

Oregon 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 decisions to enroll in Medicare Part D. The grids below contain 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 their 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.

Regence Innova[®], Regence Engage[®], Regence Preferred[®], Regence Classic[®], Regence Virtual Value[™]					
3-Tier					
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				
Deductibles: 3-Tier	Creditable Coverage Indication				
Does not apply to Tier 1					
\$0	Yes	Yes	Yes	Yes	Yes
\$250	Yes	Yes	Yes	Yes	Yes
\$500	Yes	Yes	Yes	Yes*	Yes
6-Tier					
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				
Deductibles: 6-Tier	Creditable Coverage Indication				
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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Regence Classic CLP®					
3-Tier					
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"				
Deductibles: 3-Tier	Creditable Coverage Indication				
Does not apply to Tier 1					
\$0	Yes	Yes	Yes	Yes	Yes
\$250	Yes	Yes	Yes	Yes*	Yes
\$500	Yes	Yes	Yes*	Yes*	Yes
6-Tier					
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"				
Deductibles: 6-Tier	Creditable Coverage Indication				
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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Regence HSA Healthplan 2.0 SM							
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
\$3,500/\$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 SM							
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%	\$6,500/\$13,000	Individual	No
\$5,000/\$10,000	Individual	30%	30%	30%	\$7,000/\$14,000	Individual	No
\$6,000/\$12,000	Individual	30%	30%	30%	\$7,000/\$14,000	Individual	No
\$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	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
\$8,000/\$16,000	Individual	0%	0%	0%	\$8,000/\$16,000	Individual	No

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Regence CareVia™	
6-Tier	
Tier 1:	\$15
Tier 2:	20%
Tier 3:	30%
Tier 4:	40%
Tier 5:	45%
Tier 6:	50%
Annual Member OOP max	Combined with Medical
Deductibles: 6-Tier	Creditable Coverage Indication
Does not apply to Tier 1	
\$800 or \$1,400	
	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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Regence EmployeeChoice SM 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	\$35	\$30	50%	20%	50%	Yes
			Home	\$24	\$105	\$90	50%	NA	NA	
			All Tiers Waived From Shared Deductible							
Platinum 500 Preferred	\$500/\$1,000	\$3,000 /\$6,000	Retail	\$8	\$35	\$30	50%	20%	50%	Yes
			Home	\$24	\$105	\$90	50%	NA	NA	
			All Tiers Waived From Shared Deductible							
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	
			Deductible Applies To All Tiers							
Gold 800 Preferred	\$800/\$1,600	\$8,500/\$17,100	Retail	\$10	\$35	\$50	50%	20%	50%	Yes
			Home	\$30	\$105	\$150	50%	NA	NA	
			All Tiers Waived From Shared Deductible							
Gold 1500 Preferred	\$1,500/\$3,000	\$8,550/\$17,100	Retail	\$10	\$35	\$50	50%	20%	50%	Yes
			Home	\$30	\$105	\$150	50%	NA	NA	
			All Tiers Waived From Shared Deductible							
Gold 2000 Preferred	\$2,000/\$4,000	\$7,000/\$14,000	Retail	\$10	\$35	\$50	50%	20%	50%	Yes
			Home	\$30	\$105	\$150	50%	NA	NA	
			All Tiers Waived From Shared Deductible							
Gold 2500 Preferred	\$2,500/\$5,000	\$7,500/\$15,000	Retail	\$10	\$35	\$50	50%	20%	50%	Yes
			Home	\$30	\$105	\$150	50%	NA	NA	
			All Tiers Waived From Shared Deductible							
Gold Sustain 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	
			Deductible Applies To All Tiers							
Gold HSA 1800 Preferred	\$1,800/\$3,600	\$4,400/\$8,800	Retail	10%	25%	25%	50%	20%	50%	Yes
			Home	10%	25%	25%	50%	NA	NA	
			Deductible Applies To All Tiers							
Silver 3750 Preferred	\$3,750/\$7,500	\$8,550/\$17,100	Retail	\$25	\$35	\$60	50%	20%	50%	Yes
			Home	\$75	\$105	\$180	50%	NA	NA	
			Tiers 1,2,3,4 Deductible Waived							
Silver 4750 Preferred	\$4,750/\$9,500	\$8,200/\$16,400	Retail	\$25	\$35	\$60	50%	20%	50%	Yes
			Home	\$75	\$105	\$180	50%	NA	NA	
			Tiers 1,2,3,4 Deductible Waived							

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Regence EmployeeChoice SM Metallic Plans - continued										
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		
Silver 5500 Preferred	\$5,500/\$11,000	\$9,200/\$18,400	Retail	\$15	\$35	\$60	50%	20%	50%	Yes
			Home	\$45	\$105	\$180	50%	NA	NA	
			Tiers 1,2,3,4 Deductible Waived							
Silver 7000 Preferred	\$7,000/\$14,000	\$8,800/\$17,600	Retail	\$20	\$35	\$60	50%	20%	50%	Yes
			Home	\$60	\$105	\$180	50%	NA	NA	
			Tiers 1,2,3,4 Deductible Waived							
Silver Care on Demand 4000 Preferred	\$4,000/\$8,000	\$8,000/\$16,000	Retail	\$10	\$35	25%	50%	20%	50%	Yes
			Home	\$30	\$105	25%	50%	NA	NA	
			Tier 1 Deductible Waived							
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	
			Deductible Applies To All Tiers							
Silver HSA 2700 Preferred	\$2,700/\$5,400	\$6,850/\$13,700	Retail	10%	25%	35%	50%	20%	50%	Yes
			Home	10%	25%	35%	50%	NA	NA	
			Deductible Applies To All Tiers							
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	
			Deductible Applies To All Tiers							
Standard Silver Plan Preferred	\$5,500/\$11,000	\$9,200/\$18,400	Retail	\$15	\$35	\$50	50%	50%	50%	Yes
			Home	\$45	\$105	\$180	50%	NA	NA	
			All Tiers Waived From Shared Deductible							
Standard Bronze Plan Preferred	\$9,200/\$18,400	\$9,200/\$18,400	Retail	\$25	0%	0%	0%	0%	0%	No
			Home	\$75	0%	0%	0%	NA	NA	
			Tier 1 Deductible Waived							
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	
			Deductible Applies To All Tiers							
Bronze Care on Demand 7500 Preferred	\$7,500/\$15,000	\$9,200/\$18,400	Retail	\$12	\$35	25%	50%	20%	50%	No
			Home	\$36	\$105	25%	50%	NA	NA	
			Tiers 1 & 2 Deductible Waived							
Bronze BolsterCare 9200 Preferred	\$9,200/\$18,400	\$9,200/\$18,400	Retail	0%	0%	0%	0%	0%	0%	Yes
			Home	0%	0%	0%	0%	NA	NA	
			Deductible Applies To All Tiers							

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Regence EmployeeChoice SM Metallic Plans - continued										
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		
Legacy Network Plans										
Gold 1250 Legacy	\$1,250/\$2,500	\$8,550/\$17,100	Retail	\$10	\$35	\$50	50%	20%	50%	Yes
			Home	\$30	\$105	\$150	50%	NA	NA	
			<i>All Tiers Waived From Shared Deductible</i>							
Silver 3750 Legacy	\$3,750/\$7,500	\$8,550/\$17,100	Retail	\$25	\$35	\$60	50%	20%	50%	Yes
			Home	\$75	\$105	\$180	50%	NA	NA	
			<i>Tiers 1,2,3,4 Deductible Waived</i>							
Silver Care on Demand 4000 Legacy	\$4,000/\$8,000	\$8,000/\$16,000	Retail	\$10	\$35	25%	50%	20%	50%	Yes
			Home	\$30	\$105	25%	50%	NA	NA	
			<i>Tier 1 Deductible Waived</i>							
Silver Care on Demand 7500 Legacy	\$7,500/\$15,000	\$9,200/\$18,400	Retail	\$12	\$35	25%	50%	20%	50%	No
			Home	\$36	\$105	25%	50%	NA	NA	
			<i>Tiers 1 & 2 Deductible Waived</i>							