

# IMPORTANT INFORMATION ABOUT YOUR PRESCRIPTION COVERAGE AND MEDICARE PART D

Here are important facts about your Anthem prescription drug coverage for your Medicare-eligible group members. Read on to see how you must notify these members – and the Centers for Medicare and Medicaid Services (CMS) – so you can meet CMS and legal requirements.

## How to notify CMS as required

Because you provide prescription drug coverage to people who are eligible for Medicare Part D, you must let CMS know whether the coverage is **creditable** or **non-creditable**, per the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. 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.

You can find more details about creditable coverage – including rules, forms and timing your Disclosure Notice to CMS – at [cms.hhs.gov/creditablecoverage/](https://cms.hhs.gov/creditablecoverage/).

You must complete the Disclosure Notice form on the CMS Creditable Coverage Disclosure web page unless exempt as outlined in the Disclosure to CMS guidance. You can find the Disclosure Notice form at [cms.gov/medicare/prescription-drug-coverage/creditablecoverage/ccdisclosureform.html](https://cms.gov/medicare/prescription-drug-coverage/creditablecoverage/ccdisclosureform.html).

**IF YOU HAVE QUESTIONS OR NEED MORE INFORMATION, PLEASE CONTACT YOUR ANTHEM REPRESENTATIVE, BROKER OR CONSULTANT.**

## How to notify Medicare-eligible members as required

As a Plan Sponsor, you must notify all Medicare-eligible members of your group annually about whether their prescription drug coverage is **creditable** or **non-creditable**, per the MMA of 2003. 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.

You must provide notices to the Medicare-eligible members of your group:

- Before the person's Initial Enrollment Period (IEP) for Part D.
- Before the Annual Coordinated Election Period (ACEP) each year, which begins October 15.
- Before the effective date of the person's enrollment in the plan.
- At the time of any change that would affect whether or not the prescription plan coverage is creditable.
- Upon request from beneficiary.

You can find model disclosure notice language for beneficiaries online at [cms.hhs.gov/creditablecoverage/](https://cms.hhs.gov/creditablecoverage/).



# THIS CHART SHOWS OUR STANDARD DRUG PLANS AND THEIR CREDITABLE OR NON-CREDITABLE STATUS, ACCORDING TO CMS.

## OH Small Group Plans (ACA 2020)

Product name	Retail prescription drug after deductible	Home delivery prescription after deductible	Deductible (single)	Coinsurance	Out of pocket (OOP) (single)	Creditable?
<b>Bronze</b>						
<b>Anthem Bronze Blue Access PPO 4500E/50%/6850 w/HSA</b>	Pref: Ded, then 40% Non-pref: Ded, then 50%	Ded, then 40%	\$4,500	50%	\$6,850	No
<b>Anthem Bronze Blue Access PPO 5000E/10%/6850 w/HSA</b>	Pref: Ded, then 10% Non-pref: Ded, then 20%	Ded, then 10%	\$5,000	10%	\$6,850	Yes
<b>Anthem Bronze Blue Access PPO 5500EC/0%/6850 w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$5,500	0%	\$6,850	No
<b>Anthem Bronze Blue Access PPO 6000EC/20%/6850 w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$6,000	20%	\$6,850	No
<b>Anthem Bronze Blue Access PPO 6250E/0%/6850 Plus w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$6,250	0%	\$6,850	No
<b>Anthem Bronze Blue Access PPO 7000/25%/8150</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% (\$550 Max) Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 30% (\$650 Max)	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$7,000	25%	\$8,150	No
<b>Anthem Bronze Blue Access PPO 7500/25%/8150</b>	Pref: \$25/Ded, then \$50/Ded, then \$90/Ded, then 30% (\$550 Max) Non-pref: \$35/Ded, then \$60/Ded, then \$100/Ded, then 30% (\$650 Max)	\$62.5/Ded, then \$150/Ded, then \$270	\$7,500	25%	\$8,150	No
<b>Anthem Bronze CoopCare HMO 7000/25%/8150</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% (\$550 Max) Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 30% (\$650 Max)	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$7,000	25%	\$8,150	No
<b>Anthem Bronze Pathway Group HMO 5000E/10%/6850 w/HSA</b>	Pref: Ded, then 10% Non-pref: Ded, then 20%	Ded, then 10%	\$5,000	10%	\$6,850	Yes
<b>Anthem Bronze Pathway Group HMO 5500EC/0%/6850 w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$5,500	0%	\$6,850	No
<b>Anthem Bronze Pathway Group HMO 6250E/0%/6850 w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded then \$150/Ded, then \$270	\$6,250	0%	\$6,850	No
<b>Anthem Bronze Pathway Group HMO 7000/25%/8150</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% (\$550 Max) Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 30% (\$650 Max)	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$7,000	25%	\$8,150	No
<b>Silver</b>						
<b>Anthem Silver Blue Access PPO 3000/20%/8000</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$450 Max) Non-pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$550 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$3,000	20%	\$8,000	Yes
<b>Anthem Silver Blue Access PPO 3000EC/0%/5500 w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$3,000	0%	\$5,500	Yes
<b>Anthem Silver Blue Access PPO 3000EC/10%/5000 w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$3,000	10%	\$5,000	Yes
<b>Anthem Silver Blue Access PPO 3500/30%/7500</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$450 Max) Non-pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$550 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$3,500	30%	\$7,500	Yes
<b>Anthem Silver Blue Access PPO 3500E/0%/6000 Plus w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$3,500	0%	\$6,000	No
<b>Anthem Silver Blue Access PPO 4000/20%/8000</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$450 Max) Non-pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$550 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$4,000	20%	\$8,000	Yes
<b>Anthem Silver Blue Access PPO 4000E/20%/6500 w/HSA</b>	Pref: Ded, then 20% Non-pref: Ded, then 30%	Ded, then 20%	\$4,000	20%	\$6,500	Yes
<b>Anthem Silver Blue Access PPO 4500/30%/7500</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$550 Max) Non-pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$650 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$4,500	30%	\$7,500	Yes
<b>Anthem Silver Blue Access PPO 5000/20%/8000</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$450 Max) Non-pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$550 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$5,000	20%	\$8,000	Yes
<b>Anthem Silver Blue Access PPO 5000E/0%/6850 Plus w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$5,000	0%	\$6,850	No
<b>Anthem Silver Blue Access PPO 5500/25%/8150</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$450 Max) Non-pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$550 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$5,500	25%	\$8,150	Yes
<b>Anthem Silver Blue Access PPO 6000/0%/8000</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$450 Max) Non-pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$550 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$6,000	0%	\$8,000	Yes

## OH Small Group Plans (ACA 2020) (continued)

Product name	Retail prescription drug after deductible	Home delivery prescription after deductible	Deductible (single)	Coinsurance	Out of pocket (OOP) (single)	Creditable?
<b>Silver (continued)</b>						
<b>Anthem Silver Blue Access PPO 2500/50%/7500</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$450 Max) Non-Pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$550 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$2,500	50%	\$7,500	Yes
<b>Anthem Silver Blue Access PPO 6000/30%/7200</b>	Pref: \$25/Ded, then \$50/Ded, then \$90/Ded, then 30% (\$550 Max) Non-Pref: \$35/Ded, then \$60/Ded, then \$100/Ded, then 30% (\$650 Max)	\$62.5/Ded, then \$150/Ded, then \$270	\$6,000	30%	\$7,200	No
<b>Anthem Silver CoopCare HMO 3000EC/0%/5500 w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-Pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$3,000	0%	\$5,500	Yes
<b>Anthem Silver CoopCare HMO 5000E/0%/6850 w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-Pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$5,000	0%	\$6,850	No
<b>Anthem Silver Pathway Group HMO 2500/50%/7500</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$450 Max) Non-Pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$550 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$2,500	50%	\$7,500	Yes
<b>Anthem Silver Pathway Group HMO 3000EC/0%/5500 w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-Pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$3,000	0%	\$5,500	Yes
<b>Anthem Silver Pathway Group HMO 3500E/0%/6000 w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-Pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$3,500	0%	\$6,000	No
<b>Anthem Silver Pathway Group HMO 5000E/0%/6850 w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-Pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$5,000	0%	\$6,850	No
<b>Anthem Silver Pathway Group HMO 6000/0%/8000</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$450 Max) Non-Pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$550 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$6,000	0%	\$8,000	Yes
<b>Gold</b>						
<b>Anthem Gold Blue Access PPO 1000/20%/6400</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$450 Max) Non-Pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$550 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$1,000	20%	\$6,400	Yes
<b>Anthem Gold Blue Access PPO 1000/20%/7000</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-Pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$1,000	20%	\$7,000	Yes
<b>Anthem Gold Blue Access PPO 1500/20%/7000</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-Pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$1,500	20%	\$7,000	Yes
<b>Anthem Gold Blue Access PPO 1500C/0%/3500 w/ HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-Pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$1,500	0%	\$3,500	Yes
<b>Anthem Gold Blue Access PPO 2000/0%/3000 Plus w/HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-Pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$2,000	0%	\$3,000	Yes
<b>Anthem Gold Blue Access PPO 2000/20%/7000</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-Pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$2,000	20%	\$7,000	Yes
<b>Anthem Gold Blue Access PPO 2500/0%/7500</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-Pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$2,500	0%	\$7,500	Yes
<b>Anthem Gold Blue Access PPO 2500/10%/4000 Plus w/HSA</b>	Pref: Ded, then 10% Non-Pref: Ded, then 20%	Ded, then 10%	\$2,500	10%	\$4,000	Yes
<b>Anthem Gold Blue Access PPO 3000/10%/6000</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-Pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$3,000	10%	\$6,000	Yes
<b>Anthem Gold Blue Access PPO 500/20%/7000</b>	Pref: \$15/\$250 Ded, then \$50/\$250 Ded, then \$90/\$250 Ded, then 30% (\$450 Max) Non-Pref: \$25/\$250 Ded, then \$60/\$250 Ded, then \$100/\$250 Ded, then 30% (\$550 Max)	\$37.5/\$250 Ded, then \$150/\$250 Ded, then \$270	\$500	20%	\$7,000	Yes
<b>Anthem Gold Blue Access PPO 500/25%/7000</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-Pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$500	25%	\$7,000	Yes
<b>Anthem Gold CoopCare HMO 1000/20%/7000</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-Pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$1,000	20%	\$7,000	Yes
<b>Anthem Gold Pathway Group HMO 1000/20%/7000</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-Pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$1,000	20%	\$7,000	Yes
<b>Anthem Gold Pathway Group HMO 1500C/0%/3500 w/ HSA</b>	Pref: Ded, then \$15/Ded, then \$50/Ded, then \$90/Ded, then 30% Non-Pref: Ded, then \$25/Ded, then \$60/Ded, then \$100/Ded, then 40%	Ded, then \$37.5/Ded, then \$150/Ded, then \$270	\$1,500	0%	\$3,500	Yes
<b>Anthem Gold Pathway Group HMO 2000/20%/7000</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-Pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$2,000	20%	\$7,000	Yes
<b>Anthem Gold Pathway Group HMO 2500/0%/7500</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-Pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$2,500	0%	\$7,500	Yes
<b>Anthem Gold Pathway Group HMO 500/25%/7000</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-Pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$500	25%	\$7,000	Yes

## OH Small Group Plans (ACA 2020) (continued)

Product name	Retail prescription drug after deductible	Home delivery prescription after deductible	Deductible (single)	Coinsurance	Out of pocket (OOP) (single)	Creditable?
<b>Platinum</b>						
<b>Anthem Platinum Blue Access PPO 250/10%/2500</b>	Pref: \$10/\$40/\$75/30% (\$400 Max) Non-pref: \$20/\$50/\$85/30% (\$500 Max)	\$25/\$120/\$225	\$250	10%	\$2,500	Yes
<b>Anthem Platinum Blue Access PPO 500/10%/3000</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$500	10%	\$3,000	Yes
<b>Anthem Platinum Pathway Group HMO 250/10%/2500</b>	Pref: \$10/\$40/\$75/30% (\$400 Max) Non-pref: \$20/\$50/\$85/30% (\$500 Max)	\$25/\$120/\$225	\$250	10%	\$2,500	Yes
<b>Anthem Platinum Pathway Group HMO 500/10%/3000</b>	Pref: \$15/\$50/\$90/30% (\$450 Max) Non-pref: \$25/\$60/\$100/30% (\$550 Max)	\$37.5/\$150/\$270	\$500	10%	\$3,000	Yes