

Medicare prescription drug coverage rules you should know



Rules, rules, rules. It's hard to stay on top of all of them. So here's a reminder about the ones you need to follow **each year** concerning your Anthem prescription drug coverage for your employees who are eligible for Medicare. These steps need to be followed for you to meet Centers for Medicare & Medicaid Services (CMS) and legal requirements:

- 1. Complete the Disclosure Notice form at cms.hhs.gov/apps/ccdisclosure/default.asp.** This form lets the CMS know if you are providing creditable or noncreditable prescription drug coverage to your Medicare-eligible employees in your Anthem health plan. Check the CMS disclosure guidelines on cms.gov to see if your company is exempt from completing this form.
- 2. Notify your Medicare-eligible employees in writing.** You must let your Medicare-eligible employees know yearly (or anytime they ask you) if their prescription drug coverage is creditable or noncreditable. This includes Medicare-eligible active employees, retirees, dependents, those on COBRA, and people who are eligible for Medicare due to disability or end stage renal disease. **These are the time frames you need to notify them:**
 - Before their Medicare Part D initial enrollment period
 - Before the yearly coordinated election period that begins every October 15
 - Before the effective date of their enrollment in our prescription drug plan
 - At the time a change affects whether or not the prescription plan coverage is creditable

Not sure what to say in the letter? No problem. The CMS provides model language at cms.hhs.gov/creditablecoverage/.

What's the difference between creditable and noncreditable prescription coverage?

Creditable coverage means your group drug plan is at least as good as the Medicare drug benefit. This lets your eligible employees keep their current coverage and avoid higher payments if they sign up later for the Medicare drug benefit.

Anthem prescription drug coverage status by plan

This chart shows our plans and their creditable or noncreditable status, according to CMS.

INDIANA SG Standard Rx Plans		Effective 01/01/2020			
Blue Rx plan code	Creditable?	Retail	Home delivery	Prescription deductible	Network out of pocket
C	Yes	\$10/\$25/\$40/25% (\$150 maximum)	\$10/\$65/\$120/25%(\$150 maximum)	N/A	\$2,500 4th tier
G	Yes	\$10/\$30/\$60/25% (\$150 maximum)	\$10/\$75/\$180/25%(\$150 maximum)	N/A	\$2,500 4th tier
J	Yes	\$15/\$40/\$60/25% (\$150 maximum)	\$15/\$100/\$180/25%(\$150 maximum)	\$200 2nd and 3rd tiers	\$2,500 4th tier
T	Yes	\$10/\$30/\$60/25% (\$150 maximum)	\$10/\$75/\$180/25%(\$150 maximum)	\$250	\$2,500 4th tier
V	Yes	\$15/\$45/\$75/25% (\$200 maximum)	\$15/\$115/\$225/25%(\$200 maximum)	N/A	\$2,500 4th tier
W	Yes	\$15/\$45/\$75/25% (\$200 maximum)	\$15/\$115/\$225/25%(\$200 maximum)	\$250	\$2,500 4th tier
7	Yes	\$10/\$25/\$40/25% (\$200 maximum)	\$10/\$65/\$120/25%(\$200 maximum)	N/A	\$2,500 4th tier
AE	Yes	\$10/\$30/\$60/25% (\$200 maximum)	\$10/\$75/\$180/25%(\$200 maximum)	N/A	\$2,500 4th tier
AF	Yes	\$10/\$30/\$60/25% (\$200 maximum)	\$10/\$75/\$180/25%(\$200 maximum)	\$250	\$2,500 4th tier
5	*	\$10/\$30/\$60/25% (\$200 maximum)	\$10/\$75/\$180/25%(\$200 maximum)	Medical deductible applies before copayments	Accumulates to overall medical plan out of pocket; HSA - all prescription tiers; HRA - tier 4 prescription only
AG	*	\$10/\$30/\$60/25% (\$200 maximum)	\$10/\$75/\$180/25%(\$200 maximum)	N/A	\$2,500 4th tier

*Creditability result depends on medical plan design. Please see medical plans below.

INDIANA SG HSA/HRA Plans Effective 01/01/2020

INDIANA Small Group product	Creditable?	EPID code	Prescription drug plan	Deductible		Coinsurance	Out-of-pocket maximum		HRA bridge or deductible first amount
				Single	Family		Single	Family	
6.0 Lumenos HRA 1 (with copays)	Yes	GHRA928	Rx AG	\$3,000	\$6,000	0%	\$3,000	\$6,000	\$2,000
6.0 Lumenos HSA 8	Yes	GHSA642	20% retail/10% mail	\$3,000	\$6,000	20%	\$6,050	\$12,100	
6.0 Lumenos HSA 9	No	GHSA619	Rx 5	\$5,000	\$10,000	0%	\$6,050	\$12,100	
6.0 Lumenos HSA E5 (with copays)	Yes	GHSA2042	Rx 5	\$2,800	\$5,600	0%	\$3,800	\$7,600	
6.0 Lumenos HSA E2 (with copays)	Yes	GHSA568	Rx 5	\$3,000	\$6,000	0%	\$4,000	\$8,000	
6.0 Lumenos HSA E7	Yes	GHSA652	20% retail/10% mail	\$3,000	\$6,000	20%	\$6,050	\$12,100	
6.0 Lumenos HSA E8	No	GHSA618	Rx 5	\$5,000	\$10,000	0%	\$6,050	\$12,100	
6.0 PPO HSA E5 (with copays)	Yes		Rx 5	\$2,800	\$5,600	0%	\$3,800	\$7,600	
6.0 PPO HSA E2 (with copays)	Yes		Rx 5	\$3,000	\$6,000	0%	\$4,000	\$8,000	
6.0 PPO HSA H9	No		Rx 5	\$5,000	\$10,000	0%	\$6,050	\$12,100	
6.0 Lumenos Deductible 1st HRA 1	Yes	GHRA830	20% retail/10% mail	\$1,000	\$2,000	20%	\$5,000	\$10,000	\$500
6.0 Lumenos Deductible 1st HRA 2	Yes	GHRA833	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,000
6.0 Lumenos Deductible 1st HRA 3	Yes	GHRA831	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,500
6.0 Lumenos Deductible 1st HRA 4	Yes	GHRA835	20% retail/10% mail	\$3,000	\$6,000	20%	\$5,000	\$10,000	\$2,000
6.0 Lumenos Deductible 1st HRA 5	Yes	GHRA840	20% retail/10% mail	\$4,000	\$8,000	20%	\$5,000	\$10,000	\$2,000
6.0 Lumenos Deductible 1st HRA 6	Yes	GHRA842	20% retail/10% mail	\$5,000	\$10,000	20%	\$10,000	\$20,000	\$2,500
6.0 Lumenos Deductible 1st HRA 7	Yes	GHRA911	20% retail/10% mail	\$7,500	\$15,000	20%	\$10,000	\$20,000	\$5,000
6.0 PPO HSA E7	Yes		Rx 5	\$2,800	\$5,600	0%	\$3,650	\$7,300	
6.0 PPO HSA E2	Yes		Rx 5	\$3,000	\$6,000	0%	\$4,000	\$8,000	
6.0 PPO HSA E3	Yes		Rx 5	\$4,000	\$8,000	0%	\$5,000	\$10,000	
6.0 PPO HSA H1	Yes		20%	\$1,500	\$3,000	20%	\$3,000	\$6,000	
6.0 PPO HSA H2	Yes		Rx 5	\$2,000	\$4,000	0%	\$3,000	\$6,000	
6.0 PPO HSA H3	Yes		20%	\$2,000	\$4,000	20%	\$4,000	\$8,000	
6.0 PPO HSA H4	Yes		Rx 5	\$2,650	\$5,300	0%	\$3,650	\$7,300	
6.0 PPO HSA H5	Yes		Rx 5	\$3,000	\$6,000	0%	\$4,000	\$8,000	
6.0 PPO HSA H7	No		Rx 5	\$5,000	\$10,000	0%	\$5,950	\$11,900	
6.0 Lumenos HRA 1	Yes	GHRA807	10%	\$1,000	\$2,000	10%	\$2,500	\$5,000	\$500
6.0 Lumenos HRA 2	Yes	GHRA808	20% retail/10% mail	\$1,000	\$2,000	20%	\$5,000	\$10,000	\$500
6.0 Lumenos HRA 3	Yes	GHRA809	20% retail/10% mail	\$1,500	\$3,000	20%	\$5,000	\$10,000	\$1,000
6.0 Lumenos HRA 4	Yes	GHRA812	Rx 5	\$2,500	\$5,000	0%	\$3,500	\$7,000	\$1,750

INDIANA SG HSA/HRA Plans

Effective 01/01/2020

INDIANA Small Group product	Creditable?	EPID code	Prescription drug plan	Deductible		Coinsurance	Out-of-pocket maximum		HRA bridge or deductible first amount
				Single	Family		Single	Family	
6.0 Lumenos HRA 6	Yes	GHRA811	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,250
6.0 Lumenos HRA 8	Yes	GHRA820	Rx 5	\$3,000	\$6,000	0%	\$4,000	\$8,000	\$2,000
6.0 Lumenos HSA 1	Yes	GHSA613	20% retail/10% mail	\$1,500	\$3,000	20%	\$3,000	\$6,000	
6.0 Lumenos HSA 2	Yes	GHSA540	Rx 5	\$2,000	\$4,000	0%	\$3,000	\$6,000	
6.0 Lumenos HSA 3	Yes	GHSA544	Rx 5	\$2,500	\$5,000	0%	\$3,500	\$7,000	
6.0 Lumenos HSA 4	Yes	GHSA514	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	
6.0 Lumenos HSA 5	Yes	GHSA551	Rx 5	\$3,000	\$6,000	0%	\$4,000	\$8,000	
6.0 Lumenos HSA 6	Yes	GHSA554	20% retail/10% mail	\$3,000	\$6,000	20%	\$5,950	\$11,900	
6.0 Lumenos HSA 7	No	GHSA560	Rx 5	\$5,000	\$10,000	0%	\$5,950	\$11,900	
6.0 Lumenos HSA E11	Yes	GHSA2043	20% retail/10% mail	\$2,800	\$5,600	20%	\$5,000	\$10,000	
6.0 Lumenos HSA E3	Yes	GHSA567	Rx 5	\$3,000	\$6,000	0%	\$4,000	\$8,000	
6.0 Lumenos HSA E4	Yes	GHSA572	20% retail/10% mail	\$3,000	\$6,000	20%	\$5,950	\$11,900	
6.0 Lumenos HSA E5	Yes	GHSA569	Rx 5	\$4,000	\$8,000	0%	\$5,000	\$10,000	
6.0 Lumenos HSA E6	Yes	GHSA564	Rx 5	\$5,000	\$10,000	0%	\$5,950	\$11,900	

Have questions? We're here to help.

Contact your Anthem representative, broker or consultant.