



## Important notice for employers providing coverage for Medicare-eligible individuals

Dear Employer:

Anthem Blue Cross wants to remind you that employers are required to provide a Medicare Part D disclosure notice to Medicare-eligible individuals by October 15 of each year and at various other times as stated further below. Medicare-eligible individuals are:

- Medicare-eligible employees and their dependents.
- Medicare-eligible COBRA individuals and their dependents, and
- Medicare-eligible disabled individuals covered under the prescription drug plan and any retirees and their dependents.

The disclosure notice is for all Medicare-eligible individuals regarding the credibility of the prescription drug coverage that is offered through the employer plan.

The Medicare Part D benefit is an optional benefit that can be purchased by either the Medicare beneficiary or by you on the beneficiary's behalf. If pharmacy benefits are covered under your group health plan, you must inform Medicare-eligible individuals whether the prescription coverage you offer is "creditable" (equal to the standard Medicare benefit) or "noncreditable" (not equal to the standard Medicare benefit).

Employers must provide notices to Medicare-eligible individuals on the following occasions:

- Prior (within the last 12 months) to the Medicare Part D Annual Coordinated Election Period, October 15, 2017 to December 7, 2017.
- Prior (within the last 12 months) to the individual's initial enrollment period for Part D.
- Prior to the effective date of enrollment in the prescription drug coverage and upon any change that affects whether the coverage is creditable prescription drug coverage.
- On an individual's request.

Pages three and four of this notification contain a grid that tells which of our plans are creditable or noncreditable. For additional information and assistance in drafting your notice, including model notice letters, please visit [cms.gov/CreditableCoverage](https://cms.gov/CreditableCoverage).

Medicare-eligible individuals should keep their creditable coverage disclosure notice, as they may need it for future reference. If Medicare-eligible individuals become eligible for Part D and decide not to sign up because they have other coverage, a creditable coverage disclosure notice allows them to enroll in Part D at a later date without being charged a higher premium.

Medicare-eligible individuals enrolled in noncreditable employer health plans may pay a late Medicare Part D enrollment penalty. This can happen if all the following conditions are met for at least 63 straight days at any time after the end of the individual's initial enrollment period:

1. The individual was eligible to enroll in a Part D plan.
2. The individual was not covered under any creditable prescription drug coverage, and
3. The individual was not enrolled in a Part D plan.

**Disclosure to CMS**

Employers are also required to notify the Centers for Medicare and Medicaid Services (CMS) annually of the creditability of the prescription drug coverage provided to Medicare-eligible individuals. The disclosure to CMS must occur at various times, including within 60 days of the employer health plan anniversary date each year, within 30 days after a prescription drug plan termination, or within 30 days after any change in creditable coverage status. You can review more timing requirements and complete the *Disclosure to CMS Form* at [cms.hhs.gov/CreditableCoverage](https://cms.hhs.gov/CreditableCoverage).

**Questions**

If you have any questions about the notice or reporting requirement, or Medicare Part D in general, contact CMS directly, 24 hours a day, seven days a week, at 1-800-MEDICARE (TTY/TDD 1-877-486-2048), or go to the CMS website at [cms.gov](https://cms.gov) or [cms.hhs.gov/CreditableCoverage](https://cms.hhs.gov/CreditableCoverage).

If you have questions or would like information about our Medicare Part D options, please contact Customer Service at 1-800-928-6201 (TTY/TDD 1-877-247-1657).



# Group health plans Medicare Part D creditable/noncreditable comparison

(Includes EmployeeElect 1-100 plans)  
Effective 2018

Plan name and contract code	Coverage deemed creditable	Coverage deemed noncreditable
<b>Anthem Platinum</b>		
PPO 20/10%/3000 (3057, 3054, 3055, 3056)	X	
PPO 200/10%/3000 (3037, 3034, 3035, 3036)	X	
Select PPO 15/10%/3350 (300Z, 300W, 300X, 300Y)	X	
Select PPO 20/10%/3000 (3053, 3050, 3051, 3052)	X	
Select PPO 200/10%/3000 (303B, 303A, 3038, 3039)	X	
HMO 10/10%/2000 (300D, 300A, 300B, 300C)	X	
Select HMO 10/10%/2000 (3009, 3001, 3003, 3004)	X	
<b>Anthem Gold</b>		
PPO 20/30%/6500 (302G, 302D, 302E, 302F)	X	
PPO 500/20%/6500 (302Q, 302M, 302N, 302P)	X	
PPO 750/20%/6500 (303P, 303L, 303M, 303N)	X	
PPO 1000/20%/6000 (303X, 303U, 303V, 303W)	X	
PPO 2000/20%/4000 (3024, 3021, 3022, 3023)	X	
Select PPO 20/30%/6500 (302L, 302H, 302J, 302K)	X	
Select PPO 25/20%/6000 (300R, 300N, 300P, 300Q)	X	
Select PPO 500/20%/6500 (302U, 302R, 302S, 302T)	X	
Select PPO 750/20%/6500 (303T, 303Q, 303R, 303S)	X	
Select PPO 1000/20%/6000 (3041, 3040, 303Y, 303Z)	X	
Select PPO 2000/20%/4000 (301Z, 301W, 301X, 301Y)	X	
HMO 25/20%/5500 (304R, 304N, 304P, 304Q)	X	
HMO 40/20%/4500 (301V, 301S, 301T, 301U)	X	
HMO 500/20%/5000 (22YU, 22YR, 22YS, 22YT)	X	
HMO 1000/30%/4000 (305F, 305C, 305D, 305E)	X	
Select HMO 25/20%/5500 (304M, 304J, 304K, 304L)	X	
Select HMO 40/20%/4500 (301R, 301N, 301P, 301Q)	X	
Select HMO 500/20%/5000 (22YQ, 22YM, 22YN, 22YP)	X	
Select HMO 1000/30%/4000 (305K, 305G, 305H, 305J)	X	

Plan name and contract code	Coverage deemed creditable	Coverage deemed noncreditable
<b>Anthem Silver</b>		
PPO 1250/40%/7350 (3045, 3042, 3043, 3044)	X	
PPO 1750/35%/7350 (304H, 304E, 304F, 304G)	X	
PPO 2000/40%/7350 (303F, 303C, 303D, 303E)	X	
PPO 2000/20%/6000 w/HSA - RxC (individual) (99AF, 99AC, 99AD, 99AE)* PPO 2000/20%/6000 w/HSA - RxC (family) (99A2, 99A0, 99A1, 999Z)*	X	
Select PPO 1250/40%/7350 (3049, 3046, 3047, 3048)	X	
Select PPO 1750/35%/7350 (304D, 304A, 304B, 304C)	X	
Select PPO 2000/20%/7000 (3018, 3015, 3016, 3017)	X	
Select PPO 2000/40%/7350 (303K, 303G, 303H, 303J)	X	
Select PPO 2000/20%/6000 w/HSA - RxC (individual) (99AB, 99AA, 99A7, 99A9)* Select PPO 2000/20%/6000 w/HSA - RxC (family) (999Y, 999V, 999W, 999X)*	X	
HMO 1500/35%/7150 (304Z, 304W, 304X, 304Y)	X	
HMO 2000/40%/7350 (2ZZ2, 2ZZ0, 2ZZ1, 2ZZY)	X	
Select HMO 1500/35%/7150 (304V, 304S, 304T, 304U)	X	
Select HMO 2000/40%/7350 (2ZYY, 2ZYV, 2ZYW, 2ZYX)	X	
<b>Anthem Bronze</b>		
PPO 4500/35%/6550 w/HSA (3065, 3062, 3063, 3064)		X
PPO 5000/30%/7350 (301D, 301A, 301B, 301C)	X	
PPO 5000/35%/6550 w/HSA (2ZZN, 2ZZK, 2ZZL, 2ZZM)		X
PPO 6000/35%/7350 (3028, 3025, 3026, 3027)	X	
PPO 6500/0%/6500 w/HSA (2ZZW, 2ZZT, 2ZZU, 2ZZV)		X
Select PPO 4500/35%/6550 w/HSA (3069, 3066, 3067, 3068)		X
Select PPO 4800/40%/6550 w/HSA (3013, 3010, 3011, 3012)		X
Select PPO 5000/30%/7350 (301H, 301E, 301F, 301G)	X	
Select PPO 5000/35%/6550 w/HSA (2ZZS, 2ZZP, 2ZZQ, 2ZZR)		X
Select PPO 6000/35%/7350 (302C, 302A, 302B, 3029)	X	
Select PPO 6500/0%/6500 w/HSA (3000, 2ZZX, 2ZZY, 2ZZZ)		X

\*These plans have a different per member deductible amount depending on whether the subscriber is enrolled as self only, or has enrolled dependents within the plan. Plans have been designed in this manner to comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

All product offerings are subject to regulatory review and approval.