

RX Creditable Coverage Status 2012

For Innova[®], Engage[®], and ActivateSM, Regence HSA Healthplan 2.0SM

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. This grid contains our standard pharmacy products on our new products Innova, Engage, Activate and HSA Healthplan 2.0. If you have a new pharmacy plan benefit that is not located on this grid, please contact your sales representative.

Innova/Engage Prescription Drug Benefit Designs (Group)

	Groups 2-99				Additional Options Groups 100+			
Generics	\$10	\$5	\$7	\$10	\$10	\$5	\$10	\$12
Brand Formulary	\$35	\$25	25%	35%	\$30	30%	20%	35%
Brand Non-formulary	\$75	\$50	50%	50%	\$60	50%	35%	50%
Annual Member OOP Max	NA	\$3K	\$4K	\$5K	\$4K	\$4K	\$3K	\$5K
*Deductibles	Creditable Coverage Indication							
\$0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
\$250	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
\$500	Yes	Yes	Yes	No	Yes	Yes	Yes	No

*Note: Deductible applies to brand-name prescriptions only.

Activate Prescription Drug Benefit Designs (Group)

	Groups 2-99				Additional Options Groups 100+			
Generics	\$10	\$5	\$7	10%	\$10	\$5	\$10	\$12
Brand Formulary	\$35	25%	30%	30%	\$30	30%	20%	35%
Brand Non-formulary	\$75	50%	50%	50%	\$60	50%	35%	50%
Annual Member OOP Max	NA	NA	NA	NA	\$4K	\$4K	\$3K	\$5K
Deductibles	Creditable Coverage Indication							
\$250	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
\$500	Yes	No	No	Yes	Yes	Yes	Yes	No
\$1,000	No	No	No	No	No	No	No	No

Regence H S A Healthplan 2.0

Deductible Indiv/Fam	Deductible Application	Member Cost Share			OOP Max Indiv/Fam	OOP Max Application	Creditable for 2012
		Generic	Pref. Brand	Non Pref			
\$1,500/\$3,000	Family	20%	20%	20%	\$5,000/\$10,000	Family	Yes
\$2,500/\$5,000	Family	20%	20%	20%	\$5,000/\$10,000	Family	Yes
\$3,500/\$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	No
\$3,000/\$5,000	Individual	20%	20%	20%	\$5,000/\$10,000	Individual	Yes
\$3,000/\$7,000	Individual	20%	20%	20%	\$5,000/\$10,000	Individual	Yes

These creditable coverage statuses are valid from January 1, 2012 through December 31, 2012.
Updates are posted annually.

RX Creditable Coverage Status 2012

For Regence Select, Regence ReviveSM, Regence HSA 1.0

This grid contains our standard pharmacy products on our Regence Select, Regence Revive, and Regence HSA 1.0 plans.

Regence Select

Groups 2-99					
Generics	\$5	\$7	\$5	\$7	\$5*
Formulary Brands	20%	30%	20%	30%	30%
Nonformulary Brands	50%	50%	50%	50%	50%
Out-of-Pocket Max / Coinsurance Max	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500
Deductible	NA	NA	\$250	\$250	\$5,000
Creditable Coverage Indication	Yes	Yes	Yes	Yes	No
*not subject to deductible					

Regence Revive

Groups 2-99				
Generics	\$10	\$7	\$5	No Pharmacy Coverage
Formulary Brands	35%	30%	30%	
Nonformulary Brands	50%	50%	50%	
Out-of-Pocket Maximum or Calendar Year Maximum (Annual Plan Limit)	\$5,000 OOP Max	\$2,000 CY Max (for brands only)	\$3,500 OOP Max	
Deductible	NA	NA	\$5,000 (for brands only)	
Creditable Coverage Indication	Yes	No	No	No

Regence H S A 1.0

Deductible Indiv/Fam	Deductible Application	Member Cost Share			OOP Max Indiv/Fam	OOP Max Application	Creditable for 2012
		Generic	Pref. Brand	Non Pref			
\$1,500/\$3,000	Family	20%	20%	20%	\$5,000/\$10,000	Family	Yes
\$2,500/\$5,000	Family	20%	20%	20%	\$5,000/\$10,000	Family	Yes
\$3,500/\$7,000	Family	20%	20%	20%	\$5,000/\$10,000	Family	Yes
\$3,000/\$5,000	Individual	20%	20%	20%	\$5,000/\$10,000	Individual	Yes
\$3,000/\$7,000	Individual	20%	20%	20%	\$5,000/\$10,000	Individual	Yes

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