



September XX, 2023

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Medicare Part D notification requirements may affect active employees

Dear Valued Benefits Administrator:

As you may know, employers that offer prescription drug coverage to their Medicare-eligible employees, retirees, and dependents (collectively referred to as “members”) must notify them by October 15, 2023 of whether that coverage is “creditable” or “non-creditable.” We are writing to remind you of that requirement and to provide you with information on the status of Independence Blue Cross (Independence) prescription drug plans.

This requirement is part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), which added a new prescription drug program to Medicare known as the Part D drug benefit. Under the MMA, the Centers for Medicare & Medicaid Services (CMS) established two categories of prescription drug coverage — creditable and non-creditable coverage. Creditable coverage is defined as a prescription drug benefit that has an actuarial value as good as or better than the standard Part D drug benefit. A non-creditable prescription drug plan has an actuarial value that is *not* as good as the standard Part D drug benefit.

Plan Creditability for 2023 and 2024

Small Group

All of our prescription drug plans offered with our Qualified Health Plans are creditable for 2023 and will be for 2024.

Large Group

All of our standard prescription drug plans offered with our health plans are creditable for 2023 as well as those listed for 2024. The enclosed chart shows our 2024 standard prescription drug plans.

Important: If your group has a plan that is not a standard plan shown on the chart and you would like us to test it to determine if it is creditable or non-creditable, please contact your Independence account executive, broker, or consultant.

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What you should do

To begin the notification process to your Medicare-eligible members you should:

- Visit the CMS website at **cms.hhs.gov/CreditableCoverage** for further information on creditable coverage and to obtain a copy of the model creditable/non-creditable disclosure letters.
- Disclose to your Medicare-eligible members whether your prescription drug coverage is creditable or non-creditable prior to the Medicare Part D Annual Election period, running from October 15 through December 7.
- Notify CMS whether your prescription drug coverage qualifies as creditable or non-creditable.

Please note: Medicare beneficiaries who are not covered under creditable prescription drug coverage and who chose not to enroll in a Medicare Part D drug plan when they first became eligible for Medicare (or during the initial enrollment period) will likely pay a higher premium permanently if they subsequently enroll in the Medicare Part D drug program (the premium is increased by one percent for each month without creditable coverage).

How you can learn more

This letter is not intended to provide legal or tax advice and should be used only for guidance in educating your members regarding the impact of Medicare Part D. This does not represent an actuarial attestation for the purpose of applying for the CMS Retiree Drug Subsidy. You should consult with your legal counsel and/or your tax adviser to determine the effect of the statutes and regulations regarding Medicare Part D.

We'd also like to take this opportunity to thank you for selecting Independence Blue Cross as your health insurance carrier. We value your business and we remain committed to providing you access to quality health care at the lowest possible price.

If you have any questions regarding Medicare Part D or this letter, please contact your broker, consultant, or Independence Blue Cross account executive.

Sincerely,

Your Account Management Team

Enclosure

Medicare Part D creditable coverage determinations

The following Independence Blue Cross **Large Group** standard prescription drug plans were determined to be **creditable** as of September 1, 2023.

Rx Only Benefits – Plan Name

Value Rx \$3/\$20/\$75/\$100/50% up to \$1,000	Value Rx \$3/\$10/\$40/\$70/50% up to \$500
Value Rx \$3/\$20/\$40/\$70/50% up to \$1,000	Value Rx \$3/20%/20%/20%/50% up to \$500
Value Rx \$250/\$3/10% no ded/20%/30%/50% up to \$500	Value Rx \$3/\$10/\$30/\$50/50% up to \$500
Value Rx \$3/\$20/\$40/\$60/50% up to \$500	Value Rx \$3/\$10/\$25/\$50/50% up to \$500
Value Rx \$3/\$15/\$35/\$50/50% up to \$500	Value Rx \$3/\$25/\$50/\$75/50% up to \$500
	Value Rx \$3/\$10/\$20/\$35/50% up to \$500

Integrated (Int) benefits – Plan Name

PPO \$4000/90% w Int Rx	PPO HSA \$3,000/90% w Int Rx
PPO HSA \$2,000/100% w Int Rx	PPO HSA \$4,000/\$40-\$70/\$250 w Int Rx
PPO HSA \$2,000/80% w Int Rx	PPO HSA \$4,000/\$40-\$70/90% w Int Rx
PPO HSA \$2,000/90% w Int Rx	PPO HSA \$4,000/90% w Int Rx
PPO HSA \$2,500/100% w Int Rx	PPO HSA \$5,000/\$40-\$70/\$250 w Int Rx
PPO HSA \$2,500/80% w Int Rx	PPO HSA \$5,000/\$40-\$70/100% w Int Rx
PPO HSA \$2,500/90% w Int Rx	PPO HSA \$5,000/100% w Int Rx
PPO HSA \$3,000/\$30-\$60/\$500 w Int Rx	PPO HSA \$5,000/80% w Int Rx
PPO HSA \$3,000/\$40-\$70/90% w Int Rx	PPO HSA \$5,000/70% w Int Rx
PPO HSA \$3,000/100% w Int Rx	PPO HSA \$6,350/100% w Int Rx
PPO HSA \$3,000/80% w Int Rx	

The determinations in this exhibit are based on standard benefit designs only. Evaluating specific characteristics of a particular employer/retiree group may yield different results. This chart is not intended to provide either legal or tax advice. It does not represent an actuarial attestation for the purpose of applying for the CMS Retiree Drug Subsidy. Please consult with your legal counsel and/or your tax adviser to determine the effect of the statutes and regulations regarding Medicare Part D.

Not all prescription drug programs are available to all customers. Not for distribution to Medicare beneficiaries.