

IMPORTANT INFORMATION ABOUT YOUR PRESCRIPTION COVERAGE AND MEDICARE PART D

We always want you to have the right information to help you administer your plan and cover your members.

Here are important facts about your Anthem prescription drug coverage for your Medicare-eligible group members. These guidelines will show you what steps to take to notify these members – and the Centers for Medicare and Medicaid Services (CMS) – in order to meet the legal requirements.

How to notify CMS as required

When 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 allows your eligible employees to 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 of your Disclosure Notice to CMS at cms.hhs.gov/creditablecoverage/.

You are required to 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.

For any questions, please feel free to reach out to 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 the beneficiary.

You can find model disclosure notice language for beneficiaries online at cms.hhs.gov/creditablecoverage/.

Meeting your needs continues to be a top priority for Anthem. We are here to support you and answer any questions you may have.

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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	In network						Creditable?
	Prescription drug plan	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

These creditability testing results were calculated using 2021 Part D benefits. Please use these results when determining the creditability of a standard plan with an effective/renewal date of 1/1/2021 or later until an updated listing using 2022 Part D benefits is released in August 2021. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company, Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.