

Medicare Part D Creditable Coverage Determinations

Creditable/Non-Creditable Testing Results for AmeriHealth Commercial Pharmacy Plans

List of Creditable Plans

Standard Drug Program Options

The following Standard Drug Program plan designs were determined to be Creditable.

Retail Copay or Coinsurance - Single Tier	
\$0	\$6
\$0.50	\$8
\$1	\$10
\$2	\$15
\$3	\$20
\$5	\$25
20%	30%

Retail Copay - Two Tier (Generic/Brand)			
\$1 / \$3	\$5 / \$10	\$8 / \$15	\$15 / \$25
\$2 / \$6	\$5 / \$15	\$9 / \$15	\$15 / \$30
\$2 / \$10	\$5 / \$20	\$10 / \$15	\$20 / \$30
\$3 / \$5	\$5 / \$25	\$10 / \$20	\$10 / \$35
\$3 / \$10	\$6 / \$10	\$10 / \$25	\$15 / \$35
\$4 / \$8	\$7 / \$15	\$10 / \$30	\$20 / \$35
\$4 / \$10	\$8 / \$14	\$15 / \$20	\$20 / \$40

Select Drug Program[®] Options

The following Select Drug Program plan designs were determined to be Creditable.

Retail Copays - Three Tier (Generic Formulary/Brand Formulary/Non-Formulary)			
\$5 / \$10 / \$25	\$5 / \$15 / \$50	\$10 / \$20 / \$30	\$10 / \$40 / \$60
\$5 / \$10 / \$35	\$5 / \$20 / \$35	\$10 / \$20 / \$35	\$15 / \$20 / \$35
\$5 / \$10 / \$50	\$5 / \$20 / \$50	\$10 / \$20 / \$40	\$15 / \$25 / \$35
\$5 / \$15 / \$25	\$5 / \$25 / \$50	\$10 / \$20 / \$50	\$15 / \$25 / \$50
\$5 / \$15 / \$30	\$7 / \$35 / \$50	\$10 / \$25 / \$40	\$15 / \$35 / \$50
\$5 / \$15 / \$35	\$10 / \$15 / \$25	\$10 / \$30 / \$50	\$20 / \$40 / \$60

Retail Copay - Three Tier (with Coinsurance for Third Tier Non-Formulary)	
\$5 / \$10 / 50%	\$10 / \$20 / 50%
\$5 / \$15 / 50%	\$10 / \$40 / 50%
\$5 / \$20 / 50%	

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Deductible/Copayment Drug Program Options

The following Copay plan designs with Deductibles were determined to be Creditable.

Deductible	Retail Copays
\$100	\$15
\$200	\$15
\$100	\$15 / \$25
\$200	\$15 / \$25
\$100	\$15 / \$25 / \$35
\$200	\$15 / \$25 / \$35

Integrated Prescription Drug Programs - Drug claims are processed under the medical benefit and are subject to the deductible, lifetime maximum and out-of-pocket maximum of the overall medical plan. For example, prescription drugs covered under AmeriHealth Traditional Med or AmeriHealth PPO and the overall program benefits fall within these ranges.

The following Single-Tier Coinsurance plans with Deductibles, Lifetime Maximums, and Disappearing Coinsurance were determined to be Creditable.

NJ Traditional MED

Coinsurance	Deductible	Lifetime Max	Out of Pocket Maximum
S.E.H.			
10%	\$150	Unlimited	\$1,650
20%	\$250	\$1,000,000	\$7,750
20%	\$250	Unlimited	\$2,000
20%	\$500	Unlimited	\$2,000
20%	\$1,000	Unlimited	\$2,000
20%	\$1,000	Unlimited	\$2,000
30%	\$250	Unlimited	\$2,500
30%	\$500	Unlimited	\$2,500
51+			
20%	\$250	Unlimited	\$1,000
20%	\$1,000	Unlimited	\$2,000
20%	\$1,000	Unlimited	\$2,000
20%	\$200	Unlimited	\$5,000

NJ PPO

Coinsurance	Deductible	Lifetime Max	Out of Pocket Maximum
20%	\$250	Unlimited	\$2,500 indiv/\$5,000 family
20%	\$250	Unlimited	\$5,000 indiv/\$10,000 family
20%	\$250	Unlimited	\$7,500 indiv/\$15,000 family
30%	\$250	Unlimited	\$3,000 indiv/\$6,000 family
30%	\$250	Unlimited	\$6,000 indiv/\$12,000 family
30%	\$250	Unlimited	\$9,000 indiv/\$18,000 family
20%	\$500	Unlimited	\$2,500 indiv/\$5,000 family
20%	\$500	Unlimited	\$5,000 indiv/\$10,000 family
20%	\$500	Unlimited	\$7,500 indiv/\$15,000 family
30%	\$500	Unlimited	\$3,000 indiv/\$6,000 family
20%	\$1,000	Unlimited	\$2,500 indiv/\$5,000 family
20%	\$1,000	Unlimited	\$5,000 indiv/\$10,000 family
20%	\$1,000	Unlimited	\$7,500 indiv/\$15,000 family
30%	\$500	Unlimited	\$6,000 indiv/\$12,000 family
30%	\$500	Unlimited	\$9,000 indiv/\$18,000 family

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List of Non-Creditable Plans

Coinsurance Drug Program Option

The following Single-Tier Coinsurance drug program plan design was determined to be **Non-Creditable**.

Coinsurance - Single Tier
50%

Select Drug Program[®] Options

The following Select Drug Program plan designs were determined to be **Non-Creditable**.

Retail Copay - Three Tier (with Coinsurance for Third Tier Non-Formulary)
\$15 / \$40 / 50%

Integrated Prescription Drug Programs - Drug claims are processed under the medical benefit and are subject to the deductible, lifetime maximum and out-of-pocket maximum of the overall medical plan. For example, prescription drugs covered under AmeriHealth Traditional Med or AmeriHealth PPO and the overall program benefits fall within these ranges.

The following Integrated Prescription Drug plan designs with Deductibles, Lifetime Maximums, and Disappearing Coinsurance were determined to be **Non-Creditable**.

NJ Traditional MED

Coinsurance	Deductible	Lifetime Max	Out of Pocket Maximum
40%	\$250	\$1,000,000	\$3,000
40%	\$500	\$1,000,000	\$3,000
40%	\$1,000	\$1,000,000	\$3,000
30%	\$1,000	Unlimited	\$2,500

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NJ POS / POS Plus

Coinsurance	Deductible	Lifetime Max	Out of Pocket Maximum
50%	\$2,500	\$5m	\$8000 Ind / \$16000 Fam
50%	\$5,000	\$5m	\$10000 Ind / \$20000 Fam
40%	\$2,000	\$5m	\$6000 Ind / \$12000 Fam
30%	\$1,000	\$5m	\$15000 Ind / \$30000 Fam
30%	\$1,000	\$5m	\$15000 Ind / \$30000 Fam
40%	\$2,000	\$5m	\$15000 Ind / \$30000 Fam

NJ PPO

Coinsurance	Deductible	Lifetime Max	Out of Pocket Maximum
30%	\$1,000	Unlimited	\$3,000 indiv/\$6,000 family
30%	\$2,500	Unlimited	\$3,000 indiv/\$6,000 family
30%	\$1,000	Unlimited	\$6,000 indiv/\$12,000 family
30%	\$1,000	Unlimited	\$9,000 indiv/\$18,000 family
30%	\$1,000	Unlimited	\$12,000 indiv/\$24,000 family
30%	\$2,500	Unlimited	\$12,000 indiv/\$24,000 family
40%	\$500	Unlimited	\$15,000 indiv/\$30,000 family
40%	\$1,000	Unlimited	\$15,000 indiv/\$30,000 family
40%	\$2,500	Unlimited	\$15,000 indiv/\$30,000 family

AmeriHealth PPO - HSA Qualified High Deductible Plans

Cost Sharing	Deductible	Lifetime Max	Out of Pocket Maximum
\$7 / \$35 / \$50 - INN	\$2,000 indiv/\$4,000 family	Unlimited	\$5,000 indiv/\$10,000 family
50%-OON	\$5,000 indiv/\$10,000 family	\$500,000	\$10,000 indiv/\$20,000 family
\$7 / \$35 / \$50 - INN	\$2,500 indiv/\$5,000 family	Unlimited	\$5,000 indiv/\$10,000 family
50%-OON	\$5,000 indiv/\$10,000 family	\$500,000	\$10,000 indiv/\$20,000 family
\$10 / \$40 / \$60	\$1,250 indiv/\$2,500 family	Unlimited	\$3,250 indiv/\$6,500 family

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