

## 2018 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 creditable 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 HMO Basic 5500 70/115	\$1850 RX	\$25/150/180	\$7,350	Creditable	Not applicable
Bronze HMO 5500 70/115	\$1850 RX	\$25/150/180	\$7,350	Creditable	Not applicable
Bronze MC 4800 60/50 w/HSA	\$4800 integrated	40%	\$6,550	Creditable	Not applicable
Bronze MC 6550 100/50 w/HSA	\$6550 integrated	0%	\$6,550	Creditable	Not applicable
Bronze MC 6800 50/50	\$550 RX	\$30/100/150	\$7,350	Creditable	Not applicable
Bronze Savings Plus 4800 60/50 w/HSA	\$4800 integrated	40%	\$6,550	Creditable	Not applicable
Bronze Savings Plus 6550 100/50 w/HSA	\$6550 integrated	0%	\$6,550	Creditable	Not applicable
Bronze Savings Plus 6800 50/50	\$550 RX	\$30/100/150	\$7,350	Creditable	Not applicable
<b>Anthem</b>					
Bronze PPO 5000/35%/6550 w/HSA	\$5000 integrated	35%	\$6,550	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze PPO 5000/30%/7350	\$1000 RX	30%	\$7,350	Creditable	Not applicable
Bronze PPO 6000/35%/7350	\$750 RX	35%	\$7,350	Creditable	Not applicable
Bronze PPO 6500/0%/6500 w/HSA	\$6500 integrated	0%	\$6,500	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 4800/40%/6550 w/HSA	\$4800 integrated	40%	\$6,550	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 5000/35%/6550 w/HSA	\$5000 integrated	35%	\$6,550	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 5000/30%/7350	\$1000 RX	30%	\$7,350	Creditable	Not applicable
Bronze Select PPO 6000/35%/7350	\$6000 integrated	\$/5/20/60/100	\$7,350	Creditable	Not applicable
Bronze Select PPO 6500/0%/6500 w/HSA	\$6500 integrated	0%	\$6,500	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver HMO 2000/40%/7350	\$0 RX	40%	\$7,350	Creditable	Not applicable
Silver PPO 2000/20%/6000 w/HSA	\$2000 integrated	20%	\$6,000	Creditable	Not applicable
Silver PPO 2000/40%/7350	\$0 RX	40%	\$7,350	Creditable	Not applicable
Silver Select HMO 2000/40%/7350	\$0 RX	40%	\$7,350	Creditable	Not applicable
Silver Select PPO 2000/40%/7350	\$0 RX	40%	\$7,350	Creditable	Not applicable
<b>Blue Shield</b>					
Bronze 60 PPO 6300/75 + Child Dental	\$500 RX	100% up to \$500/Fill	\$7,000	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Tandem PPO 3750/65 OffEx	\$225 RX	\$15/50/75	\$6,800	Creditable	Not applicable
Bronze Full PPO 3750/65 OffEx	\$225 RX	\$15/50/75	\$6,800	Creditable	Not applicable
Bronze Full PPO 5700/60 OffEx	\$200 RX	\$15/50/75	\$7,000	Creditable	Not applicable
Bronze Full PPO 4300/40% OffEx	\$0 RX	40% up to \$500/Fill	\$6,550	Creditable	Not applicable
Bronze Full PPO Savings 6550 OffEx	\$0 RX	0%	\$6,550	Creditable	Not applicable
Silver Access+ HMO 1750/55	\$0 RX	\$15/55/75	\$7,000	Creditable	Not applicable
Silver Full PPO 1700/55 OffEx	\$300 RX	\$15/50/75	\$7,000	Creditable	Not applicable
Silver Full PPO 2000/45 OffEx	\$0 RX	\$15/55/75	\$7,000	Creditable	Not applicable
Silver Local Access+ HMO 1750/55 OffEx	\$0 RX	\$15/55/75	\$7,000	Creditable	Not applicable
Silver Full PPO Savings 2000/20% OffEx	\$0 RX	\$15/50/75	\$5,550	Creditable	Not applicable
Silver Tandem PPO 2000/45 OffEx	\$0 RX	\$15/55/75	\$7,000	Creditable	Not applicable
Silver Trio HMO 1750/55 OffEx	\$0 RX	\$15/55/75	\$7,000	Creditable	Not applicable
Silver 70 HMO 2000/45 Trio + Child Dental	\$125 RX	\$15/55/75	\$7,000	Creditable	Not applicable
<b>Cal Choice</b>					
Anthem Blue Cross Bronze 5600 EPO A	\$1000 RX	\$/5/20/60/100	\$7,350	Creditable	Not applicable
Anthem Blue Cross Silver Advantage PPO A	\$0 RX	\$/5/20/40/80	\$7,350	Creditable	Not applicable
Anthem Blue Cross Silver Select PPO B	\$0 RX	\$/5/20/40/80	\$7,350	Creditable	Not applicable
Anthem Blue Cross Silver EPO A	\$0 RX	\$/5/20/40/80	\$7,150	Creditable	Not applicable
Health Net Bronze HSP A	\$1000 RX	\$/15/45/50%	\$7,150	Creditable	Not applicable
Kaiser Bronze 4800 HMO C w/HSA	\$4800 integrated	60% up to \$500/Fill	\$6,550	Creditable	Not applicable
Kaiser Bronze 6300 HMO A	\$0 RX	100% up to \$500/Fill	\$7,000	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Sharp Bronze 4750 Performance HMO B	\$4750 integrated	60% up to \$500/Fill	\$6,550	Creditable	Not applicable
Sutter Bronze 4800 HMO B w/HSA	\$4800 integrated	60% up to \$500/Fill	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Sutter Bronze 6300 HMO A	\$1000 RX	100%	\$7,000	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
UHC Alliance Bronze 6250 HMO C	\$250 RX	\$/25/100/150	\$7,350	Creditable	Not applicable
UHC Alliance Bronze 6500 HMO B w/HSA	\$6500 integrated	100%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
UHC Alliance Silver 2000 HMO C	\$200 RX	\$/20/50/100	\$6,750	Creditable	Not applicable
UHC Focus Silver 2250 HMO D	\$200 RX	\$/25/50/100	\$7,350	Creditable	Not applicable
WHA Bronze 4800 HMO D w/HSA	\$4800 integrated	60% up to \$500/Fill	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
WHA Bronze 6300 HMO B	\$500 RX	100% up to \$500/Fill	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
WHA Bronze 6500 HMO C w/HSA	\$6500 integrated	100%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
<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+	\$0 RX				
MVP	\$0 RX				
Spec & Ag Hybrid	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.				
Spec & Ag RBP					
Spec & Ag PPO					
<b>Health Net</b>					
Bronze 60 HDHP 5600/15 PPO + Child Dental	\$5600 integrated	\$/5/15/40	\$6,550	Creditable	Not applicable
Bronze 60 PPO 6300/75 + Child Dental	\$500 RX	100% up to \$500	\$7,000	Creditable	Not applicable
Bronze 60 HSP 6300/75	\$500 RX	100% up to \$500	\$7,000	Creditable	Not applicable
Silver 70 PPO 2000/45 + Child Dental	\$125 RX	\$/15/55/85	\$7,000	Creditable	Not applicable
Silver 70 Value PPO 1700/30 + Child Dental	\$1700 RX	\$/15/55/85	\$7,150	Non-creditable	\$0 to \$250 RX deductible with generic & brand coverage

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<b>Kaiser Permanente</b>				
Bronze 60 HDHP 4800/40% + Child Dental	\$4800 integrated 40% up to \$500	\$6,550	Creditable	Not applicable
Bronze 60 HMO 6300/75 + Child Dental	\$500 RX 0% up to \$500	\$7,000	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver 70 HDHP 2000/20% + Child Dental	\$2000 integrated 20%	\$6,550	Creditable	Not applicable
<b>Sharp</b>				
Bronze 60 HDHP HMO 4800/40% + Child Dental	\$4800 integrated 40% up to \$500/Fill	\$6,550	Creditable	Not applicable
Bronze 60 HMO 6300/75 + Child Dental	\$500 RX 100% up to \$500/Fill	\$6,800	Creditable	Not applicable
Bronze Performance HDHP NG 1	\$3100 integrated \$30/70/100	\$6,500	Creditable	Not applicable
Silver 70 HDHP HMO 2000/20%	\$2000 integrated 20% up to \$250/Fill	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
<b>Sutter Health Plus</b>				
Bronze SD08 HDHP HMO	\$4800 integrated 40% up to \$500/Fill	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze MS46 HMO	\$6300 integrated 100% up to \$500/Fill	\$7,000	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver MS44 HMO	\$2000 integrated \$15/55/85	\$7,000	Creditable	Not applicable
Silver SD17 HDHP HMO	\$2000 integrated \$10/20/40	\$5,650	Creditable	Not applicable
<b>UnitedHealthcare</b>				
Alliance Bronze HSA 4800/40%	\$4800 integrated 40% up to \$500/Fill	\$6,550	Creditable	Not applicable
Core Bronze 75/6300/100%	\$500 RX 100% up to \$500/Fill	\$7,000	Creditable	Not applicable
Core Bronze 4800/40% w/HSA	\$4800 integrated 40% up to \$500/Fill	\$6,550	Creditable	Not applicable
Navigate Bronze 75/6300/100%	\$500 RX 100% up to \$500/Fill	\$7,000	Creditable	Not applicable
Navigate Bronze 4800/40% w/HSA	\$4800 integrated 40% up to \$500/Fill	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Select Plus Bronze 4800/40% w/HSA	\$4800 integrated 40% up to \$500/Fill	\$6,550	Creditable	Not applicable
Signature Value Silver 2000/20% 45-75	\$125 \$15/55/85	\$7,000	Creditable	Not applicable
Signature Value Silver 2250/40% 50-75	\$0 RX \$25/50/100	\$7,350	Creditable	Not applicable
<b>Western Health Advantage</b>				
Capital Bronze 4800 60 HDHP HMO	\$0 RX 40% up to \$500/Fill	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Capital Bronze 6300 60 HMO	\$0 RX 100% up to \$500/Fill	\$7,000	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Gateway Bronze 5200 60 HDHP HMO	\$0 RX \$20/30%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Gateway Bronze 6500 60 HDHP HMO	\$0 RX 0%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage

RED denotes benefits after the deductible is met.