	\$8,700	Creditable	Not applicable

<b>Blue Shield</b>					
Bronze Full PPO 6250/65% OffEx	\$6250 Integrated	\$20/65/90/30%	\$8,350	Creditable	Not applicable
Bronze Full PPO 6850/55 OffEx	\$650	\$20/\$65/\$90/30%	\$8,350	Creditable	Not applicable
Bronze Full PPO 7500/65 OffEx	\$7500 Integrated	\$20/50%	\$8,350	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Full PPO Savings 5700/40% OffEX	\$5700 Integrated	40%	\$7,000	Creditable	Not applicable
Bronze Full PPO Savings 7000 OffEx	\$7000 Integrated	100%	\$7,000	Creditable	Not applicable
Bronze HMO 7000/70 Offex	\$7000 Integrated	\$25/115/160/50%	\$8,350	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver Access HMO 2750/65	\$2750 integrated	\$20/85/115/45%	\$8,350	Creditable	Not applicable
Silver Access HMO 2000/60	\$400	\$20/85/115/40%	\$8,350	Creditable	Not applicable
Silver HMO \$2000/60 OffEx	\$400	\$20/85/115/40%	\$8,350	Creditable	Not applicable
Silver Trio HMO \$2000/60 OffEx	\$400	\$20/85/115/40%	\$8,350	Creditable	Not applicable
Silver Trio HMO \$2750/65 OffEx	\$250	\$20/85/115/45%	\$8,350	Creditable	Not applicable

<b>Cal Choice</b>					
Anthem Blue Cross Bronze PPO A (HSA)	\$6250 Integrated	20/90/160/30%	\$7,050	Creditable	Not applicable
Anthem Blue Cross Bronze Select PPO B (HSA Eligible)	\$6250 Integrated	20/90/160/30%	\$7,050	Creditable	Not applicable
Anthem Blue Cross Bronze EPO A	\$650	20/90/160/30%	\$8,500	Creditable	Not applicable
Anthem Blue Cross Silver Advantage PPO A	\$300	15/70/110/30%	\$8,700	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	\$500	18/40/40%	\$8,200	Creditable	Not applicable
Sutter Bronze HMO B HSA	\$0 RX	\$0	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
WHA Bronze HMO B	\$500	18/40/40%	\$8,200	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
WHA Bronze HMO C w/HSA	\$0 RX	0%	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage

RED denotes benefits after the deductible is met.

CARRIER	RX COVERAGE		TOTAL OOP	CARRIER PLAN	E.D.I.S. BENEFIT NEEDED TO MAKE THE PLAN CREDITABLE
<b>Cigna+Oscar</b>					
Cigna + Oscar Bronze \$6300	\$500	\$18/40%	\$8,200	Creditable	Not applicable
Cigna + Oscar Bronze \$5750 HSA	\$5750 Integrated	40%	\$7,000	Creditable	Not applicable
Cigna + Oscar Bronze \$6000 HSA	\$6000 Integrated	\$35/40%	\$7,000	Creditable	Not applicable
<b>EDHP Stop Loss &amp; MEC Plans</b>					
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.				
<b>Health Net</b>					
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	18/40/40%	\$8,200	Creditable	Not applicable
<b>Kaiser Permanente</b>					
Bronze 60 HDHP HMO 7000/0% + 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	20/50/50/50%	\$8,200	Creditable	Not applicable
<b>Sharp</b>					
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	\$18/40%	\$8,200	Creditable	Not applicable
Bronze 60 HDHP NG 1	\$6100 integrated	16/70/100%	\$6,900	Not-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
<b>Sutter Health Plus</b>					
Bronze SD38 HDHP HMO	\$7000 integrated	100%	\$7,000	Creditable	Not Applicable
Bronze MS76 HMO	\$500 RX	\$18/40%/40%/40%	\$8,200	Creditable	Not Applicable
<b>UnitedHealthcare</b>					
Silver HDHP w/Motion	\$2,700	20/85/135/25%	\$7,050	Creditable	Not applicable
Core Bronze HDHP	\$6,000	40%	\$7,050	Creditable	Not applicable
<b>Western Health Advantage</b>					
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.