



What is Creditable Coverage?

Medicare beneficiaries have the opportunity to receive subsidized prescription drug coverage through the Medicare Part D program. Beneficiaries who choose not to sign up at the first opportunity may have to pay more if they wait to enter the program later.

Beneficiaries who have other sources of drug coverage - through a current or former employer or union, for example - may stay in that plan and choose not to enroll in the Medicare drug plan. If their other coverage is at least as good as the new Medicare drug benefit (and therefore considered "creditable coverage"), then the beneficiary can continue to get the high quality care they have now as well as avoid higher payments if they sign up later for the Medicare drug benefit.

To determine if your prescription drug benefits are creditable, you should be able to answer the following questions:

- What is your Rx copay structure?
- What is your mail-order benefit?
- Are your prescription drug benefits subject to a deductible?
- If so, what is the annual single/family deductible?

Prescription drug benefits are Creditable if they have one of the copay structures listed below AND a deductible less than or equal to the amount shown below. If "Not Creditable" is listed, then the copay structure is not considered Creditable coverage. If "\$0/\$0" is listed, then copay structure is only considered Creditable with no deductible.

EXAMPLE #1:

Rx Copay Structure:	\$7/\$30/50%	Rx Subject to Deductible?	Yes, Rx only
Mail-Order Benefit:	2.5 copays per 90 day supply	Annual Deductible:	\$3,000/\$6,000

Per the grid on the next page, \$7/\$30/50% is creditable with 2.5 copays per 90 day supply when the single deductible is less than or equal to \$2,000 and the family deductible is less than or equal to \$4,000. Therefore, my prescription drug plan is not considered creditable.

EXAMPLE #2:

Rx Copay Structure:	\$7/\$30/50%	Rx Subject to Deductible?	Yes, Health+Rx
Mail-Order Benefit:	2.5 copays per 90 day supply	Annual Deductible:	\$1,500/\$3,000

Per the grid on the next page, \$7/\$30/50% is creditable with 2.5 copays per 90 day supply when the single deductible is less than or equal to \$6,150 and the family deductible is less than or equal to \$12,300. Therefore, my prescription drug plan is considered creditable.



2020 Creditable Coverage List for Rx Deductible Plans

Copay Structure*	Mail-Order Benefit: 3 copays per 90 day supply	Mail-Order Benefit: 2.5 copays per 90 day supply	Mail-Order Benefit: 2 copays per 90 day supply	Mail-Order Benefit: 1 copay per 90 day supply
	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:
Generic Only Coverage				
\$1 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
\$3 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
\$5 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
\$7 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
\$10 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
\$15 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
Two-Tier Coverage (Generic & Brand)				
\$0/\$0	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$0/\$10	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2750/\$5500
\$0.50/\$0.50	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$1/\$1	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$3000/\$6000
\$1/\$3	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$1/\$5	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$2/\$2	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$3/\$3	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$3/\$5	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$3/\$7	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2750/\$5500
\$3/\$10	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$4/\$6	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2750/\$5500
\$5/\$5	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2750/\$5500
\$5/\$10	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$5/\$20	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
\$7/\$7	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$7/\$15	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
\$7/\$25	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000
\$9/\$9	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$9/\$15	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
\$10/\$10	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2500/\$5000
\$10/\$20	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2250/\$4500
\$15/\$15	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
10%/10%	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000
20%/20%	\$1250/\$2500	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000
50%/50%	Not Creditable	\$0/\$0	\$0/\$0	\$250/\$500
Three-Tier Coverage (Generic, Brand & Non-Formulary)				
0%/0%/0%	\$3750/\$7500	\$3750/\$7500	\$3750/\$7500	\$3750/\$7500
\$0/\$0/\$0	\$3750/\$7500	\$3750/\$7500	\$3750/\$7500	\$3750/\$7500
\$0/\$7/\$10	\$3500/\$7000	\$3500/\$7000	\$3500/\$7000	\$3500/\$7000
\$0/\$10/\$20	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500
\$0/\$30/\$50	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$0/\$30/\$100	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$0/\$50/\$75	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$0/\$50/\$100	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$0/50%/50%	\$750/\$1500	\$750/\$1500	\$750/\$1500	\$1000/\$2000
\$2/\$25/50%	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2500/\$5000
\$3/\$10/\$35	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500



2020 Creditable Coverage List for Rx Deductible Plans

Copay Structure*	Mail-Order Benefit: 3 copays per 90 day supply	Mail-Order Benefit: 2.5 copays per 90 day supply	Mail-Order Benefit: 2 copays per 90 day supply	Mail-Order Benefit: 1 copay per 90 day supply
	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:
\$4/\$8/\$25	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500
\$4/\$30/\$50	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$4/\$35/\$70	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$4/\$35/50%	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2250/\$4500
\$4/\$50/\$80	\$2250/\$4500	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$4/35%/50%	\$1000/\$2000	\$1000/\$2000	\$1000/\$2000	\$1250/\$2500
\$4/50%/50%	\$500/\$1000	\$500/\$1000	\$500/\$1000	\$750/\$1500
\$4/\$100/\$100	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000
\$5/\$7/\$10	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500
\$5/\$7/\$15	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500
\$5/\$7/\$20	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500
\$5/\$10/\$15	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500	\$3250/\$6500
\$5/\$10/\$25	\$3000/\$6000	\$3000/\$6000	\$3250/\$6500	\$3250/\$6500
\$5/\$10/\$35	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$5/\$15/\$25	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$5/\$15/\$30	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$5/\$15/\$35	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$5/\$20/\$40	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$3000/\$6000
\$5/\$20/\$45	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$3000/\$6000
\$5/\$20/\$50	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$5/\$20/50%	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2500/\$5000
\$5/\$25/\$50	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$5/\$30/\$40	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$5/\$30/\$45	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$5/\$30/\$50	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$5/\$30/\$75	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2750/\$5500
\$5/\$30/\$100	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$5/\$30/50%	\$2000/\$4000	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
\$5/\$35/\$70	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$5/\$40/50%	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000
\$5/\$50/\$75	\$2250/\$4500	\$2250/\$4500	\$2500/\$5000	\$2500/\$5000
\$5/\$50/\$100	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2500/\$5000
\$5/20%/20%	\$1750/\$3500	\$1750/\$3500	\$1750/\$3500	\$2000/\$4000
\$5/30%/30%	\$1250/\$2500	\$1250/\$2500	\$1500/\$3000	\$1500/\$3000
\$5/50%/50%	\$500/\$1000	\$500/\$1000	\$500/\$1000	\$750/\$1500
\$7/\$15/\$25	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$7/\$15/\$30	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$7/\$15/\$35	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$7/\$20/50%	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
\$7/\$25/\$40	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$7/\$30/\$40	\$2500/\$5000	\$2500/\$5000	\$2750/\$5500	\$2750/\$5500
\$7/\$30/\$50	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2750/\$5500
\$7/\$30/\$100	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$7/\$30/50%	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2250/\$4500
\$7/\$50/\$75	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2500/\$5000
\$7/\$50/\$100	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
\$10/\$10/\$30	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$10/\$15/\$20	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000



2020 Creditable Coverage List for Rx Deductible Plans

Copay Structure*	Mail-Order Benefit: 3 copays per 90 day supply	Mail-Order Benefit: 2.5 copays per 90 day supply	Mail-Order Benefit: 2 copays per 90 day supply	Mail-Order Benefit: 1 copay per 90 day supply
	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:
\$10/\$15/\$25	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$10/\$15/\$35	\$2750/\$5500	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
\$10/\$20/\$40	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$10/\$20/\$45	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$10/\$20/50%	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
\$10/\$25/\$40	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500
\$10/\$30/\$50	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$10/\$30/\$60	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$10/\$30/\$75	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$10/\$30/\$100	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$10/\$30/50%	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000
\$10/\$35/\$45	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$10/\$35/\$70	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$10/\$35/50%	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000
\$10/\$40/\$100	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2500/\$5000
\$10/\$50/\$75	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
\$10/\$50/\$100	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
\$10/50%/50%	\$250/\$500	\$250/\$500	\$500/\$1000	\$500/\$1000
\$10/\$75/\$150	\$1750/\$3500	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000
\$15/\$25/50%	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2250/\$4500
\$15/\$30/\$50	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$15/\$30/\$100	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
\$15/\$50/\$75	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
\$15/\$50/\$100	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
\$15/\$60/\$100	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2250/\$4500
\$15/\$50/50%	\$1750/\$3500	\$1750/\$3500	\$1750/\$3500	\$1750/\$3500
\$15/30%/50%	\$1000/\$2000	\$1000/\$2000	\$1000/\$2000	\$1250/\$2500
\$15/50%/50%	\$0/\$0	\$250/\$500	\$250/\$500	\$500/\$1000
\$20/\$30/50%	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000
\$20/\$40/\$80	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500

*No Annual or Lifetime Limits on Rx Coverage



2020 Creditable Coverage List for Health+Rx Deductible Plans

Copay Structure*	Mail-Order Benefit: 3 copays per 90 day supply	Mail-Order Benefit: 2.5 copays per 90 day supply	Mail-Order Benefit: 2 copays per 90 day supply	Mail-Order Benefit: 1 copay per 90 day supply
	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:
Generic Only Coverage				
\$1 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
\$3 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
\$5 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
\$7 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
\$10 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
\$15 Generic only	Not Creditable	Not Creditable	Not Creditable	Not Creditable
Two-Tier Coverage (Generic & Brand)				
\$0/\$0	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$0/\$10	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$0.50/\$0.50	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$1/\$1	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$1/\$3	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$1/\$5	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$2/\$2	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$3/\$3	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$3/\$5	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$3/\$7	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$3/\$10	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$4/\$6	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$5	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$10	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$20	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$7	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$15	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$25	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$9/\$9	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$9/\$15	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$10	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$20	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$15/\$15	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
10%/10%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
20%/20%	\$5000/\$10000	\$6000/\$12000	\$6000/\$12000	\$6000/\$12000
50%/50%	Not Creditable	\$0/\$0	\$0/\$0	\$1000/\$2000
Three-Tier Coverage (Generic, Brand & Non-Formulary)				
0%/0%/0%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$0/\$0/\$0	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$0/\$7/\$10	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$0/\$10/\$20	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$0/\$30/\$50	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$0/\$30/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$0/\$50/\$75	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$0/\$50/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$0/50%/50%	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$4000/\$8000
\$2/\$25/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$3/\$10/\$35	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300



2020 Creditable Coverage List for Health+Rx Deductible Plans

Copay Structure*	Mail-Order Benefit: 3 copays per 90 day supply	Mail-Order Benefit: 2.5 copays per 90 day supply	Mail-Order Benefit: 2 copays per 90 day supply	Mail-Order Benefit: 1 copay per 90 day supply
	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:
\$4/\$8/\$25	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$4/\$30/\$50	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$4/\$35/\$70	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$4/\$35/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$4/\$50/\$80	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$4/35%/50%	\$4000/\$8000	\$4000/\$8000	\$4000/\$8000	\$5000/\$10000
\$4/50%/50%	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$3000/\$6000
\$4/\$100/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$7/\$10	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$7/\$15	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$7/\$20	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$10/\$15	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$10/\$25	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$10/\$35	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$15/\$25	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$15/\$30	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$15/\$35	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$20/\$40	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$20/\$45	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$20/\$50	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$20/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$25/\$50	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$30/\$40	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$30/\$45	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$30/\$50	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$30/\$75	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$30/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$30/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$35/\$70	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$40/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$50/\$75	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/\$50/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/20%/20%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$5/30%/30%	\$5000/\$10000	\$5000/\$10000	\$6000/\$12000	\$6000/\$12000
\$5/50%/50%	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$3000/\$6000
\$7/\$15/\$25	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$15/\$30	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$15/\$35	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$20/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$25/\$40	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$30/\$40	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$30/\$50	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$30/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$30/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$50/\$75	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$7/\$50/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$10/\$30	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$15/\$20	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300



2020 Creditable Coverage List for Health+Rx Deductible Plans

Copay Structure*	Mail-Order Benefit: 3 copays per 90 day supply	Mail-Order Benefit: 2.5 copays per 90 day supply	Mail-Order Benefit: 2 copays per 90 day supply	Mail-Order Benefit: 1 copay per 90 day supply
	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:	Prescription Drug benefits Creditable up to Annual Deductible of:
\$10/\$15/\$25	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$15/\$35	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$20/\$40	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$20/\$45	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$20/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$25/\$40	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$30/\$50	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$30/\$60	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$30/\$75	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$30/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$30/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$35/\$45	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$35/\$70	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$35/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$40/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$50/\$75	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/\$50/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$10/50%/50%	\$1000/\$2000	\$1000/\$2000	\$2000/\$4000	\$2000/\$4000
\$10/\$75/\$150	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$15/\$25/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$15/\$30/\$50	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$15/\$30/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$15/\$50/\$75	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$15/\$50/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$15/\$60/\$100	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$15/\$50/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$15/30%/50%	\$4000/\$8000	\$4000/\$8000	\$4000/\$8000	\$5000/\$10000
\$15/50%/50%	\$0/\$0	\$1000/\$2000	\$1000/\$2000	\$2000/\$4000
\$20/\$30/50%	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300
\$20/\$40/\$80	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300	\$6150/\$12300

*No Annual or Lifetime Limits on Rx Coverage