

Preferred Care Prescription Drug Riders 2007 Creditable Coverage Evaluation Results

PLAN	DESCRIPTION	CREDITABLE COVERAGE TEST RESULT
RX176	\$0 Deductible \$5/\$10, Mail Order 2X	Creditable
RX190	Option 2A, \$0 Deductible, 50% Mail Order, \$50/\$75	Creditable
RX193	\$0 Deductible, \$5/\$15/\$30, Mail Order 2X	Creditable
RX194	\$0 Deductible, \$5/\$20/\$35, Mail Order 2X	Creditable
RX195	\$0 Deductible, \$10/\$20/\$35, Mail Order 2X	Creditable
RX198	\$0 Deductible, \$10/\$25/\$40, Mail Order 2X	Creditable
RX198P	POS, \$0 Deductible, \$10/\$25/\$40, Mail Order 2X	Creditable
RX405	\$0 Deductible, \$5/\$20/\$35, Mail Order 2X	Creditable
RX407	\$0 Deductible, \$10/\$25/\$40, Mail Order 2X	Creditable
RX425	\$0 Deductible, 50%, \$1000 Annual Maximum	Non-Creditable
RX427	\$0 Deductible, \$10/\$25/\$40, \$1000 Annual Maximum	Non-Creditable
RX427P	POS, \$0 Deductible, \$10/\$25/\$40, \$1000 Annual Maximum	Non-Creditable
RX429	GM, \$0 Deductible., \$7/\$15	Creditable
RX432	\$0 Deductible, \$7/100%	Non-Creditable
RX435	Healthy NY Rx Carevout	test not required
RX439	\$0 Deductible, \$10/\$20/\$35/\$75, Mail Order 2X	Creditable
RX442	\$0 Deductible, \$10/100%	Non-Creditable
RX447	\$0 Deductible, \$10/\$30/\$50, Mail Order 2X	Creditable
RX448	\$0 Deductible, \$10/\$30/\$50, Mail Order 2.5X	Creditable
RX450	\$0 Deductible, \$10/\$30/\$50, Mail Order 2X, \$1000 Annual Maximum	Non-Creditable
RX505	PPO, \$0 Deductible, \$10/\$20/\$35, Mail Order 2X	Creditable
RX506	PPO, \$0 Deductible, \$10/\$25/\$40, Mail Order 2X	Creditable
RX507	PPO, \$0 Deductible, \$10/\$25/\$40, Mail Order 2X, \$1000 Annual Maximum	Non-Creditable
RX508	PPO, \$0 Deductible, 50%, \$1000 Annual Maximum	Non-Creditable
RX509	PPO, \$0 Deductible, \$7/100%	Non-Creditable
RX516	PPO, \$0 Deductible, \$10/\$30/\$50, Mail Order 2.5X	Creditable
RX517	PPO, \$0 Deductible, \$10/100%	Non-Creditable
RX518	PPO, \$0 Deductible, \$10/\$30/\$50, Mail Order 2X, \$1000 Annual Maximum	Non-Creditable
RX829	Gold, \$0 Deductible, \$3, Mail Order 2X	Creditable
RX850	Gold, \$0 Deductible, \$10/\$20/\$35, Mail Order 2X	Creditable
RX852	Gold, \$0 Deductible, \$7/\$15. Mail Order 2X	Creditable
RX854	Gold, \$0 Deductible, \$10/\$20/\$35/\$75, Mail Order 2X	Creditable
RXP18	Personal Plan, Mail Order Rx, \$100 Deductible, \$5/\$10, Mail Order 2X	Creditable
RXP19	Personal Plan, POS Rx, \$100 Deductible, \$5/\$10, Mail Order 2X	Creditable
RXP1C	Federal Employees, \$0 Deductible, \$10/\$20/\$35, Mail Order 2X	Creditable
RXP50	Healthy NY Groups, \$100 Deductible, \$10/\$20, Mail Order 2X, \$3000 Annual Maximum	Creditable
RXP51	Healthy NY Individuals, \$100 Deductible, \$10/\$20, Mail Order 2X, \$3000 Annual Maximum	Creditable