

**Plans that we have determined to be Medicare Part D  
Creditable:**

CA Bronze Basic HMO Deductible 5500 (01/16)	1/1/2016-1/1/2017	1-100
CA Bronze CalChoice Basic HMO Ded 5500 (01/16)	1/1/2016-1/1/2017	1-100
CA Bronze CalChoice HMO Ded 5500 (01/16)	1/1/2016-1/1/2017	1-100
CA Bronze HMO Deductible 5500 (01/16)	1/1/2016-1/1/2017	1-100
CA Bronze HMO Deductible 6000 Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Bronze MC 4000 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
	1/1/2016, 5/1/2016-	
CA Bronze MC 5000 70/50 HSA (01/16)	1/1/2017	1-100
CA Bronze MC 6000 Plan (01/16)	1/1/2016-1/1/2017	1-100
	1/1/2016, 10/1/2016-	
CA Bronze MC 6450 100/50 HSA (01/16)	1/1/2017	1-100
CA Bronze MC 6850 100/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Bronze PrimeCare HMO Deductible 5500 (01/16)	1/1/2016-1/1/2017	1-100
CA Bronze PrimeCare MC 4000 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
	1/1/2016, 5/1/2016-	
CA Bronze PrimeCare MC 5000 70/50 HSA (01/16)	1/1/2017	1-100
CA Bronze PrimeCare MC 6850 100/50 (01/16)	1/1/2016-1/1/2017	1-100
	1/1/2016, 5/1/2016-	
CA Bronze Sam	1/1/2017	1-100
CA Bronze Sam	1/1/2016-1/1/2017	1-100
CA Bronze Savings Plus 4000 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
	1/1/2016, 5/1/2016-	
CA Bronze Savings Plus 5000 70/50 HSA (01/16)	1/1/2017	1-100
CA Bronze Savings Plus 6000 Plan (01/16)	1/1/2016-1/1/2017	1-100
	1/1/2016, 10/1/2016-	
CA Bronze Savings Plus 6450 100/50 HSA (01/16)	1/1/2017	1-100
CA Bronze Savings Plus 6850 100/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold AVN HMO 10 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold AVN HMO 20 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold AVN HMO 30 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold AVN HMO 35 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Gold Basic HMO 10 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold Basic HMO 20 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold Basic HMO 30 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold Basic HMO 35 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Gold Basic HMO Deductible 250 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold Basic HMO Deductible 500 80 (01/16)	1/1/2016-1/1/2017	1-100

CA Gold CalChoice AVN HMO 20 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold CalChoice AVN HMO 30 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold HMO 10 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold HMO 20 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold HMO 30 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold HMO 35 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Gold HMO Deductible 250 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold HMO Deductible 500 80 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold Indemnity 750 80 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold MC 0 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Gold MC 500 80/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold MC 750 80/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold PPO 750 80/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold PrimeCare HMO 10 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold PrimeCare HMO 30 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold PrimeCare HMO Deductible 500 80 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold PrimeCare MC 0 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Gold Sam	1/1/2016-1/1/2017	1-100
CA Gold Sam	1/1/2016-1/1/2017	1-100
CA Gold Savings Plus 0 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Gold Savings Plus 500 80/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Gold Savings Plus 750 80/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Platinum AVN HMO 20 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Platinum Basic HMO 20 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Platinum HMO 20 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Platinum MC 0 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Platinum MC 250 90/60 (01/16)	1/1/2016-1/1/2017	1-100
CA Platinum Savings Plus 0 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Platinum Savings Plus 250 90/60 (01/16)	1/1/2016-1/1/2017	1-100
CA Platinum Vitalidad HMO \$15 (01/16)	1/1/2016-1/1/2017	1-100
CA Platnm CalChoice AVN HMO 20 Copay Pn (01/16)	1/1/2016-1/1/2017	1-100
CA Silver Basic HMO Ded 1500 Copay Pln (01/16)	1/1/2016-1/1/2017	1-100
CA Silver Basic HMO Deductible 1100 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver Basic HMO Deductible 2000 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver CalChoice Basic HMO Ded 2000 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver CalChoice HMO Deductible 2000 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver HMO Ded 1500 Copay Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Silver HMO Deductible 1100 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver HMO Deductible 2000 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver Indemnity 1500 80 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver MC 1000 60/50 (01/16)	1/1/2016-1/1/2017	1-100

CA Silver MC 1000 75/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver MC 1500 60/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver MC 1500 80 Coinsurance Plan (01/16)	1/1/2016-1/1/2017	1-100
CA Silver MC 2000 60/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver PrimeCare HMO Deductible 1100 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver PrimeCare HMO Deductible 2000 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver PrimeCare MC 1000 60/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver Sam	1/1/2016-1/1/2017	1-100
CA Silver Sam	1/1/2016-1/1/2017	1-100
CA Silver Savings Plus 1000 60/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver Savings Plus 1000 75/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver Savings Plus 1500 60/50 (01/16)	1/1/2016-1/1/2017	1-100
CA Silver Savings Plus 1500 80 Coin Pln (01/16)	1/1/2016-1/1/2017	1-100
CA Silver Savings Plus 2000 60/50 (01/16)	1/1/2016-1/1/2017	1-100

**Plans that we have determined may not be Medicare  
Creditable:**

CA Bronze MC 5000 70/50 HSA (01/16)	2/1/2016-4/1/2016	1-100
CA Bronze MC 6450 100/50 HSA (01/16)	2/1/2016-9/1/2016	1-100
CA Bronze PrimeCare MC 5000 70/50 HSA (01/16)	2/1/2016-4/1/2016	1-100
CA Bronze Sam	2/1/2016-4/1/2016	1-100
CA Bronze Savings Plus 5000 70/50 HSA (01/16)	2/1/2016-4/1/2016	1-100
CA Bronze Savings Plus 6450 100/50 HSA (01/16)	2/1/2016-9/1/2016	1-100