

## 2024 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.

Aetna					
Bronze HMO Ded \$65/95 6300 Ded	\$6300 integrated	\$17/40%	\$9,100	Creditable	Not applicable
Bronze HMO Ded \$75/125 8550 Ded	\$8550 Integrated	\$35/0%	\$8,550	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
AWH Northern CA Bronze \$75/125 8550	\$8550 Integrated	\$35/0%	\$8,550	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
AWH Southern CA Bronze \$75/125 8550	\$8550 Integrated	\$35/0%	\$8,550	Creditable	Not applicable
Bronze HMO Value \$75/125 8550 Ded	\$8550 Integrated	\$35/0%	\$8,550	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze MC 50/50 8300 Ded	\$8300 integrated	\$30/\$100/\$150/50%	\$8,550	Creditable	Not applicable
Bronze MC 55/50 5500 Ded	\$5500 integrated	\$20/\$80/\$100/45%	\$9,100	Creditable	Not applicable
Bronze MC 100 7050 Ded HSA	\$7050 integrated	0%	\$7,050	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze MC Savings Plus 50/50 8300 Ded	\$8300 integrated	\$30/\$100/\$150/50%	\$8,900	Creditable	Not applicable
Bronze MC Savings Plus 55/50 45500 Ded	\$5500 integrated	\$20/\$80/\$100/45%	\$9,100	Creditable	Not applicable
Bronze MC Savings Plus 100 7000 Ded HSA	\$7000 integrated	0%	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage

Anthem					
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	\$20/\$80/\$120/30%	\$8,100	Creditable	Not applicable
Bronze PPO 60/6850/40%	\$650	\$20/\$90/\$160/30%	\$8,200	Creditable	Not applicable
Bronze PPO 6000/45% w/HSA	\$6000 integrated	\$20/\$90/\$160/30%	\$7,050	Creditable	Not applicable
Bronze PPO 6700/0%/ w/HSA	\$6700 integrated	\$20/\$90/\$160/30%	\$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	\$20/\$80/\$120/30%	\$8,100	Creditable	Not applicable
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	\$20/\$90/\$160/30%	\$7,050	Creditable	Not applicable
Bronze Select PPO 6700/0% w/HSA	\$6700 integrated	\$20/\$90/\$160/30%	\$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 7050/0% w/HSA	\$7050 integrated	0%	\$7,050	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	\$15/\$70/\$110/30%	\$7,200	Creditable	Not applicable
Silver PPO 2600/35% w HSA	\$2600 integrated	\$15/\$70/\$110/30%	\$7,050	Creditable	Not applicable
Silver PPO 55/2500/45%	\$200	\$15/\$70/\$110/30%	\$8,700	Creditable	Not applicable
Silver PPO 50/2200/40%	\$300	\$15/\$70/\$110/30%	\$8,600	Creditable	Not applicable
Silver PPO 55/1950/35%	\$300	\$15/\$70/\$110/30%	\$9,100	Creditable	Not applicable
Silver HMO 60/2500/45%	\$200	\$15/\$70/\$110/30%	\$9,100	Creditable	Not applicable
Silver Select HMO 60/2500/45%	\$200	\$15/\$70/\$110/30%	\$9,100	Creditable	Not applicable

Blue Shield					
Bronze Full PPO 5500/65% OffEx	\$5500 integrated	\$20/50%	\$9,100	Creditable	Not applicable
Bronze Full PPO 6250/65% OffEx	\$6250 Integrated	\$20/\$65/\$90/30%	\$8,750	Creditable	Not applicable
Bronze Full PPO 6500/70% OffEx	\$300	\$20/\$130/\$160/\$50%	\$8,750	Creditable	Not applicable
Bronze Full PPO 6850/55 OffEx	\$650	\$20/\$65/\$90/30%	\$8,750	Creditable	Not applicable
Bronze Full PPO 7500/65 OffEx	\$7500 integrated	\$20/50%	\$8,750	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 7500 OffEx	\$7000 Integrated	0%	\$7,500	Creditable	Not applicable
Bronze Access+ HMO 7000/70 Offex	\$7000 Integrated	\$25/\$115/\$160/50%	\$8,750	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver Access+ HMO 2300/70	\$450	\$25/\$85/\$115/40%	\$8,750	Creditable	Not applicable
Silver Access+ HMO 2750/70	\$2750 integrated	\$25/\$90/\$115/45%	\$8,750	Creditable	Not applicable
Bronze Local Access+ HMO 7000/70 Offex	\$7000 Integrated	\$25/\$115/\$160/50%	\$8,750	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver Local Access+ HMO 2300/70	\$450	\$25/\$85/\$115/40%	\$8,750	Creditable	Not applicable
Silver Local Access+ HMO 2750/70	\$2750 integrated	\$25/\$90/\$115/45%	\$8,750	Creditable	Not applicable
Mirror Bronze 60 PPO 7500/65	\$500	\$18/40%	\$8,200	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Mirror Bronze 60 PPO 6300/65	\$500	\$18/40%	\$8,200	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Tandem PPO 5500/65	\$5500 integrated	\$20/50%	\$8,750	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Tandem PPO 6250/65	\$6250 Integrated	\$20/\$65/\$90/30%	\$8,750	Creditable	Not applicable
Bronze Tandem PPO 6500/70	\$300	\$20/\$130/\$160/50%	\$8,750	Creditable	Not applicable

Bronze Tandem PPO 6850/55	\$650	\$20/\$65/\$90/30%	\$8,750	Creditable	Not applicable
Bronze Tandem PPO 7500/65	\$7500 integrated	\$20/50%	\$8,750	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Tandem PPO Savings 5700/40	\$5700 integrated	40%	\$7,000	Creditable	Not applicable
Bronze Tandem PPO Savings 7500	\$7500 Integrated	0%	\$7,500	Creditable	Not applicable
Silver Full PPO 2000/60	\$350	\$25/\$80/\$115/30%	\$8,750	Creditable	Not applicable
Silver Full PPO 2350/65	\$350	\$25/\$75/\$115/40%	\$8,750	Creditable	Not applicable
Silver Full PPO 2550/70	\$300	\$25/\$75/\$115/40%	\$8,750	Creditable	Not applicable
Silver Full PPO Savings 2300/25	\$2300 integrated	\$25/\$70/\$100/30%	\$7,500	Creditable	Not applicable
Silver Full PPO Savings 2600/35	\$2600 integrated	35%	\$7,500	Creditable	Not applicable
Bronze Trio HMO 7000/70	\$7000 Integrated	\$25/\$115/\$160/50%	\$8,750	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver Trio HMO 2300/70 OffEx	\$450	\$25/\$85/\$115/40%	\$8,750	Creditable	Not applicable
Silver Trio HMO 2750/70 OffEx	\$2750 integrated	\$25\$/90/\$115/45%	\$8,750	Creditable	Not applicable

#### Cal Choice

Anthem Blue Cross Bronze PPO A (HSA)	\$6250 Integrated	\$20/\$90/\$160/30%	\$7,050	Creditable	Not applicable
Anthem Blue Cross Bronze PPO C	\$650	\$20/\$90/\$160/30%	\$8,500	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 Select PPO D	\$650	\$20/\$90/\$160/30%	\$8,500	Creditable	Not applicable
Cigna + Oscar Bronze Local Plus EPO C	\$5750 integrated	40%	\$7,450	Creditable	Not applicable
Cigna + Oscar Bronze Local Plus EPO D	\$6000 Integrated	\$35/40%	\$8,700	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
HealthNet Silver WholeCare HMO A	\$750	\$20/50%	\$9,100	Creditable	Not applicable
HealthNet Bronze Community Care HMO A	\$500	\$17/40%	\$9,100	Creditable	Not applicable
Kaiser Bronze HMO A	\$500	\$18/40%	\$8,600	Creditable	Not applicable
Kaiser Bronze HMO B	\$5400 integrated	\$20/50%	\$8,300	Creditable	Not applicable
Kaiser Bronze HMO C (HSA)	\$7000 Integrated	0%	\$7,000	Creditable	Not applicable
Sharp Performance Bronze HMO B (HSA)	\$6200 integrated	40%	\$6,900	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Sharp Premier Bronze HMO A	\$0	\$16/\$60/\$100	\$7,950	Creditable	Not applicable
Sutter Bronze HMO A	\$500	\$18/40%	\$8,200	Creditable	Not applicable
Sutter Bronze HMO B HSA	\$7000 Integrated	0%	\$7,000	Creditable	Not applicable
WHA Bronze HMO B	\$500	\$18/40%	\$8,200	Creditable	Not applicable
WHA Bronze HMO C w/HSA	\$7000 Integrated	0%	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage

#### Cigna+Oscar

Cigna + Oscar Bronze \$1000	\$100	\$35/40%	\$8,700	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Cigna + Oscar Bronze \$3000	\$100	\$35/\$75/40%/40%	\$9,100	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Cigna + Oscar Bronze \$5750 HSA	\$5750 integrated	40%	\$7,450	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Cigna + Oscar Bronze \$6000 HSA	\$6000 integrated	\$35/40%	\$8,700	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Cigna + Oscar Bronze \$6300	\$500	\$18/40%	\$8,200	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage

CARRIER	RX COVERAGE	TOTAL OOP	CARRIER PLAN	E.D.I.S. BENEFIT NEEDED TO MAKE THE PLAN CREDITABLE
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#### 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 HDHP PPO 7000/0% + Child Dental	\$7000 integrated	0%	\$7,000	Creditable	Not applicable
Bronze PPO 6300/65	\$500 RX	\$18/40%	\$8,200	Creditable	Not applicable

#### Kaiser Permanente

Bronze 60 HDHP HMO 7000/0% + Child Dental	\$7000 integrated	0%	\$7,000	Creditable	Not applicable
Bronze 60 HMO 6300/65 + Child Dental	\$500	\$18/40%	\$8,600	Creditable	Not applicable
Bronze 60 HMO 5400/60 + Child Dental	\$5400 integrated	\$20/50%	\$8,300	Creditable	Not applicable

#### Sharp

Performance Bronze 60 HDHP HMO 7000/0%/0%	\$7000 integrated	0%	\$7,000	Creditable	Not applicable
Performance Bronze 60 HMO 6300/65/40%	\$500	\$18/40%	\$8,200	Creditable	Not applicable
Performance Bronze 60 HDHP NG 1	\$6100 integrated	\$16/\$70/\$100	\$6,900	Creditable	Not applicable

**Sutter Health Plus**

Bronze MS86 HMO	\$500	\$18/40%	\$8,200	Creditable	Not Applicable
Bronze SD48 HDHP HMO	\$7000 integrated	0%	\$7,000	Creditable	Not Applicable

**UnitedHealthcare**

Core Bronze 7500/50% with CareCash	\$7500 integrated	50%	\$9,100	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze HDHP 6000/40%	\$6000 integrated	40%	\$7,500	Creditable	Not Applicable
Bronze 7500/50% with CareCash	\$7500 integrated	50%	\$9,100	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze HDHP 6000/40%	\$6000 integrated	40%	\$7,500	Creditable	Not Applicable
State Core Bronze 65/6300/40%	\$500	\$18/40%	\$8,200	Creditable	Not Applicable
State Navigate Bronze 65/6300/40%	\$500	\$18/40%	\$8,200	Creditable	Not Applicable
Signature Silver 60-90/40% 2400 Deductible	\$400	\$20/\$80/\$125/25%	\$9,100	Creditable	Not Applicable

**Western Health Advantage**

Capital 6300 Bronze 60 HMO	\$500	\$18/40%	\$8,200	Creditable	Not applicable
Gateway 7050 Bronze 60 HDHP HMO	\$7050 integrated	0%	\$7,050	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage

RED denotes benefits after the deductible is met.