

## 2017 Medicare Part D Creditable Coverage

CARRIER	RX COVERAGE	TOTAL OOP	CARRIER PLAN	BEN-E-LECT BENEFIT NEEDED TO MAKE THE PLAN CREDITABLE
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Note: A creditable plan will have a \$0 to \$250 RX deductible with generic & brand coverage, will have a 60% coinsurance or better, option to use mail order, an annual max of \$25,000 or more (if any), and a lifetime max (combined with medical) of no less than \$1,000,000.

<b>Aetna</b>					
Bronze HMO Deductible 6500	\$500 RX	\$35/100/180	\$7,150	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Basic HMO 6500	\$500 RX	\$35/100/180	\$7,150	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze MC 4000 Copay	\$500 RX	\$35/100/150	\$7,150	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze MC 6500 Copay	\$500 RX	\$35/100/150	\$7,150	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze MC 6550 100/50 HSA	\$6550 integrated	0%	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze MC HDHP 4800 60/50 HSA	\$4800 integrated	40%	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Savings Plus 4000 Copay	\$500 RX	\$35/100/150	\$7,150	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Savings Plus HDHP 4800 60/50 HSA	\$4800 integrated	40%	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Savings Plus 6550 100/50 HSA	\$6550 integrated	0%	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Savings Plus 6500 Copay	\$500 RX	\$35/100/150	\$7,150	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
<b>Anthem</b>					
Bronze PPO 5000/35%/6550 w/HSA	\$5000 integrated	35%	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze PPO 5000/30%/7150	\$500 RX	\$(5/20)/50/90	\$7,150	Creditable	Not applicable
Bronze PPO 6500/0%/6500 w/HSA	\$6500 integrated	0%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze PPO 6000/35%/7150	\$250 RX	\$(5/20)/50/90	\$7,150	Creditable	Not applicable
Bronze Select PPO 4800/40%/6550 w/HSA	\$4800 integrated	40%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 6000/35%/7150	\$250 RX	\$(5/20)/50/90	\$7,150	Creditable	Not applicable
Bronze Select PPO 6500/0%/6500 w/HSA	\$6500 integrated	0%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Select PPO 5000/30%/7150	\$500 RX	\$(5/20)/50/90	\$7,150	Creditable	Not applicable
Silver PPO 2000/35%/7150	\$0 RX	\$(5/20)/50/90	\$7,150	Creditable	Not applicable
Silver PPO 2000/20%/5400 w/HSA - RxC	\$2000 integrated	\$(5/20)/40/80	\$5,400	Creditable	Not applicable
Silver Select PPO 2000/35%/7150	\$0 RX	\$(5/20)/50/90	\$7,150	Creditable	Not applicable
Bronze Select PPO 5000/35%/6550 w/HSA	\$5000 integrated	35%	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver HMO 2000/40%/7150	\$0 RX	\$(5/20)/50/90	\$7,150	Creditable	Not applicable
Silver Select HMO 2000/40%/7150	\$0 RX	\$(5/20)/50/90	\$7,150	Creditable	Not applicable
<b>Blue Shield</b>					
Bronze 60 PPO Mirror 6300/75 + Child Dental	\$500 RX	100% up to \$500/Fill	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Full PPO 3750/65 OffEx	\$225 RX	\$15/50/75	\$6,800	Creditable	Not applicable
Bronze Full PPO 5100/60 OffEx	\$200 RX	\$15/50/75	\$6,800	Creditable	Not applicable
Bronze Full PPO Savings 4700/40% OffEx	\$4700 integrated	40%	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze Full PPO Savings 5500/40% OffEx	\$5500 integrated	\$15/\$50/\$75	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver Full PPO 1300/45 OffEx	\$250 RX	\$15/55/75	\$6,800	Creditable	Not applicable
Silver Full PPO 1700/40 OffEx	\$300 RX	\$15/50/75	\$6,800	Creditable	Not applicable
Silver Full PPO Savings 2000/20% OffEx	\$2000 integrated	\$15/50/75	\$5,050	Creditable	Not applicable
Silver Access+ HMO@ 1700/55 OffEx	\$275 RX	\$15/55/75	\$6,800	Creditable	Not applicable
Silver Local Access+ HMO@ 1700/55 OffEx	\$275 RX	\$15/55/75	\$6,800	Creditable	Not applicable

CARRIER	RX COVERAGE	TOTAL OOP	CARRIER PLAN	BEN-E-LECT BENEFIT NEEDED TO MAKE THE PLAN CREDITABLE
<b>Cal Choice</b>				
Anthem Blue Cross Bronze 5600 EPO A	\$500 RX <span style="color:red">\$(5/20)/50/90</span>	\$7,150	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Anthem Blue Cross Bronze 5500 EPO B (HSA Eligible)	\$5500 integrated <span style="color:red">20%</span>	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Anthem Blue Cross Silver 1250 Advantage PPO A	\$250 RX <span style="color:red">\$(5/20)/40/80</span>	\$7,150	Creditable	Not applicable
Anthem Blue Cross Silver 1500 Select PPO B	\$250 RX <span style="color:red">\$(5/20)/40/80</span>	\$7,150	Creditable	Not applicable
Health Net Bronze 5000 HSP HMO A	\$500 RX <span style="color:red">\$15/45/50%</span>	\$7,150	Creditable	Not applicable
Kaiser Bronze 5500 HMO B	\$1000 RX <span style="color:red">\$20/50</span>	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Kaiser Bronze 5000 HMO C (HSA)	\$5000 integrated <span style="color:red">35%</span>	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Sharp Bronze 4750 Performance HMO B (HSA)	\$4750 integrated <span style="color:red">40%</span>	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Sutter Bronze 4800 HMO B (HSA)	\$4800 integrated <span style="color:red">40%</span>	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Sutter Bronze 6300 HMO A	\$500 RX <span style="color:red">100% up to \$500/fill</span>	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
UHC Alliance Bronze 6500 HMO B (HSA)	\$6500 integrated <span style="color:red">0%</span>	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
UHC Alliance Bronze 6000 HMO C	\$250 RX <span style="color:red">\$25/50/125</span>	\$6,750	Creditable	Not applicable
UHC Alliance Silver 2000 HMO C	\$200 RX <span style="color:red">\$20/50/100</span>	\$6,750	Creditable	Not applicable
UHC Focus Silver 2000 HMO D	\$200 RX <span style="color:red">\$20/50/100</span>	\$6,750	Creditable	Not applicable
WHA Bronze 6300 HMO B	\$500 RX <span style="color:red">100% up to \$500/fill</span>	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
WHA Bronze 6500 HMO C (HSA)	\$6500 integrated <span style="color:red">0%</span>	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
WHA Bronze 4800 HMO D (HSA)	\$4800 integrated <span style="color:red">40%</span>	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
<b>Health Net</b>				
Bronze PPO 5600 HSA	\$5600 integrated <span style="color:red">\$5/15/40</span>	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze 60 PPO 6300/75 + Child Dental	\$500 RX <span style="color:red">100% up to \$500/fill</span>	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze 60 HSP 6300/75	\$500 RX <span style="color:red">100% up to \$500/fill</span>	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver 70 EPO 2000/20 + Child Dental Alternate	\$250 RX <span style="color:red">\$10/55/40%</span>	\$6,800	Creditable	Not applicable
Silver Value PPO 1700	\$2000 integrated <span style="color:red">\$15/55/85</span>	\$7,150	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver 70 HSP HMO 2000/45	\$250 RX <span style="color:red">\$15/55/85</span>	\$6,800	Creditable	Not applicable
Silver 70 PPO 2000/45 + Child Dental	\$250 RX <span style="color:red">\$15/55/85</span>	\$6,800	Creditable	Not applicable
<b>Kaiser Permanente</b>				
Bronze 60 HMO 6300/75 + Child Dental	\$500 RX <span style="color:red">100% up to \$500/fill</span>	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze 60 HDHP HMO 4800/40% + Child Dental	\$4800 integrated <span style="color:red">40%</span>	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Gold 80 HRA HMO 2000/30 + Child Dental	\$0 RX <span style="color:red">\$15/30/20% up to \$2</span>	\$6,500	Creditable	Not applicable
<b>Sharp</b>				
Bronze 60 HMO 6300/75 + Child Dental	\$500 RX <span style="color:red">0%</span>	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze 60 HDHP HMO 4800/40% + Child Dental	\$4800 integrated <span style="color:red">40%</span>	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver 70 HDHP HMO 2000/20% + Child Dental	\$2000 integrated <span style="color:red">20%</span>	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze 60 HDHP 6500/60/50%	\$6500 integrated <span style="color:red">\$30/70/150</span>	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
<b>Sutter Health Plus</b>				
Bronze 4800 SE08/SE58 (HSA)	\$4800 integrated <span style="color:red">40%</span>	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Bronze 6300 MS36	\$500 RX <span style="color:red">0%</span>	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Silver 2000 MS34	\$250 RX <span style="color:red">\$15/55/85</span>	\$6,800	Creditable	Not applicable
Silver 2000 SD07/SD57 (HSA)	\$2000 integrated <span style="color:red">\$10/20/40</span>	\$5,400	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage

CARRIER	RX COVERAGE	TOTAL OOP	CARRIER PLAN	BEN-E-LECT BENEFIT NEEDED TO MAKE THE PLAN CREDITABLE
<b>UnitedHealthcare</b>				
Select Plus Bronze HSA 6500/0% AK-RX	\$6500 integrated 0%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Alliance Bronze HSA 4800/40% AK-RT	\$4800 integrated 40% up to \$500	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Alliance Bronze HSA 6500/0% AK-RJ	\$6500 integrated 0%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Core Bronze 75/6300/100% AK-R5	\$500 RX 0%	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Core Bronze HSA 4800/40% AK-R6	\$4800 integrated 40% up to \$500	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Core Bronze HSA 6500/0% AK-R1	\$6500 integrated 0%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Navigate Bronze 75/6300/100% AK-SL	\$500 RX 0%	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Navigate Bronze HSA 4800/40% AK-SM	\$4800 integrated 40% up to \$500	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Navigate Bronze HSA 6500/0% AK-SH	\$6500 integrated 0%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
SigValue Silver 45-65/40%/2000 AK-Q2	\$200 RX \$20/50/100	\$6,750	Creditable	Not applicable
SigValue Silver 70 2000/45% AK-RM	\$250 RX \$15/55/85	\$6,800	Creditable	Not applicable
<b>Western Health Advantage</b>				
Capital Bronze 60 HMO 6300/75	\$500 RX 100% up to \$500/Fill	\$6,800	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Capital Bronze 60 HDHP HMO 4800/40%	\$4800 RX 40%	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Capital Bronze 60 HDHP HMO 6500/0 Alternate	\$6500 integrated 0%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Gateway 5200 HDHP Bronze	\$5200 integrated 30%	\$6,550	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage
Gateway 6500 HDHP Bronze	\$6500 integrated 0%	\$6,500	Non-Creditable	\$0 to \$250 RX deductible with generic & brand coverage

RED denotes benefits after the deductible is met.