

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	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