




If you offer prescription drug coverage through a group health plan, Medicare regulations require you to inform CMS and Medicare-eligible employees (sometimes retirees) annually at case install or renewal within 60 days window whether their employer-sponsored coverage is considered "creditable" under Medicare guidelines.

Coverage is considered *creditable* if it meets or exceeds the value of the standard Medicare Part D prescription drug plan.

It's important to note that pharmacy plans within a high-deductible health plan (HSA-compatible) can be *either* creditable or non-creditable, depending on whether Medicare is the primary or secondary payer.

This guide highlights Medical plans that are classified as *non-creditable*. Any plans not listed in this guide are considered *creditable*.

Carrier	Response
	Non-Creditable Plans: <ul style="list-style-type: none">Anthem Convenient Care HMO 8200/40%/9000 Rx \$0/\$10/\$60/\$125/\$400 Lean RxAnthem Convenient Care HMO 8200/40%/9000 Rx \$0/\$10/\$60/\$125/\$400 Essential Tiered Rx
	Non-Creditable Plans: <ul style="list-style-type: none">PPO HD 24
	All Total Benefit Solutions Large Group plans are considered creditable for the 2025 plan year