

AK Preferred Choice creditable coverage status

Effective Date: 01/01/2022

The Centers for Medicare & Medicaid Services (CMS) requires plan sponsors (employer groups) to disclose to Medicare Part D eligible active and retired employees and their spouses and dependents whether their coverage is “creditable” prescription drug coverage when compared to Medicare Part D.

This information is essential to an individual’s decision whether to enroll in a Medicare Part D prescription drug plan. Medicare eligible individuals whose prescription drug plan is deemed not creditable have an opportunity to join Medicare Part D during the annual enrollment period and may be eligible at other qualifying times.

Effective January 1, 2022, Premera has determined the creditable coverage status of the prescription drug coverage for Preferred Choice plans per CMS guidelines as shown below.

For more information on Medicare Part D click here: <http://www.cms.gov/CreditableCoverage/>

As a courtesy, we have tested our plans using actuarial tools to determine if the plans provide “creditable coverage”. These results do not constitute statements of actuarial opinion. The obligation to test plans and send notices to group members is the employer’s responsibility. Employers should consult their financial consultants and/or legal counsel to determine their obligations and whether the information presented is appropriate for the plans you’ve selected and implemented.

Preferred Choice creditable coverage results for CMS Medicare Part D thresholds 2022

Plan Name	Pharmacy Tiers/Description	2022 Results
Plus HSA Qualified \$1500	HSA Essential	CREDITABLE
Plus HSA Qualified \$2000	HSA Essential	CREDITABLE
Plus HSA Qualified \$3000	HSA Essential	CREDITABLE
Plus HSA Qualified \$4000	HSA Essential	CREDITABLE
Plus HSA Qualified \$5000	HSA Essential	CREDITABLE
Plus HSA Qualified \$6000	HSA Essential	CREDITABLE
Plus HSA Qualified \$6500	HSA Essential	CREDITABLE
Essentials 7550	Essentials 7550	NOT CREDITABLE
Essentials 8550	Essentials 8550	NOT CREDITABLE
Select HSA Qualified \$4000	HSA Essential	CREDITABLE
Plus HSA Qualified \$1500	HSA Standard 1	CREDITABLE
Plus HSA Qualified \$2000	HSA Standard 1	CREDITABLE
Plus HSA Qualified \$3000	HSA Standard 1	CREDITABLE
Plus HSA Qualified \$4000	HSA Standard 1	CREDITABLE
Plus HSA Qualified \$5000	HSA Standard 1	CREDITABLE
Plus HSA Qualified \$6000	HSA Standard 1	CREDITABLE
Plus HSA Qualified \$6500	HSA Standard 1	CREDITABLE
Select HSA Qualified \$4000	HSA Standard 1	CREDITABLE
Plus HSA Qualified \$1500	HSA Standard 2	CREDITABLE
Plus HSA Qualified \$2000	HSA Standard 2	CREDITABLE
Plus HSA Qualified \$3000	HSA Standard 2	CREDITABLE
Plus HSA Qualified \$4000	HSA Standard 2	CREDITABLE
Plus HSA Qualified \$5000	HSA Standard 2	CREDITABLE
Plus HSA Qualified \$6000	HSA Standard 2	CREDITABLE
Plus HSA Qualified \$6500	HSA Standard 2	CREDITABLE
Select HSA Qualified \$4000	HSA Standard 2	CREDITABLE
Plus Split Copay \$100	Essentials \$10/\$25/\$45/30%	CREDITABLE
Plus Split Copay \$250	Essentials \$10/\$25/\$45/30%	CREDITABLE
Plus Split Copay \$500	Essentials \$10/\$25/\$45/30%	CREDITABLE
Plus Split Copay \$1000	Essentials \$10/\$25/\$45/30%	CREDITABLE
Plus Split Copay \$2000	Essentials \$10/\$25/\$45/30%	CREDITABLE
Plus Split Copay \$3000	Essentials \$10/\$25/\$45/30%	CREDITABLE
Plus Split Copay \$4000	Essentials \$10/\$25/\$45/30%	CREDITABLE
Plus Split Copay \$5000	Essentials \$10/\$25/\$45/30%	CREDITABLE
Plus Split Copay \$6000	Essentials \$10/\$25/\$45/30%	CREDITABLE
Select \$100	Essentials \$10/\$25/\$45/30%	CREDITABLE
Select \$250	Essentials \$10/\$25/\$45/30%	CREDITABLE
Select \$1000	Essentials \$10/\$25/\$45/30%	CREDITABLE
Select \$3000	Essentials \$10/\$25/\$45/30%	CREDITABLE
Select \$6000	Essentials \$10/\$25/\$45/30%	CREDITABLE
Plus Split Copay \$100	Essentials \$15/\$30/\$50/30%	CREDITABLE

Plus Split Copay \$250	Essentials \$15/\$30/\$50/30%	CREDITABLE
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Plus Split Copay \$3000	Essentials \$15/\$30/\$50/30%	CREDITABLE
Plus Split Copay \$4000	Essentials \$15/\$30/\$50/30%	CREDITABLE
Plus Split Copay \$5000	Essentials \$15/\$30/\$50/30%	CREDITABLE
Plus Split Copay \$6000	Essentials \$15/\$30/\$50/30%	CREDITABLE
Select \$100	Essentials \$15/\$30/\$50/30%	CREDITABLE
Select \$250	Essentials \$15/\$30/\$50/30%	CREDITABLE
Select \$1000	Essentials \$15/\$30/\$50/30%	CREDITABLE
Select \$3000	Essentials \$15/\$30/\$50/30%	CREDITABLE
Select \$6000	Essentials \$15/\$30/\$50/30%	CREDITABLE
Plus Split Copay \$100	Essentials \$150-\$15/\$60/\$100/50%	CREDITABLE
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Plus Split Copay \$2000	Essentials \$150-\$15/\$60/\$100/50%	CREDITABLE
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Plus Split Copay \$6000	Essentials \$150-\$15/\$60/\$100/50%	CREDITABLE
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Select \$250	Essentials \$150-\$15/\$60/\$100/50%	CREDITABLE
Select \$1000	Essentials \$150-\$15/\$60/\$100/50%	CREDITABLE
Select \$3000	Essentials \$150-\$15/\$60/\$100/50%	CREDITABLE
Select \$6000	Essentials \$150-\$15/\$60/\$100/50%	CREDITABLE
Plus Split Copay \$100	\$10/\$30/\$50	CREDITABLE
Plus Split Copay \$250	\$10/\$30/\$50	CREDITABLE
Plus Split Copay \$500	\$10/\$30/\$50	CREDITABLE
Plus Split Copay \$1000	\$10/\$30/\$50	CREDITABLE
Plus Split Copay \$2000	\$10/\$30/\$50	CREDITABLE
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Plus Split Copay \$4000	\$10/\$30/\$50	CREDITABLE
Plus Split Copay \$5000	\$10/\$30/\$50	CREDITABLE
Plus Split Copay \$6000	\$10/\$30/\$50	CREDITABLE
Select \$100	\$10/\$30/\$50	CREDITABLE
Select \$250	\$10/\$30/\$50	CREDITABLE
Select \$1000	\$10/\$30/\$50	CREDITABLE
Select \$3000	\$10/\$30/\$50	CREDITABLE
Select \$6000	\$10/\$30/\$50	CREDITABLE
Plus Split Copay \$100	\$20/\$40/\$60	CREDITABLE
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Select \$250	\$20/\$40/\$60	CREDITABLE
Select \$1000	\$20/\$40/\$60	CREDITABLE
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Select \$6000	\$20/\$40/\$60	CREDITABLE
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Select \$6000	\$150- \$15/\$30/\$50/30%	CREDITABLE
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Notice of availability and nondiscrimination 800-508-4722 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Vala'au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa'aopo'opo talafeagai ma auaunaga.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

ติดต่อขอรับการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่นๆ เพิ่มเติม

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. 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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.