

Keeping Medicare-eligible individuals informed about creditable coverage

There are certain communications needed to keep your Medicare-eligible employees and retirees up to date about their plans. Medicare Part D drug coverage helps to cover the cost of prescription drugs. To help your individuals with Medicare make an informed decision about their medication coverage options, you are required to let them know if their current drug plan is “creditable” or “noncreditable.”

Creditable prescription plans:

Creditable prescription plans ensure that when a Medicare-eligible individual pays for prescription medication, the costs are the same or less than what Medicare covers.

Noncreditable prescription plans:

A noncreditable prescription plan means that drugs cost more, on average, than what Medicare’s plan covers.

Medicare-eligible individuals with creditable plans can keep their current coverage to avoid higher costs for drugs. Those with noncreditable drug plans may want to enroll in Medicare Part D to reduce their drug costs.

How to notify your Medicare-eligible individuals

You must send a *Notice of Non-Creditable Coverage* every year to let Medicare-eligible individuals know if their current prescription drug benefit is noncreditable coverage. You need to do this yearly for all Medicare-eligible active employees and their dependents, Medicare-eligible COBRA individuals and their dependents, Medicare-eligible disabled individuals covered under the prescription drug plan, and any retirees and their dependents.

A late enrollment penalty on individuals who do not maintain creditable coverage for 63 days or longer following their initial enrollment period for the Medicare prescription drug benefit may apply. This information is essential to an individual’s decision to enroll in a Medicare Part D prescription drug plan. You can view a sample letter at cms.hhs.gov/creditablecoverage.

You should notify Medicare-eligible members about their coverage:

- Before their initial enrollment period for Part D.
- Before the annual coordinated election period each year, which begins October 15.
- Before the effective enrollment date in the plan.
- Every time a change impacts a plan’s creditable status.
- Upon request from the beneficiary.

How to notify CMS

This information must also be recorded with the Centers for Medicare & Medicaid Services (CMS). Go to cms.hhs.gov/creditablecoverage and complete the [Disclosure to CMS Form](#) unless your organization is exempt, as outlined in the disclosure to CMS guidance. For details about creditable coverage and forms you need, visit cms.hhs.gov/creditablecoverage.

Are your plans creditable?

The 2025 Nevada Large Group 51+ plans that include “noncreditable” prescription drug benefits are outlined on the next page. Plans not listed on the next page are considered “creditable.”

We are here to help

If you have questions about creditable and noncreditable coverage, please contact your Anthem representative.



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2025 Nevada Large Group 51+

	Contract Code	Creditable Coverage Status
2025 Nevada Large Group 51+		
Anthem Convenient Care HMO 8200/40%/9000 Rx \$0/\$10/\$60/\$125/\$400 Lean Rx	8H0U	Noncreditable
Anthem Convenient Care HMO 8200/40%/9000 Rx \$0/\$10/\$60/\$125/\$400 Essential Tiered Rx	8H1Z	Noncreditable