

Important 2021 information about your prescription drug coverage and Medicare Part D



We want you to be aware of steps you will need to take soon to help employees/retirees make informed decisions about their coverage options. You are required by law to let them know whether their current prescription plan is “creditable” or “noncreditable.” **See the plans referred to in the benefit grid on the back page to determine the creditable coverage status of the prescription benefit under your Anthem Blue Cross and Blue Shield (Anthem) plan:**

What is creditable and noncreditable coverage?

Creditable coverage means your group drug plan is at least as comprehensive as the Medicare Part D drug benefit. Noncreditable coverage means your group drug plan is not equal to the standard Medicare Part D drug benefit.

- Medicare-eligible employees/retirees currently enrolled in a **creditable plan** can keep their current prescription coverage and avoid higher payments if they enroll in the Medicare Part D benefit between **October 15, 2020, and December 7, 2020**.
- Medicare-eligible employees/retirees currently enrolled in a **noncreditable plan** can enroll in Medicare Part D between **October 15, 2020, and December 7, 2020**. If they have noncreditable coverage for at least 63 days in a row after December 7, 2020, they are subject to a penalty of 1% per month for each month they are not enrolled in Medicare Part D. The penalty is automatically calculated into their premium.

When to let members know

You must notify the Medicare-eligible members of your group whether their current prescription coverage is creditable or noncreditable:

- Before the person's initial enrollment period for Part D.
- Before the annual coordinated election period 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 the beneficiary's request.

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 also requires that you notify the Centers for Medicare and Medicaid Services (CMS) of your plan's creditable coverage status. You can find details about creditable coverage, including rules, forms, model disclosure notice language for beneficiaries, and requirements for your CMS disclosure notice, at cms.hhs.gov/CreditableCoverage/.

We hope this helps explain your Medicare Part D prescription coverage and next steps, so you can support your employees in making coverage choices. If you have questions or want to learn more, please contact your broker, consultant, or Anthem representative.

Indiana noncreditable plan offerings

The chart below displays the creditability testing results for 2021 Part D benefits. The plans listed below are noncreditable plans with an effective/renewal date of January 1, 2021, or later until an updated listing using 2022 Part D benefits is released in August 2021. If you do not see your prescription drug coverage on this list below, then that coverage is creditable coverage.

Indiana Small Group standard prescription plans effective January 1, 2021					
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 Small Group health savings account/health reimbursement plans effective January 1, 2021

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	Yes	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	No	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
6.0 Lumenos HRA 6	Yes	GHRA811	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,250

Indiana Small Group health savings account/health reimbursement plans effective January 1, 2021

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 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	