

Attachment I
Blue Care Network, Inc.
Creditable Coverage Testing for Prescription Drug Plans
Calendar Year 2010

Number	Plan Name	Generic	Brand	Non Formulary	50% max language ⁽¹⁾	Pass or Fail ⁽²⁾
1	\$0 copay	0	0	0	N	Pass
2	\$2 copay	2	2	2	N	Pass
3	\$3 copay	3	3	3	N	Pass
4	\$4 copay	4	4	4	N	Pass
5	\$5 copay	5	5	5	N	Pass
6	\$7 copay	7	7	7	Y	Pass
7	\$10 copay	10	10	10	B	Pass
8	\$15 copay	15	15	15	N	Pass
9	\$20 copay	20	20	20	Y	Pass
10	\$5/\$7 copay	5	7	NC	Y	Pass
11	\$5/\$10 copay, closed formulary	5	10	NC	B	Pass
12	\$5/\$10 copay, open formulary	5	10	10	Y	Pass
13	\$5/\$15 copay, closed formulary	5	15	NC	B	Pass
14	\$5/\$15 copay, open formulary	5	15	15	N	Pass
15	\$5/\$20 copay	5	20	NC	N	Pass
16	\$5/\$30 copay	5	30	NC	B	Pass
17	\$5/\$35 copay	5	35	NC	N	Pass
18	\$5/\$40 copay	5	40	NC	N	Pass
19	\$5/\$50 copay	5	50	NC	N	Pass
20	\$7/\$15 copay, closed formulary	7	15	NC	Y	Pass
21	\$7/\$15 copay, open formulary	7	15	15	Y	Pass
22	\$7/\$20 copay	7	20	NC	Y	Pass
23	\$10/\$15 copay	10	15	NC	N	Pass
24	\$10/\$20 copay, closed formulary	10	20	NC	B	Pass
25	\$10/\$20 copay, open formulary	10	20	20	N	Pass
26	\$10/\$25 copay, closed formulary	10	25	NC	N	Pass
27	\$10/\$30 copay	10	30	NC	N	Pass
28	\$10/\$40 copay, closed formulary	10	40	NC	B	Pass
29	\$10/\$40 copay, open formulary	10	40	40	N	Pass
30	\$15/\$25 copay	15	25	NC	B	Pass
31	\$15/\$30 copay, closed formulary	15	30	NC	B	Pass
32	\$15/\$30 copay, open formulary	15	30	30	N	Pass
33	\$15/\$35 copay	15	35	NC	B	Pass
34	\$15/\$50 copay, closed formulary	15	50	NC	B	Pass
35	\$15/\$50 copay, open formulary	15	50	50	N	Pass
36	\$20/\$60 copay	20	60	NC	N	Pass
37	\$3/\$12/\$25 copay	3	12	25	N	Pass
38	\$5/\$10/\$15 copay	5	10	15	Y	Pass
39	\$5/\$10/\$20 Copay	5	10	20	N	Pass
40	\$5/\$10/\$20, no step therapy	5	10	20	N	Pass
41	\$5/\$10/\$30 copay	5	10	30	Y	Pass
42	\$5/\$12/\$25 copay	5	12	25	N	Pass
43	\$5/\$15/\$25 copay	5	15	25	B	Pass
44	\$5/\$20/\$30 copay	5	20	30	N	Pass
45	\$5/\$30/\$60 copay	5	30	60	B	Pass
46	\$7/\$15/\$30 copay	7	15	30	B	Pass
47	\$7/\$20/\$35 copay	7	20	35	N	Pass
48	\$10/\$15/\$30 copay	10	15	30	N	Pass
49	\$10/\$20/\$30 copay	10	20	30	N	Pass
50	\$10/\$20/\$40 copay	10	20	40	B	Pass
51	\$10/\$20/\$40 copay, Mail Order \$20/\$45/\$90	10	20	40	Y	Pass
52	\$10/\$25/\$40 copay	10	25	40	Y	Pass
53	\$10/\$25/\$50 copay	10	25	50	B	Pass
54	\$10/\$30/\$60 copay	10	30	60	N	Pass
55	\$15/\$30/\$50 copay	15	30	50	Y	Pass
56	\$15/\$30/\$60 copay	15	30	60	B	Pass
57	\$15/\$55/\$65 copay	15	55	65	Y	Pass
58	\$20/\$40/\$60 copay	20	40	60	Y	Pass
59	\$15/\$30/\$60 copay (@ Garden City Pharmacy \$6/\$15/\$30)	15	30	60	N	Pass
60	\$5/\$30 (mail order @ \$30)	5	30	NC	N	Pass
61	\$5/\$10 copay, open formulary w/ ED \$15 and Mail at 2x	5	10	10	N	Pass
62	\$5/\$10 copay w/ ED \$15 and Mail at \$7/\$12 ED \$19	5	10	NC	N	Pass
63	\$5/\$11 copay, open formulary w/ ED \$16 and Mail at \$11/\$16 ED \$19	5	11	11	N	Pass
64	\$5/\$11 copay, open formulary w/ ED \$16 and Mail at \$11/\$16 ED \$20	5	11	11	N	Pass
65	\$5/\$11 copay, open formulary w/ ED \$16 and Mail at \$10/\$15 ED \$19	5	11	11	N	Pass
66	\$5/\$11 copay w/ ED \$16 and Mail at \$11/\$16 ED \$19	5	11	NC	N	Pass
67	\$5/\$11 copay w/ ED \$16 and Mail at \$11/\$16 ED \$20	5	11	NC	N	Pass
68	\$5/\$11 copay w/ ED \$16 and Mail at \$7/\$13 ED \$19	5	11	NC	N	Pass
69	\$5/\$11 copay w/ ED \$16	5	11	NC	N	Pass
70	\$5/\$10/\$20 (mail order \$10 / \$20 / \$20)	5	10	20	N	Pass
71	\$15/40% coinsurance (min \$40, max \$100), closed formulary	15	40%	NC	N	Pass
72	\$5/\$10/20% copay	5	10	20%	N	Pass
73	\$15/\$50/50% coinsurance (min \$70 max \$100)	15	50	50%	N	Pass
74	\$20/\$60/50% coinsurance (min \$80 max \$100)	20	60	50%	N	Pass
75	20% copay (min \$5, max \$100)	20%	20%	20%	Y	Pass
76	20% Visteon	20%	20%	20%	N	Pass
77	30% copay (min \$5, max \$100)	30%	30%	30%	Y	Pass
78	50% copay (min \$5, max \$100)	50%	50%	50%	Y	Pass
79	50% copay (min \$5, max \$50)	50%	50%	50%	N	Pass
80	25%/30%/45%, \$2000/\$4000 Out of Pocket Max	25%	30%	45%	N	Pass
81	\$10/30%/45%, \$2000/\$4000 Out of Pocket Max	10	30%	45%	N	Pass
82	50% coinsurance (min \$10 max \$100) \$2500 Benefit Max	50%	50%	50%	N	FAIL
83	\$200/\$400 Deductible(3)					Pass

Notes:

1. "N": Does not include the 50% max member cost sharing language. "Y": Does include the 50% max language.
"B": Rider exists with and without the 50% language.
2. All of these plans are creditable with Riders MOPD2C and MOPD2O attached.
3. Standard \$200/\$400 deductible, when combined with the \$10/\$20, \$10/\$40, \$5/\$30, or \$5/\$50 copay riders.

MILLIMAN