

Oregon prescription drug coverage

2024 Small Group plans

| Plan | 2024 Status (creditable/non-creditable to Medicare Part D) |
|-------------------------|---|
| Balance 750 Gold | Creditable |
| Balance 1500 Gold | Creditable |
| Balance 2500 Gold | Creditable |
| Balance 4000 Silver | Creditable |
| Balance 6000 Silver | Creditable |
| Balance 8000 Bronze | Non-creditable |
| Choice 750 Gold | Creditable |
| Choice 1500 Gold | Creditable |
| Choice 2500 Gold | Creditable |
| Choice 4000 Silver | Creditable |
| Choice 6000 Silver | Creditable |
| Choice 6900 Silver | Non-creditable |
| Choice 9450 Bronze | Non-creditable |
| Connect 750 Gold | Creditable |
| Connect 1500 Gold | Creditable |
| Connect 2500 Gold | Creditable |
| Connect 4000 Silver | Creditable |
| Connect 6000 Silver | Creditable |
| Connect 6900 Silver | Non-creditable |
| Connect 9450 Bronze | Non-creditable |
| HSA Qualified 1600 Gold | Non-creditable |

| | |
|--|----------------|
| HSA Qualified 2500 Silver | Non-creditable |
| HSA Qualified 3500 Silver | Non-creditable |
| HSA Qualified 5500 Bronze | Non-creditable |
| HSA Qualified 6000 Bronze | Non-creditable |
| HSA Qualified 7100 Bronze | Non-creditable |
| Providence Oregon Standard Gold Plan | Creditable |
| Providence Oregon Standard Silver Plan | Creditable |
| Providence Oregon Standard Bronze Plan | Non-creditable |
| Total Enhanced 250 Platinum | Creditable |
| Total Enhanced 500 Platinum | Creditable |
| Total Enhanced 750 Platinum | Creditable |
| Total Enhanced 1000 Gold | Creditable |
| Total Enhanced 1500 Gold | Creditable |
| Total Enhanced 2500 Gold | Creditable |
| Total Enhanced 3500 Gold | Creditable |
| Total Enhanced 4500 Gold | Creditable |
| Total Enhanced 5500 Gold | Creditable |
| Total Enhanced 7000 Gold | Creditable |

Large Group prescription drug coverage

2024 Large Group plans

Large Group Standard

- All plans with Rx benefits within the below ranges pass Creditable Coverage testing for plan year 2024
- Tier 0 does not appear on the benefit summary

| Tier | Benefit | Minimum | Maximum |
|-------------|----------------------------------|---------|---------|
| Tier 0 | Covered in full | \$0 | \$0 |
| Tier 1 | Copay | \$0 | \$25 |
| Tier 2 | Copay | \$0 | \$30 |
| Tier 3 | Copay | \$0 | \$75 |
| Tier 4 | Copay | \$0 | \$100 |
| Tiers 5 & 6 | Coinsurance with cap up to \$500 | 0% | 50% |

Large Group Non-Standard

| Non-Standard Rx Plan | 2024 Status (creditable/non-creditable to Medicare Part D) |
|----------------------|--|
| RX 15/50gr | <p>If the medical out-of-pocket maximum is less than or equal to \$3,000, the plan is deemed creditable.</p> <p>If the medical out-of-pocket maximum is greater than or equal to \$3,001, the plan is not creditable</p> |
| RX 10/50gr | <p>If the medical out-of-pocket maximum is less than or equal to \$3,000, the plan is deemed creditable.</p> <p>If the medical out-of-pocket maximum is greater than or equal to \$3,001, the plan is not creditable</p> |

| Non-Standard Rx Plan | 2024 Status (creditable/non-creditable to Medicare Part D) |
|-------------------------|---|
| RX 10/20gr | PASS |
| RX 10/30gr | PASS |
| RX 15/30gr | PASS |
| RX 15/45gr | PASS |
| RX 15/60gr | PASS |
| RX 20/40gr | PASS |
| RX 0/0/0/0 | PASS |
| RX 0/10/10/30/50 | PASS |
| RX 0/10/15/20/50 | PASS |
| RX 0/10/30/30/30 | PASS |
| RX 0/10/30/35/35 | PASS |
| RX 0/10/30/50/50 | PASS |
| RX 0/10/30/50/100 | PASS |
| RX 0/10/30/60/200 | PASS |
| RX 0/10/35/75/70 | PASS |
| RX 0/10/40/75/200 | PASS |
| RX 0/10/65/100/200 | PASS |
| RX 0/15/15/30/30 | PASS |
| RX 0/15/15/45/45 | PASS |
| RX 0/15/15/60/60 | PASS |
| RX 0/15/20/30/50 | PASS |
| RX 0/15/20/45/50 | PASS |
| RX 0/15/30/50/200 | PASS |
| RX 0/15/35/55/60 | PASS |
| RX 0/20/25/40/50 | PASS |
| RX 0/25/30/50/50 | PASS |
| RX 5/10/30/50 | PASS |
| RX 5/15/40/30 | PASS |
| RX 5/15/40/50 | PASS |
| RX 5/10/50/50/50 | PASS |
| RX 10/10/20/20/20 | PASS |
| RX 10/10/30/30/30 | PASS |
| RX 10/10/30/40/150/2500 | PASS |
| RX 10/10/30/40/150 | PASS |
| RX 10/10/30/50/50 | PASS |
| RX 10/15/20/50/50 | PASS |
| RX 10/15/30/60/50 | PASS |
| RX 10/15/45/75/50 | PASS |

| Non-Standard Rx Plan | 2024 Status (creditable/non-creditable to Medicare Part D) |
|----------------------|--|
| RX 10/20/75/100/200 | PASS |
| RX 15/15/30/30/30 | PASS |
| RX 15/15/30/30/45 | PASS |
| RX 15/15/30/50/50 | PASS |
| RX 15/15/45/45/45 | PASS |
| RX 15/20/20/20/20 | PASS |
| RX 15/20/45/50/50 | PASS |
| RX 15/50/50/50/50 | <p>If the medical out-of-pocket maximum is less than or equal to \$3,000, the plan is deemed creditable.</p> <p>If the medical out-of-pocket maximum is greater than or equal to \$3,001, the plan is not creditable</p> |
| RX 20/20/100/200/100 | PASS |
| RX 30/30/30/30/30 | PASS |

Large Group HSA Qualified Plans

- The following grid can be used to make 2024 creditable coverage determinations on standard large group HSA qualified plans with a cap on specialty drugs equal to or less than \$500 OR when the deductible matches the out-of-pocket maximum.

Member Out-of-Pocket Maximum

| | \$0 - \$2000 | \$2001 - \$2500 | \$2501 - \$3000 | \$3001 - \$3500 | \$3501 - \$4000 | \$4001 - \$4500 | \$4501 - \$6500 | ≥\$6501 |
|-------------------|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| Member Deductible | \$0 - \$1000 | Creditable | Creditable | Creditable | Creditable | Creditable | Creditable | Creditable |
| \$1001- \$1500 | Creditable | Creditable | Creditable | Creditable | Creditable | Creditable | Creditable | Non-Creditable |
| \$1501- \$2000 | Creditable | Creditable | Creditable | Creditable | Non-Creditable | Non-Creditable | Non-Creditable | Non-Creditable |
| \$2001- \$2500 | Creditable | Creditable | Non-Creditable | Non-Creditable | Non-Creditable | Non-Creditable | Non-Creditable | Non-Creditable |
| ≥\$2501 | Creditable | Creditable | Non-Creditable | Non-Creditable | Non-Creditable | Non-Creditable | Non-Creditable | Non-Creditable |