

# Oregon prescription drug coverage

## 2025 Small Group plans

Plan	2025 Status (creditable/non-creditable to Medicare Part D)
Balance 750 Gold	Creditable
Balance 1500 Gold	Creditable
Balance 2500 Gold	Creditable
Balance 4000 Silver	Creditable
Balance 6000 Silver	Creditable
Balance 8000 Bronze	Non-creditable
Choice 750 Gold	Creditable
Choice 1500 Gold	Creditable
Choice 2500 Gold	Creditable
Choice 4000 Silver	Creditable
Choice 6000 Silver	Creditable
Choice 6900 Silver	Creditable
Choice 9200 Bronze	Non-creditable
Connect 750 Gold	Creditable
Connect 1500 Gold	Creditable
Connect 2500 Gold	Creditable
Connect 4000 Silver	Creditable
Connect 6000 Silver	Creditable

Connect 6900 Silver	Creditable
Connect 9200 Bronze	Non-creditable
HSA Qualified 1650 Gold	Non-creditable
HSA Qualified 2500 Silver	Non-creditable
HSA Qualified 3500 Silver	Non-creditable
HSA Qualified 5500 Bronze	Non-creditable
HSA Qualified 6000 Bronze	Non-creditable
HSA Qualified 7100 Bronze	Non-creditable
Providence Oregon Standard Gold Plan	Creditable
Providence Oregon Standard Silver Plan	Creditable
Providence Oregon Standard Bronze Plan	Non-creditable
Total Enhanced 250 Platinum	Creditable
Total Enhanced 500 Platinum	Creditable
Total Enhanced 750 Platinum	Creditable
Total Enhanced 1000 Gold	Creditable
Total Enhanced 1500 Gold	Creditable
Total Enhanced 2500 Gold	Creditable
Total Enhanced 3500 Gold	Creditable
Total Enhanced 4500 Gold	Creditable
Total Enhanced 5500 Gold	Creditable
Total Enhanced 7000 Gold	Creditable

# Large Group prescription drug coverage

## Large Group Prescription Drug Plans

- All plans, including custom, with Rx benefits within the below ranges pass Creditable Coverage testing for plan year 2025
- Tier 0 does not appear on the benefit summary

Tier	Benefit	Minimum	Maximum
Tier 0	Covered in full	\$0	\$0
Tier 1	Copay	\$0	\$25
Tier 2	Copay	\$0	\$30
Tier 3	Copay	\$0	\$75
Tier 4	Copay	\$0	\$100
Tiers 5 & 6	Coinsurance with cap up to \$500	0%	50%

- All plans with benefits outside the above ranges see below

Non-Standard Rx Plan	2025 Status (creditable/non-creditable to Medicare Part D)
RXtra 10/20gr	PASS
RXtra 15/30gr	PASS
RX 15/30gr	PASS
RX 15/45gr	PASS
RX 0/0/0/0/0	PASS
RX 0/10/30/30/30	PASS
RX 5/10/30/50	PASS
RX 5/15/40/30	PASS
RX 5/15/40/50	PASS
RX 10/10/30/30/30	PASS
RX 10/10/30/40/150/2500	PASS
RX 15/15/30/30/30	PASS
RX 15/15/45/45/45	PASS
RX 20/20/100/200/100	PASS

**Large Group HSA Qualified Plans**

- If the plan out-of-pocket maximum AND deductible are no less than \$1,650 and no more than \$2,500, and the cap on specialty drugs is equal to or less than \$500, the plan is Medicare Part D creditable.
- All other HSA Qualified Plans are NOT Medicare Part D creditable.