



Chief Health Administrator  
State of Alaska – Political Subdivisions  
P.O. Box 110203  
Juneau, AK, 99811

Date: 09/19/2025

## **Re: Medicare Part D Creditable Coverage Results**

Each year during the annual enrollment period, Medicare beneficiaries may voluntarily enroll in or change their enrollment in a Medicare outpatient prescription drug benefit program ("Medicare Part D"). The law that authorizes this Medicare benefit also imposes the following obligations on employer groups that provide prescription drug coverage to Medicare beneficiaries:

1. Before October 15th, employers must provide a written disclosure notice to all group members who are eligible to enroll in Medicare Part D stating whether the employer group's prescription drug coverage is "creditable coverage" as defined in 42 C.F.R. § 423.56.
2. Employers must also notify CMS of the creditable coverage status of the employer group's prescription drug coverage on an annual basis within 60 days of the beginning of the plan year and upon any change affecting the plan's creditable coverage status.

Detailed information about the required form and content of notices relating to creditable coverage can be found on the CMS website at:

<http://www.cms.hhs.gov/CreditableCoverage/>

While the obligation to actuarially test the plan and send notices is solely the employer group's responsibility, we may, as a courtesy, assist in providing actuarial testing of employer group benefit plan designs to determine whether they provide creditable coverage in accordance with 42 C.F.R. § 423.56 and available CMS guidance.

At no additional charge to you, we tested the plan designs listed below against the financial value of the standard 2025 Medicare Part D benefit. This testing was performed using underlying industry claim data. We used the assumptions bulleted below in our analysis. If State of Alaska - Political Subdivisions believes that the below assumptions are not accurate, please inform your Account Executive immediately and consider these enclosed test results to be void.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including: Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc. and/or Aetna Life Insurance Company.

- State of Alaska - Political Subdivisions' covered Medicare eligible population enrolled in the tested plans is not currently pursuing the Retiree Drug Subsidy (RDS). If the RDS is being pursued, we recommend that the first prong of the RDS attestation be used as the most reliable source rather than using this process. This testing should be conducted by a separate outside actuarial firm.
- State of Alaska - Political Subdivisions' covered Medicare eligible population enrolled in the tested plans is under 500 members. If the covered population exceeds 500 members, it is recommended that plan sponsor specific data be used to derive testing results. This testing should be conducted by a separate outside actuarial firm.

**Please find the testing results below:**

|                                            |                                          |                        |                 |                      |               |                        |
|--------------------------------------------|------------------------------------------|------------------------|-----------------|----------------------|---------------|------------------------|
| Plan Sponsor Name:                         | State of Alaska - Political Subdivisions |                        |                 |                      |               |                        |
| Plan Sponsor Number:                       | 392675/181162                            |                        |                 |                      |               |                        |
| Plan Name:                                 | Polisub Plan II                          |                        |                 |                      |               |                        |
| Creditable Coverage Test:                  | Pass                                     |                        |                 |                      |               |                        |
| Plan effective Dates:                      | 07/01/2025                               |                        |                 |                      |               |                        |
| Style of Coordination:                     | Medicare Secondary                       |                        |                 |                      |               |                        |
| Individual Deductible:                     | \$500                                    |                        |                 |                      |               |                        |
| Coinsurance Maximum (excludes deductible): | \$1,000                                  |                        |                 |                      |               |                        |
| Annual Max Benefit if any:                 | Unlimited                                |                        |                 |                      |               |                        |
|                                            | Pref Generic (PG)                        | Non Pref Generic (NPG) | Pref Brand (PB) | Non Pref Brand (NPB) | Specialty (S) | ACA Preventative (ACA) |
| Deductible Applies?                        | Yes                                      | Yes                    | Yes             | Yes                  | Yes           | Yes                    |
| Retail Copay/Coinsurance:                  | \$0                                      | \$0                    | 20%             | 30%                  | \$0           | \$0                    |
| Mail-Order Copay/Coinsurance:              | \$10                                     | \$10                   | \$15/50         | \$30/75              | \$0           | \$0                    |
| Other Plan Details:                        | N/A                                      |                        |                 |                      |               |                        |

**Please find the testing results below:**

|                           |                                          |  |  |  |  |  |
|---------------------------|------------------------------------------|--|--|--|--|--|
| Plan Sponsor Name:        | State of Alaska - Political Subdivisions |  |  |  |  |  |
| Plan Sponsor Number:      | 392675/181162                            |  |  |  |  |  |
| Plan Name:                | Polisub Plan III                         |  |  |  |  |  |
| Creditable Coverage Test: | Pass                                     |  |  |  |  |  |
| Plan effective Dates:     | 07/01/2025                               |  |  |  |  |  |
| Style of Coordination:    | Medicare Secondary                       |  |  |  |  |  |

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including: Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc. and/or Aetna Life Insurance Company.

|                                            |                   |                        |                 |                      |               |                        |
|--------------------------------------------|-------------------|------------------------|-----------------|----------------------|---------------|------------------------|
| Individual Deductible:                     | \$750             |                        |                 |                      |               |                        |
| Coinsurance Maximum (excludes deductible): | \$2,000           |                        |                 |                      |               |                        |
| Annual Max Benefit if any:                 | Unlimited         |                        |                 |                      |               |                        |
|                                            | Pref Generic (PG) | Non Pref Generic (NPG) | Pref Brand (PB) | Non Pref Brand (NPB) | Specialty (S) | ACA Preventative (ACA) |
| Deductible Applies?                        | No                | No                     | No              | No                   | No            | No                     |
| Retail Copay/Coinsurance:                  | \$0               | \$0                    | 20%             | 30%                  | \$0           | \$0                    |
| Mail-Order Copay/Coinsurance:              | \$10              | \$10                   | \$15/50         | \$30/75              | \$0           | \$0                    |
| Other Plan Details:                        | N/A               |                        |                 |                      |               |                        |

**Please find the testing results below:**

|                                            |                                          |                        |                 |                      |               |                        |
|--------------------------------------------|------------------------------------------|------------------------|-----------------|----------------------|---------------|------------------------|
| Plan Sponsor Name:                         | State of Alaska - Political Subdivisions |                        |                 |                      |               |                        |
| Plan Sponsor Number:                       | 392675/181162                            |                        |                 |                      |               |                        |
| Plan Name:                                 | Polisub Plan IV- Employee Coverage       |                        |                 |                      |               |                        |
| Creditable Coverage Test:                  | Pass                                     |                        |                 |                      |               |                        |
| Plan effective Dates:                      | 07/01/2025                               |                        |                 |                      |               |                        |
| Style of Coordination:                     | Medicare Secondary                       |                        |                 |                      |               |                        |
| Individual Deductible:                     | \$2,000                                  |                        |                 |                      |               |                        |
| Coinsurance Maximum (excludes deductible): | \$1,000                                  |                        |                 |                      |               |                        |
| Annual Max Benefit if any:                 | Unlimited                                |                        |                 |                      |               |                        |
|                                            | Pref Generic (PG)                        | Non Pref Generic (NPG) | Pref Brand (PB) | Non Pref Brand (NPB) | Specialty (S) | ACA Preventative (ACA) |
| Deductible Applies?                        | Yes                                      | Yes                    | Yes             | Yes                  | Yes           | Yes                    |
| Retail Copay/Coinsurance:                  | \$10                                     | \$10                   | \$20            | \$35                 | \$35          | \$10                   |
| Mail-Order Copay/Coinsurance:              | \$20                                     | \$20                   | \$40            | \$60                 | \$60          | \$20                   |
| Other Plan Details:                        | N/A                                      |                        |                 |                      |               |                        |

**Please find the testing results below:**

|                           |                                          |  |  |  |  |  |
|---------------------------|------------------------------------------|--|--|--|--|--|
| Plan Sponsor Name:        | State of Alaska - Political Subdivisions |  |  |  |  |  |
| Plan Sponsor Number:      | 392675/181162                            |  |  |  |  |  |
| Plan Name:                | Polisub Plan V- Employee Coverage        |  |  |  |  |  |
| Creditable Coverage Test: | Pass                                     |  |  |  |  |  |
| Plan effective Dates:     | 07/01/2025                               |  |  |  |  |  |
| Style of Coordination:    | Medicare Secondary                       |  |  |  |  |  |

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including: Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc. and/or Aetna Life Insurance Company.

|                                            |                   |                        |                 |                      |               |                        |
|--------------------------------------------|-------------------|------------------------|-----------------|----------------------|---------------|------------------------|
| Individual Deductible:                     | \$1,600           |                        |                 |                      |               |                        |
| Coinsurance Maximum (excludes deductible): | \$5,400           |                        |                 |                      |               |                        |
| Annual Max Benefit if any:                 | Unlimited         |                        |                 |                      |               |                        |
|                                            | Pref Generic (PG) | Non Pref Generic (NPG) | Pref Brand (PB) | Non Pref Brand (NPB) | Specialty (S) | ACA Preventative (ACA) |
| Deductible Applies?                        | Yes               | Yes                    | Yes             | Yes                  | Yes           | Yes                    |
| Retail Copay/Coinsurance:                  | \$20              | \$20                   | \$40            | \$60                 | \$60          | \$20                   |
| Mail-Order Copay/Coinsurance:              | \$40              | \$40                   | \$80            | \$120                | \$120         | \$40                   |
| Other Plan Details:                        | N/A               |                        |                 |                      |               |                        |

### General Testing Limitations

The following limitations apply to all of the testing set forth in the above tables:

- It has been performed solely for the demonstration of “creditable coverage” as defined by 42 C.F.R. § 423.56 and should not be deemed appropriate for any other purpose.
- It is only applicable to the listed benefit plan designs.
- It should not be used or relied upon to determine if employment-based retiree health coverage is a “Qualified Retiree Prescription Drug Plan” as defined in 42 C.F.R. § 423.882. Independent testing should be completed for groups applying for the Retiree Drug Subsidy.
- It should not be used if an employer believes its plan’s experience for Medicare beneficiaries may be fully or partially credible. Independent testing should be performed in this instance.
- **Employers should consult with their financial consultants and/or legal counsel to determine if the testing set forth in the above tables is appropriate for use with their size and type of benefit plan.**

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including: Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc. and/or Aetna Life Insurance Company.