Medicare Part D creditable coverage

2027 | CALIFORNIA

If a health plan's prescription drug coverage is as good as or better than Medicare Part D, it's considered "creditable." Employers who offer prescription drug coverage to Medicare-eligible individuals are required to notify their beneficiaries and the Centers for Medicare & Medicaid Services (CMS) whether or not their coverage is creditable.

The prescription drug coverage is creditable for the following plans.

2027 Small Business Metal Plans	2027 CaliforniaChoice® Small Business Metal Plans	2027 Covered California for Small Business Metal Plans
– Platinum 90 HMO 0/10 PCP + Child Dental Alt – Platinum 90 HMO 0/25 PCP + Child Dental – Platinum 90 HMO 250/35 PCP + Child Dental Alt	– Platinum HMO A – Platinum HMO B – Platinum HMO C	– Platinum 90 HMO 0/10 PCP + Child Dental Alt – Platinum 90 HMO 0/25 PCP + Child Dental – Platinum 90 HMO 250/35 PCP + Child Dental Alt
– Gold 80 HMO 0/50 PCP + Child Dental Alt – Gold 80 HMO 325/40 PCP + Child Dental – Gold 80 HMO 500/35 PCP + Child Dental Alt – Gold 80 HMO 1000/45 PCP + Child Dental Alt – Gold 80 HDHP HMO 2000/15% PCP + Child Dental Alt – Gold 80 HRA HMO 2250/35 PCP + Child Dental	– Gold HMO C – Gold HMO B – Gold HMO F – Gold HMO D – Gold HMO E	– Gold 80 HMO 0/50 PCP + Child Dental Alt – Gold 80 HMO 325/40 PCP + Child Dental – Gold 80 HMO 500/35 PCP + Child Dental Alt – Gold 80 HMO 1000/45 PCP + Child Dental Alt – Gold 80 HDHP HMO 2000/15% PCP + Child Dental Alt
– Silver 70 HMO 2000/65 PCP + Child Dental Alt – Silver 70 HMO 2300/65 PCP + Child Dental Alt – Silver 70 HMO 2500/60 PCP + Child Dental – Silver 70 HMO 3400/75 PCP + Child Dental Alt – Silver 70 HDHP HMO 3200/25% PCP + Child Dental	– Silver HMO B – Silver HMO A – Silver HMO C – Silver HMO E – Silver HMO D	– Silver 70 HMO 2000/65 PCP + Child Dental Alt – Silver 70 HMO 2300/65 PCP + Child Dental Alt – Silver 70 HMO 2500/60 PCP + Child Dental – Silver 70 HMO 3400/75 PCP + Child Dental Alt – Silver 70 HDHP HMO 3200/25% PCP + Child Dental
– Bronze 60 HMO 5800/60 PCP + Child Dental – Bronze 60 HDHP HMO 7800/0% PCP + Child Dental	– Bronze HMO A – Bronze HMO C	– Bronze 60 HMO 5800/60 PCP + Child Dental – Bronze 60 HDHP HMO 7800/0% PCP + Child Dental
Kaiser Permanente Plus™ (KP Plus)* – Platinum 90 0/10 PCP KP Plus + Child Dental Alt – Gold 80 325/40 PCP KP Plus + Child Dental Alt – Silver 70 2000/65 PCP KP Plus + Child Dental Alt		
– Platinum 90 PPO 0/25 PCP + Child Dental – Gold 80 PPO 500/30 PCP + Child Dental – Silver 70 PPO 2500/60 PCP + Child Dental – Bronze 60 PPO 5800/60 PCP + Child Dental		

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The prescription drug coverage is creditable for the following plans.

2027
Small Business Grandfathered (Nonmetal) Plans

- $5 Copay
- $15 Copay
- $20 Copay
- $30 Copay
- $50 Copay

- $30/$1,000 Deductible HMO
- $30/$1,500 Deductible HMO
- $40/$2,000 Deductible HMO

- $30/$1,500 Deductible HMO with HRA
- $30/$2,500 Deductible HMO with HRA

- $0/$2,000 HSA-Qualified Deductible HMO
- $0/$3,500 HSA-Qualified Deductible HMO
- $30/$3,500 HSA-Qualified Deductible HMO

Contact your Kaiser Permanente representative to learn more about Medicare Part D coverage.

*Kaiser Permanente Plus™ (KP Plus) is a limited point-of-service (POS) plan with coverage for certain outpatient services and prescriptions from out-of-network providers as described in the *Evidence of Coverage*.

KAISER PERMANENTE®

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