

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/.

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.

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/.



THESE CHARTS SHOW OUR STANDARD DRUG PLANS AND THEIR **CREDITABLE** OR **NON-CREDITABLE** STATUS, ACCORDING TO CMS.

OH Small Group Standard Drug Plans

Rx plan	In network				Creditable?
	Retail copays	Home delivery copay	Rx deductible	Out of pocket (OOP) maximum	
7	\$10/\$25/\$40/25%(\$200 max)	\$10/\$65/\$120/25%(\$200 max)	N/A	\$2,500 4th Tier	Yes
8	\$10/\$35/\$70/25%(\$200 max)	\$10/\$88/\$175/25%(\$200 max)	N/A	\$2,500 4th Tier	Yes

OH Small Group Plans

Product name	Prescription drug plan	In network					Creditable?
		Deductible		Coinsurance	Out of pocket (OOP)		
		Single	Family		Single	Family	
6.0 Lumenos HSA 1 (with copays)	Rx 9	\$2,500	\$5,000	0%	\$3,500	\$7,000	Yes
6.0 Lumenos HSA 2 (with copays)	Rx 9	\$3,000	\$6,000	0%	\$4,000	\$8,000	Yes
6.0 Lumenos HSA 3 (with copays)	Rx 9	\$3,500	\$7,000	0%	\$4,500	\$9,000	Yes
6.0 Lumenos HSA 4 (with copays)	Rx 9	\$5,000	\$10,000	0%	\$6,050	\$12,100	No
6.0 Lumenos HSA 51	Rx 9	\$2,500	\$5,000	0%	\$3,500	\$7,000	Yes
6.0 Lumenos HSA 52	Rx 9	\$3,000	\$6,000	0%	\$4,000	\$8,000	Yes
6.0 Lumenos HSA 53	20%	\$2,500	\$5,000	20%	\$3,500	\$7,000	Yes
6.0 Lumenos HSA 54	Rx 9	\$3,500	\$7,000	0%	\$4,500	\$9,000	Yes
6.0 Lumenos HSA 55	20%	\$3,500	\$7,000	20%	\$6,050	\$12,100	Yes
6.0 Lumenos HSA 56	Rx 9	\$5,000	\$10,000	0%	\$6,050	\$12,100	No
6.0 Lumenos HSA 57	20%	\$5,000	\$10,000	20%	\$6,050	\$12,100	No
6.0 Lumenos HSA E7 (with copays)	Rx 9	\$2,800	\$5,600	0%	\$3,500	\$7,000	Yes
6.0 Lumenos HSA E2 (with copays)	Rx 9	\$3,000	\$6,000	0%	\$4,000	\$8,000	Yes
6.0 Lumenos HSA E3 (with copays)	Rx 9	\$3,500	\$7,000	0%	\$4,500	\$9,000	Yes
6.0 Lumenos HSA E4 (with copays)	Rx 9	\$5,000	\$10,000	0%	\$6,050	\$12,100	Yes
6.0 Lumenos HSA E64	Rx 9	\$2,800	\$5,600	0%	\$3,500	\$7,000	Yes
6.0 Lumenos HSA E52	Rx 9	\$3,000	\$6,000	0%	\$4,000	\$8,000	Yes
6.0 Lumenos HSA E65	20%	\$2,800	\$5,600	20%	\$3,500	\$7,000	Yes
6.0 Lumenos HSA E54	Rx 9	\$3,500	\$7,000	0%	\$4,500	\$9,000	Yes
6.0 Lumenos HSA E55	Rx 9	\$5,000	\$10,000	0%	\$6,050	\$12,100	Yes
6.0 Lumenos HSA E56	20%	\$3,500	\$7,000	20%	\$6,050	\$12,100	Yes
6.0 Lumenos HSA E57	20%	\$5,000	\$10,000	20%	\$6,050	\$12,100	Yes
6.0 Lumenos HSA E62	20%	\$6,000	\$12,000	20%	\$6,650	\$13,300	No
6.0 Lumenos HSA E63	Rx 9	\$6,000	\$12,000	0%	\$6,650	\$13,300	No