

## Group Rx Creditable Coverage Status 2025

The Centers of Medicare and Medicaid Services (CMS) require that plan sponsors (employer groups) disclose whether their prescription drug coverage is “creditable” to CMS and to covered individuals. This information is essential for Medicare eligible’s decisions to enroll in Medicare Part D. The grid contains our standard pharmacy products. If you have a custom pharmacy product that is not listed on this grid, please contact your sales representative. [Click here](#) to find model Creditable Part D Coverage notices for your employees on the CMS website.

**Disclaimer:** According to CMS guidelines, employer group health plan sponsors have the ultimate responsibility to determine whether its plan, as implemented, offers creditable coverage, along with providing required notification to plan enrollees. The information contained in this document is provided as a courtesy and for informational purposes only. It does not constitute legal or actuarial guidance or opinion. Testing results were calculated using 2025 Medicare Part D defined standard benefit parameters, general health plan designs, and in accordance with [Creditable Coverage guidance](#) provided by CMS. Evaluating specific characteristics of a particular employer group health plan may yield different results.

<b>Asuris Classic<sup>®</sup>, Asuris Embark<sup>®</sup>, Asuris Vantage<sup>®</sup>, Asuris Preferred<sup>®</sup>, Asuris Virtual Saver<sup>®</sup></b>					
<b>3-Tier</b>					
Tier 1:	\$5	\$10	\$7	\$10	\$15
Tier 2:	\$25	\$35	25%	35%	\$50
Tier 3:	\$50	\$75	50%	50%	\$100
Annual Member OOP max	Combined with Medical				
<b>Deductibles: 3-Tier</b>	<b>Creditable Coverage Indication</b>				
Does not apply to Tier 1					
\$0	Yes	Yes	Yes	Yes	Yes
\$250	Yes	Yes	Yes	Yes	Yes
\$500	Yes	Yes	Yes	Yes*	Yes
<b>6-Tier</b>					
Tier 1:	\$5	\$10	\$7	\$10	\$15
Tier 2:	\$20	\$30	25%	25%	\$50
Tier 3:	\$25	\$35	25%	35%	\$50
Tier 4:	\$50	\$75	50%	50%	\$100
Tier 5:	\$150	\$150	25%	40%	\$150
Tier 6:	50%	50%	50%	50%	\$200
Annual Member OOP max	Combined with Medical				
<b>Deductibles: 6-Tier</b>	<b>Creditable Coverage Indication</b>				
Does not apply to Tier 1					
\$0	Yes	Yes	Yes	Yes	Yes
\$250	Yes	Yes	Yes	Yes	Yes
\$500	Yes	Yes	Yes	Yes*	Yes

\*Plans with an asterisk indicate that a Simplified Determination was utilized, and therefore restrictions may apply if the health plan sponsor participates in the [Retiree Drug Subsidy](#) program.

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<b>Asuris Classic CLP®</b>					
<b>3-Tier</b>					
Tier 1:	\$5	\$10	\$7	\$10	\$15
Tier 2:	\$25	\$35	25%	35%	\$50
Tier 3:	\$50	\$75	50%	50%	\$100
Annual Member OOP max	\$3,000 OOP max on Classic "Premium"				
<b>Deductibles: 3-Tier</b>	<b>Creditable Coverage Indication</b>				
Does not apply to Tier 1					
\$0	Yes	Yes	Yes	Yes	Yes
\$250	Yes	Yes	Yes	Yes*	Yes
\$500	Yes	Yes	Yes*	Yes*	Yes
<b>6-Tier</b>					
Tier 1:	\$5	\$10	\$7	\$10	\$15
Tier 2:	\$20	\$30	25%	25%	\$50
Tier 3:	\$25	\$35	25%	35%	\$50
Tier 4:	\$50	\$75	50%	50%	\$100
Tier 5:	\$150	\$150	25%	40%	\$150
Tier 6:	50%	50%	50%	50%	\$200
Annual Member OOP max	\$3,000 OOP max on Classic "Premium"				
<b>Deductibles: 6-Tier</b>	<b>Creditable Coverage Indication</b>				
Does not apply to Tier 1					
\$0	Yes	Yes	Yes	Yes*	Yes
\$250	Yes	Yes	Yes	Yes*	Yes
\$500	Yes	Yes	Yes*	Yes*	Yes

\*Plans with an asterisk indicate that a Simplified Determination was utilized, and therefore restrictions may apply if the health plan sponsor participates in the [Retiree Drug Subsidy](#) program.

# Group Rx Creditable Coverage Status 2025

Regence HSA Healthplan 2.0 <sup>SM</sup>							
Deductible Indiv/Fam	Deductible Application	Member Cost Share			OOP Max Indiv/Fam	OOP Max Application	Creditable for 2025
		Tier 1	Tier 2	Tier 2			
\$1,700/\$3,400	Family	20%	20%	20%	\$5,000/\$10,000	Family	Yes
\$2,500/\$5,000	Family	20%	20%	20%	\$5,000/\$10,000	Family	Yes
\$3,300/\$5,000	Individual	20%	20%	20%	\$5,000/\$10,000	Individual	Yes
\$3,300/\$7,000	Individual	20%	20%	20%	\$5,000/\$10,000	Individual	Yes
\$3,500/\$7,000	Family	20%	20%	20%	\$5,000/\$10,000	Family	Yes
\$5,000/\$10,000	Family	0%	0%	0%	\$5,000/\$10,000	Family	Yes
\$6,200/\$12,400	Family	0%	0%	0%	\$6,200/\$12,400	Family	No

Regence HSA Healthplan 3.0 <sup>SM</sup>							
Deductible Indiv/Fam	Deductible Application	Member Cost Share			OOP Max Indiv/Fam	OOP Max Application	Creditable for 2025
		Tier 1	Tier 2	Tier 3			
\$5,000/\$10,000	Individual	30%	30%	30%	\$7,000/\$14,000	Individual	No
\$6,000/\$12,000	Individual	30%	30%	30%	\$8,000/\$16,000	Individual	No
\$1,700/\$3,400	Family	20%	20%	20%	\$3,000/\$6,000	Family	Yes
\$1,700/\$3,400	Family	20%	20%	20%	\$5,000/\$10,000	Family	Yes
\$2,500/\$5,000	Family	20%	20%	20%	\$4,000/\$8,000	Family	Yes
\$2,500/\$5,000	Family	20%	20%	20%	\$5,000/\$10,000	Family	Yes
\$3,300/\$5,000	Individual	20%	20%	20%	\$5,000/\$10,000	Individual	Yes
\$3,300/\$7,000	Individual	20%	20%	20%	\$5,000/\$10,000	Individual	Yes
\$3,500/\$7,000	Family	20%	20%	20%	\$5,000/\$10,000	Family	Yes
\$5,000/\$10,000	Individual	20%	20%	20%	\$6,500/\$13,000	Individual	No
\$5,000/\$10,000	Family	20%	20%	20%	\$7,000/\$14,000	Family	No
\$6,000/\$12,000	Individual	20%	20%	20%	\$8,000/\$16,000	Individual	No
\$3,300/\$6,600	Individual	0%	0%	0%	\$3,300/\$6,600	Individual	Yes
\$4,500/\$9,000	Family	0%	0%	0%	\$4,500/\$9,000	Family	Yes
\$5,000/\$10,000	Family	0%	0%	0%	\$5,000/\$10,000	Family	Yes
\$6,200/\$12,400	Family	0%	0%	0%	\$6,200/\$12,400	Family	No

# Group Rx Creditable Coverage Status 2025

Asuris EmployeeSelect <sup>SM</sup> Metallic Plans										
Group Plan	Member Cost Share									Creditable Coverage Indication
	Indiv/Family (In Network)		Rx 6 Tier (Retail/Home Delivery)							
	Deductible	Out of Pocket Maximum		T1	T2	T3	T4	T5	T6	
Platinum 250 Preferred	\$250/\$500	\$4,000/\$8,000	Retail	\$8	\$30	\$30	50%	20%	50%	Yes
			Home	\$24	\$90	\$90	50%	NA	NA	
			<b>All Tiers Waived From Shared Deductible</b>							
Platinum 500 Preferred	\$500/\$1,000	\$4,000 /\$8,000	Retail	\$8	\$35	\$30	50%	20%	50%	Yes
			Home	\$24	\$105	\$90	50%	NA	NA	
			<b>All Tiers Waived From Shared Deductible</b>							
Platinum 1150 Preferred	\$1,150/\$2,300	\$1,150/\$2,300	Retail	0%	0%	0%	0%	0%	0%	Yes
			Home	0%	0%	0%	0%	NA	NA	
			<b>Deductible Applies To All Tiers</b>							
Gold 500 Preferred	\$500/\$1,000	\$7,500/\$15,000	Retail	\$10	\$35	\$50	50%	20%	50%	Yes
			Home	\$30	\$105	\$150	50%	NA	NA	
			<b>All Tiers Waived From Shared Deductible</b>							
Gold 1000 Preferred	\$1,000/\$2,000	\$7,000/\$14,000	Retail	\$10	\$35	\$50	50%	20%	50%	Yes
			Home	\$30	\$105	\$150	50%	NA	NA	
			<b>All Tiers Waived From Shared Deductible</b>							
Gold 1500 Preferred	\$1,500/\$3,000	\$8,550/\$17,100	Retail	\$15	\$35	\$50	50%	20%	50%	Yes
			Home	\$45	\$105	\$150	50%	NA	NA	
			<b>All Tiers Waived From Shared Deductible</b>							
Gold 2000 Preferred	\$2,000/\$4,000	\$5,750/\$11,500	Retail	\$10	\$35	\$50	50%	20%	50%	Yes
			Home	\$30	\$105	\$150	50%	NA	NA	
			<b>All Tiers Waived From Shared Deductible</b>							
Gold 2500 Preferred	\$2,500/\$5,000	\$7,350/\$14,700	Retail	\$10	\$35	\$50	50%	20%	50%	Yes
			Home	\$30	\$105	\$150	50%	NA	NA	
			<b>All Tiers Waived From Shared Deductible</b>							
Gold Abound 3500 Preferred	\$3,500/\$7,000	\$3,500/\$7,000	Retail	0%	0%	0%	0%	0%	0%	Yes
			Home	0%	0%	0%	0%	NA	NA	
			<b>Deductible Applies To All Tiers</b>							
Gold HSA 1800 Preferred	\$1,800/\$3,600	\$4,500/\$9,000	Retail	10%	25%	25%	50%	20%	50%	Yes
			Home	10%	25%	25%	50%	NA	NA	
			<b>Deductible Applies To All Tiers</b>							

# Group Rx Creditable Coverage Status 2025

Asuris EmployeeSelect <sup>SM</sup> Metallic Plans - continued										
Group Plan	Member Cost Share									Creditable Coverage Indication
	(In Network)		(Retail/Home Delivery)							
	Deductible	Out of Pocket Maximum		T1	T2	T3	T4	T5		
Silver 3000 Preferred	\$3,000/\$6,000	\$8,650/\$17,300	Retail	\$20	\$35	\$60	50%	20%	50%	Yes
			Home	\$60	\$105	\$180	50%	NA	NA	
			<b>Tiers 1,2,3,4 Deductible Waived</b>							
Silver 5500 Preferred	\$5,500/\$11,000	\$7,900/\$15,800	Retail	\$20	\$35	\$60	50%	20%	50%	Yes
			Home	\$60	\$105	\$180	50%	NA	NA	
			<b>Tiers 1,2,3,4 Deductible Waived</b>							
Silver Essential 2500 Preferred	\$2,500/\$5,000	\$8,500/\$17,000	Retail	\$15	\$35	25%	50%	20%	50%	Yes
			Home	\$45	\$105	25%	50%	NA	NA	
			<b>Tiers 1 &amp; 2 Deductible Waived</b>							
Silver Essential 4000 Preferred	\$4,000/\$8,000	\$8,150/\$16,300	Retail	\$10	\$35	25%	50%	20%	50%	Yes
			Home	\$30	\$105	25%	50%	NA	NA	
			<b>Tiers 1 &amp; 2 Deductible Waived</b>							
Silver HSA Embedded 3600 Preferred	\$3,600/\$7,200	\$6,700/\$13,400	Retail	10%	25%	35%	50%	20%	50%	No
			Home	10%	25%	35%	50%	NA	NA	
			<b>Deductible Applies To All Tiers</b>							
Silver HSA 2700 Preferred	\$2,700/\$5,400	\$6,900/\$13,800	Retail	10%	25%	35%	50%	20%	50%	Yes
			Home	10%	25%	35%	50%	NA	NA	
			<b>Deductible Applies To All Tiers</b>							
Silver HSA 3500 Preferred	\$3,500/\$7,000	\$6,900/\$13,800	Retail	10%	25%	35%	50%	20%	50%	No
			Home	10%	25%	35%	50%	NA	NA	
			<b>Deductible Applies To All Tiers</b>							
Silver HSA 5150 Preferred	\$5,150/\$10,300	\$5,150/\$10,300	Retail	0%	0%	0%	0%	0%	0%	Yes
			Home	0%	0%	0%	0%	NA	NA	
			<b>Deductible Applies To All Tiers</b>							
Bronze HSA 6000 Preferred	\$6,000/\$12,000	\$7,150/\$14,300	Retail	50%	50%	50%	50%	20%	50%	No
			Home	50%	50%	50%	50%	NA	NA	
			<b>Deductible Applies To All Tiers</b>							

# Group Rx Creditable Coverage Status 2025

Asuris EmployeeSelect <sup>SM</sup> Metallic Plans - continued										
Group Plan	Member Cost Share									Creditable Coverage Indication
	(In Network)		(Retail/Home Delivery)							
	Deductible	Out of Pocket Maximum		T1	T2	T3	T4	T5		
Bronze Essential 7500 Preferred	\$7,500/\$15,000	\$9,100/\$18,200	Retail	\$10	\$35	25%	50%	20%	50%	No
			Home	\$30	\$105	25%	50%	NA	NA	
			<i>Tiers 1 &amp; 2 Deductible Waived</i>							
Bronze 8550 Preferred	\$8,550/\$17,100	\$8,550/\$17,100	Retail	0%	0%	0%	0%	0%	0%	Yes
			Home	0%	0%	0%	0%	NA	NA	
			<i>Deductible Applies To All Tiers</i>							
RealValue Network Plans										
Gold 2500 RealValue	\$2,500/\$5,000	\$7,350/\$14,700	Retail	\$10	\$35	\$50	50%	20%	50%	Yes
			Home	\$30	\$105	\$150	50%	NA	NA	
			<i>All Tiers Waived From Shared Deductible</i>							
Silver 3000 RealValue	\$3,000/\$6,000	\$8,650/\$17,300	Retail	\$20	\$35	\$60	50%	20%	50%	Yes
			Home	\$60	\$105	\$180	50%	NA	NA	
			<i>Tiers 1,2,3,4 Deductible Waived</i>							
Silver HSA 2700 RealValue	\$2,700/\$5,400	\$6,900/\$13,800	Retail	10%	25%	35%	50%	20%	50%	Yes
			Home	10%	25%	35%	50%	NA	NA	
			<i>Deductible Applies To All Tiers</i>							
Bronze Essential 7500 RealValue	\$7,500/\$15,000	\$9,100/\$18,200	Retail	\$10	\$35	25%	50%	20%	50%	No
			Home	\$30	\$105	25%	50%	NA	NA	
			<i>Tiers 1 &amp; 2 Deductible Waived</i>							
Bronze HSA 6000 RealValue	\$6,000/\$12,000	\$7,150/\$14,300	Retail	50%	50%	50%	50%	20%	50%	No
			Home	50%	50%	50%	50%	NA	NA	
			<i>Deductible Applies To All Tiers</i>							