

## Creditable Coverage Simplified Determination

This document is an update of the Simplified Determination of Creditable Coverage Status which was released on September 18, 2009 in the Updated Creditable Coverage Guidance.

### Benefit Designs for Simplified Determination of Creditable Coverage Status

If an entity is not an employer or union that is applying for the retiree drug subsidy, it can use the simplified determination of creditable coverage status annually to determine whether its prescription drug plan's coverage is creditable or not. The plan will be determined to be creditable if the plan prescription drug plan design meets all four of the following standards. However, the standards listed under 4(a) and 4(b) may not be used if the entity's plan has prescription drug benefits that are integrated with benefits other than prescription drug coverage (i.e. Medical, Dental, etc.). Integrated plans must satisfy the standard in 4(c).



A prescription drug plan is deemed to be creditable if it:

- 1) Provides coverage for brand and generic prescriptions;
- 2) Provides reasonable access to retail providers;
- 3) The plan is designed to pay on average at least 60% of participants' prescription drug expenses; and
- 4) Satisfies at least one of the following:
  - a) The prescription drug coverage has no annual benefit maximum benefit or a maximum annual benefit payable by the plan of at least \$25,000, or b) The prescription drug coverage has an actuarial expectation that the amount payable by the plan will be at least \$2,000 annually per Medicare eligible individual.
  - c) For entities that have integrated health coverage, the integrated health plan has no more than a \$250 deductible per year, has no annual benefit maximum or a maximum annual benefit payable by the plan of at least \$25,000 and has no less than a \$1,000,000 lifetime combined benefit maximum.

Integrated Plan - An integrated plan is any plan of benefits that is offered to a Medicare eligible individual where the prescription drug benefit is combined with other coverage offered by the entity (i.e., medical, dental, vision, etc.) and the plan has all of the following plan provisions:

- 1) a combined plan year deductible for all benefits under the plan,
- 2) a combined annual benefit maximum for all benefits under the plan, and
- 3) a combined lifetime benefit maximum for all benefits under the plan.

A prescription drug plan that meets the above parameters is considered an integrated plan for the purpose of using the simplified method and would have to meet steps 1, 2, 3 and 4(c) of the simplified method. If it does not meet all of the criteria, then it is not considered to be an integrated plan and would have to meet steps 1, 2, 3 and either 4(a) or 4(b).

NOTE: If the entity cannot use the Simplified Determination method stated above to determine the creditable coverage status of the prescription drug plan offered to Medicare eligible individuals, then the entity must make an actuarial determination annually of whether the expected amount of paid claims under the entity's prescription drug coverage is at least as much as the expected amount of paid claims under the standard Medicare prescription drug benefit.

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## Group Creditable Coverage Results

	Plan Description	2019
Large Group Standard Copay Plans	\$10/20/40	PASS
	\$10/35/50	PASS
	\$10/35/50 200 BO ded	PASS
	\$8/40/60	PASS
	\$2500/5000/80% \$10/35/50 after ded	PASS
	\$5/20%/40%	PASS
	\$10/30%/50%	PASS
	\$10/75/150	PASS
	\$3/45/75	PASS

	\$5/10/10	PASS
	\$5/15/15	PASS
	\$10/20/20	PASS
	\$5/15/25	PASS
	\$8/18/28	PASS
	\$5/15/30	PASS
	\$10/20/35	PASS
	\$10/20/35 50 Rx ded	PASS
	\$10/20/35 100 Rx ded	PASS
	\$10/35/35	PASS
	\$4/20/40	PASS
	\$5/20/40	PASS
	20%/20%/20%	PASS
	20%/20%/20% 1000 oop	PASS
	\$10/20/40 200 BO ded	PASS
	20%/20%/20% 100 BO ded	PASS
	\$10/25/45	PASS
	\$10/30/45	PASS
	\$10/30/45 100 BO ded	PASS
	\$10/25/45 100 Rx ded	PASS
	\$8/30/50	PASS
	25%/25%/25%	PASS
	\$5/30/65	PASS
	25%/25%/25%	PASS
	\$3/35/75	PASS
	\$0/60/80	PASS
	\$3/35/75	PASS
	\$15/25/45	PASS
	\$10/20/50	PASS
	\$10/25/50	PASS
	\$3/45/75	PASS
	\$3/45/75 100 BO ded	PASS
	\$10/30/50	PASS
	\$10/35/50 100 BO ded	PASS
	\$0/20%/50%	PASS
	\$8/35/60	PASS
	\$10/35/50 200 BO ded	PASS
	\$10/35/55	PASS
	\$7/30/70	PASS
	\$10/35/55 100 BO ded	PASS
	\$8/40/60 200 BO ded	PASS
	\$10/30/60	PASS
	\$5/20%/40%	PASS
	\$10/35/60	PASS
	30%/30%/30%	PASS
	\$10/35/60 100 BO ded	PASS
	\$8/35/70	PASS
	\$15/30/50	PASS
	\$7/45/70	PASS
	\$10/40/60	PASS
	\$15/35/50	PASS
	30%/30%/30%	PASS
	\$8/35/60 500 BO ded	PASS
	\$10/40/60 100 BO ded	PASS
	\$8/40/70	PASS
	\$10/35/60 200 BO ded	PASS
	\$3/50/100	PASS
	\$8/35/70 200 BO ded	PASS
	\$10/45/60	PASS
	\$10/35/65	PASS
	\$8/40/75	PASS
	\$15/35/50 200 BO ded	PASS
	\$10/35/70	PASS
	\$8/40/75 200 BO ded	PASS
	\$10/40/70	PASS
	\$5/50/100	PASS
	\$10/35/75	PASS
	\$10/35/70 200 BO ded	PASS
	\$20/35/50	PASS
	\$5/25%/50%	PASS

	Plan Description	2019
Other Large Group Popular Copay Plans - cont.	\$5/25%/50% 4000 oop	PASS
	\$10/50/70	PASS
	\$10/50/70 100 BO ded	PASS
	\$10/45/75	PASS
	\$10/45/70 200 BO ded	PASS
	\$15/40/55	PASS
	\$8/60/80	PASS
	\$8/30%/35%	PASS
	\$10/45/70 300 BO ded	PASS
	\$10/45/75 200 BO ded	PASS
	\$10/45/80 100 BO ded	PASS
	\$15/35/60	PASS
	\$8/60/80 200 BO ded	PASS
	\$15/40/60	PASS
	\$10/50/75 200 BO ded	PASS
	\$15/30/60 200 BO ded	PASS
	\$10/45/90	PASS
	\$15/40/60 200 BO ded	PASS
	\$10/40/90 200 BO ded	PASS
	\$10/35/100	PASS
	\$8/50/100 200 BO ded	PASS
	\$3/50%/50%	FAIL
	\$15/40/70	PASS
	\$10/50/100	PASS
	\$15/35/75	PASS
	\$15/44/76	PASS
	\$5/50%/50% 2500 oop	PASS
	\$15/50/75	PASS
	\$15/40/80 200 BO ded	PASS
	\$15/45/85	PASS
	\$10/40%/50%	FAIL
	50%/50%/50%	FAIL
	50%/50%/50% 4000 oop	PASS
	\$20/40/80	PASS
\$10/50%/50%	FAIL	
\$10/50%/50% 4000 oop	PASS	
\$10/50%/50%	FAIL	
50%/50%/50% 200 BO ded	FAIL	
\$3/75/250	PASS	
\$3/100/250	PASS	

HSA - Qualified HDHPs *	\$1200/2500/80%	PASS
	\$2500/2500/100%	PASS
	\$1700/3500/80%	PASS
	\$3000/3000/100%	PASS
	\$2500/4000/80%	PASS
	\$4000/4000/100%	PASS
	\$3000/5000/80%	PASS
	\$5000/5000/100%	PASS
	\$2700/5000/80%	PASS
	\$4000/6000/80%	PASS
	\$6000/6000/100%	PASS
	\$3000/4000/100%	PASS
	\$4000/5000/100%	PASS
	\$5000/6000/100%	PASS
	\$6000/6450/100%	PASS
	\$3500/6350/80%	PASS
	\$4500/6450/80%	PASS
	\$5000/6450/80%	PASS
	\$3500/5000/80%	PASS
	\$3500/6550/80%	PASS
	\$4500/6550/80%	PASS
	\$5000/6550/80%	PASS
	\$1700/3400/80%	PASS
	\$2700/4200/80%	PASS
	\$3000/6000/80%	PASS
	\$3500/6000/80%	PASS
	\$4500/6000/80%	PASS
	\$5000/6000/80%	PASS
	\$3000/4000/50%	PASS
	\$3000/5000/50%	PASS
	\$3000/6000/50%	PASS
	\$3500/6500/50%	PASS
	\$4000/6000/50%	PASS
	\$4500/6500/50%	PASS
\$5500/6400/50%	PASS	
\$3600/6650/50%	PASS	
\$3000/4000/50% \$10/35/50 after ded	PASS	

\* HSAs - No contributions can be made to HSAs once a retiree becomes enrolled in Medicare. These types of accounts cannot be taken into consideration when determining whether an HDHP qualifies as creditable coverage. For more information see CMS.com, *Treatment of Account-Based Health Arrangements under the Medicare Modernization Act*.

As a courtesy, BlueCross BlueShield of Tennessee has performed testing of our benefit designs to satisfy the actuarial value test of the creditable coverage determination using a consultant model. However, according to CMS guidelines, it is ultimately the employer's responsibility to determine/confirm whether their plan, as implemented, offers creditable coverage.

## Group Creditable Coverage Results

Plan Description		2019	Plan Description		2019	Plan Description		2019	Plan Description		2019
Large Group Standard Ded/Coins Plans - 100%	\$1000/1000/100%	PASS	Large Group Standard Ded/Coins Plans - 90% - Cont.	\$6000/7150/90%	PASS	Large Group Standard Ded/Coins Plans - 80% - Cont.	\$6000/7150/80%	PASS	Large Group Standard Ded/Coins Plans - 70% - Cont.	\$6000/7150/70%	PASS
	\$1500/1500/100%	PASS		\$6000/7350/90%	PASS		\$6000/7350/80%	PASS		\$6000/7350/70%	PASS
	\$2000/2000/100%	PASS		\$6000/7900/90%	PASS		\$6000/7900/80%	PASS		\$6000/7900/70%	PASS
	\$2500/2500/100%	PASS		\$6600/6850/90%	PASS		\$6600/6850/80%	PASS		\$6600/6850/70%	PASS
	\$3000/3000/100%	PASS		\$6600/7150/90%	PASS		\$6600/7150/80%	PASS		\$6600/7150/70%	PASS
	\$4000/4000/100%	PASS		\$6600/7350/90%	PASS		\$6600/7350/80%	PASS		\$6600/7350/70%	PASS
	\$5000/5000/100%	PASS		\$6600/7900/90%	PASS		\$6600/7900/80%	PASS		\$6600/7900/70%	PASS
	\$6000/6000/100%	PASS		\$6850/7150/90%	PASS		\$6850/7150/80%	PASS		\$6850/7150/70%	PASS
	\$6600/6600/100%	PASS		\$6850/7350/90%	PASS		\$6850/7350/80%	PASS		\$6850/7350/70%	PASS
	\$6850/6850/100%	PASS		\$6850/7900/90%	PASS		\$6850/7900/80%	PASS		\$6850/7900/70%	PASS
	\$7150/7150/100%	PASS		\$7150/7350/90%	PASS		\$7150/7350/80%	PASS		\$7150/7350/70%	PASS
	\$7350/7350/100%	PASS		\$7150/7900/90%	PASS		\$7150/7900/80%	PASS		\$7150/7900/70%	PASS
	\$7900/7900/100%	PASS		\$7350/7900/90%	PASS		\$7350/7900/80%	PASS		\$7350/7900/70%	PASS

As a courtesy, BlueCross BlueShield of Tennessee has performed testing of our benefit designs to satisfy the actuarial value test of the creditable coverage determination using a consultant model. However, according to CMS guidelines, it is ultimately the employer's responsibility to determine/confirm whether their plan, as implemented, offers creditable coverage.

Small Group EHB Creditable Coverage Results

Plan #	Rx Plan description	2019
B15	\$5500/6500/60%	Pass
B18	\$4600/6500/50%	Pass
B19	\$4500/6500/70%	Pass
B20	\$6500/6500/100%	Pass
B22	\$5500/7350/50%	Pass
B23	\$6500/7250/80%	Pass
B24	\$3500/6500/50%	Pass
B25	\$6500/7900/50%	Pass
B26	\$6500/7900/50%	Pass
S25	\$2700/5000/80%	Pass
S40	\$3000/4000/50%	Pass
S41	\$3000/4500/60%	Pass
S43	\$3 / 25 / 50	Pass
S50	\$10 / 75 / 150	Pass
S52	\$3000/6000/80%	Pass
S57	\$3000/4500/70%	Pass
S59	\$3900/3900/100%	Pass
S60	\$2250/4250/50%	Pass
S61	\$2750/5000/80%	Pass
S62	\$500/7000/50%	Pass
S63	\$10/30%/50%	Pass
S64	\$10/75/150	Pass
S65	\$10/75/150	Pass
S66	\$10/30%/50%	Pass
S67	\$10/45/90	Pass
S68	\$3000/6000/50%	Pass
S69	\$3000/6000/50%	Pass
S70	\$3600/6650/50%	Pass
S71	\$4000/6850/80%	Pass
G24	\$1500/2350/80%	Pass
G25	\$2000/2000/100%	Pass
G26	\$2000/2300/100%	Pass
G48	\$10/35/50	Pass
G49	\$5/25/50	Pass
G50	\$10/50/75	Pass
G51	\$10/50/75	Pass
G52	\$5/20%/40%	Pass
G53	\$3/45/75	Pass
G54	\$3/45/75	Pass
G55	\$10/35/50	Pass
G56	\$2500/4400/80%	Pass
G57	\$5/25/50	Pass
P15	\$4/20/40	Pass
P16	\$3/25/50	Pass
P17	\$10/35/50	Pass
P18	\$3/25/50	Pass
P19	\$10/35/50	Pass



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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ደርጅቶች፣ በኮን ሊ.የግዝግብ ተዘጋጅተዋል። ወደ ሚኒተላው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر یہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 1-800-565-9140 (TTY:1-800-848-0298)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

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ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

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