

UNITEDHEALTH GROUP

2023 Creditable Coverage

Examples

Version 1

8/31/2022

The logo for Optum, featuring the word "Optum" in a bold, orange, sans-serif font.

This document shows examples of how to input plan design parameters into UnitedHealthcare's creditable coverage tool. Instructions are applicable for 2023v1.

Creditable coverage determinations are based on a standard benefit design, and do not constitute a statement of actuarial opinion. As a courtesy, UnitedHealthcare (UHC) has engaged its partner, Optum, to perform a bulk testing of UHC's standard benefit designs to satisfy the actuarial value test of the creditable coverage determination. Evaluating specific characteristics of a particular employer/retiree group may yield different results. According to CMS guidelines, the employer has the ultimate responsibility to determine/confirm whether its plan, as implemented, offers creditable coverage. Each employer should consult with its own legal counsel or benefits adviser to determine its specific obligations.

Example 1

2.0	Plan Design	3-Tiers
2.0	Plan Design	All (Default)
2.1	Deductible	Separate Rx Deductible (Ind/Fam): \$100/\$300
2.1	Out-of-Pocket Max	Combined w/ Medical (Embed): \$3,000/\$6,000
2.2	Retail Copay/Coinsurance	\$10/\$35/\$60
2.3	Preventive Drugs	Does not have Core or Expanded Preventive List
2.4	HRA Information	Not an HRA Plan

Group Info	Group Information	Group Name	Example 1
		Plan Description	Example 1
		Effective Date	1/1/2022
	PDF of Result?	If yes, choose output path with Browse button.	Yes
Plan Design	Plan Design	How many RX tiers?	3 - Tiers
		Deductible applies to tiers?	All (Default)
Deductible and OOP	Deductible (\$)	Does the plan have an Rx Ded?	Rx Only
		Embedded or Non-Embedded	Embedded
		Individual Deductible (\$)	\$100
	Family Deductible (\$)	\$300	
	Out-of-Pocket Max (\$)	Does the Rx plan have an OOP Max?	Combined with Medical
		Embedded or Non-Embedded	Embedded
Individual (\$)		\$3,000	
Family (\$)	\$6,000		
Copay/Coinsurance	Retail Rx Member Copay(\$)/Coins.(%)	Tier 1	\$10
		Tier 2	\$35
		Tier 3	\$60
		Tier 4	NA
		Tier 5	NA
	Specialty Member Copay(\$)/Coinsurance(%)	Not Required for Testing	Not Required for Testing
Preventive	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
	Preventive Rx (\$)/(%)	Tier 1	NA
		Tier 2	NA
		Tier 3	NA
		Tier 4	NA
Tier 5		NA	
HRA	Health Reimbursement Account (HRA)	Is this plan an HRA?	No
		Employer contribution to HRA (if applicable)	NA

Example 2

2.0	Plan Design	4-Tiers
2.0	Plan Design	All (Default)
2.1	Deductible	Separate Rx Embedded Deductible (Ind/Fam): \$100/\$300
2.1	Out-of-Pocket Max	Combined w/ Medical (Embed): \$3,000/\$6,000
2.2	Retail Copay/Coinsurance	\$10/\$40/\$80/\$160
2.3	Preventive Drugs	Does not have Core or Expanded Preventive List
2.4	HRA Information	Not an HRA Plan

Group Info	Group Information	Group Name	Example 2
		Plan Description	Example 2
		Effective Date	1/1/2022
	PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	Plan Design	How many RX tiers?	4 - Tiers
		Deductible applies to tiers?	All (Default)
Deductible and OOP	Deductible (\$)	Does the plan have an Rx Ded?	Rx Only
		Embedded or Non-Embedded	Embedded
		Individual Deductible (\$)	\$100
	Family Deductible (\$)	\$300	
	Out-of-Pocket Max (\$)	Does the Rx plan have an OOP Max?	Combined with Medical
		Embedded or Non-Embedded	Embedded
Individual (\$)		\$3,000	
Family (\$)	\$6,000		
Copay/Coinsurance	Retail Rx Member Copay(\$)/ Coins.(%)	Tier 1	\$10
		Tier 2	\$40
		Tier 3	\$80
		Tier 4	\$160
		Tier 5	NA
	Specialty Member Copay(\$)/ Coinsurance(%)	Not Required for Testing	Not Required for Testing
Preventive	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
	Preventive Rx (\$)/(%)	Tier 1	NA
		Tier 2	NA
		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
HRA	Health Reimbursement Account (HRA)	Is this plan an HRA?	No
		Employer contribution to HRA (if applicable)	NA

Example 3

2.0	Plan Design	2-Tiers
2.0	Plan Design	All (Default)
2.1	Deductible	Separate Rx Embedded Deductible (Ind/Fam): \$150/\$300
2.1	Out-of-Pocket Max	Combined w/ Medical (Embed): \$4,000/\$8,000
2.2	Retail Copay/Coinsurance	\$15/30%
2.3	Preventive Drugs	Does not have Core or Expanded Preventive List
2.4	HRA Information	Not an HRA Plan

Group Info	Group Information	Group Name	Example 3
		Plan Description	Example 3
		Effective Date	1/1/2022
	PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	Plan Design	How many RX tiers?	2 - Tiers
		Deductible applies to tiers?	All (Default)
Deductible and OOP	Deductible (\$)	Does the plan have an Rx Ded?	Rx Only
		Embedded or Non-Embedded	Embedded
		Individual Deductible (\$)	\$150
	Out-of-Pocket Max (\$)	Does the Rx plan have an OOP Max?	Combined with Medical
		Embedded or Non-Embedded	Embedded
		Family (\$)	\$8,000
Copay/Coinsurance	Retail Rx Member Copay(\$)/ Coins. (%)	Tier 1	\$15
		Tier 2	30%
		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
	Specialty Member Copay(\$)/ Coinsurance (%)	Not Required for Testing	Not Required for Testing
	Preventive	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?
Preventive Rx (\$)/ (%)		Tier 1	NA
		Tier 2	NA
		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
HRA	Health Reimbursement Account (HRA)	Is this plan an HRA?	No
		Employer contribution to HRA (if applicable)	NA

Example 4

2.0	Plan Design	4-Tiers
2.0	Plan Design	Tier 2+
2.1	Deductible	Combined Med/Rx Embedded Deductible (Ind/Fam): \$5,500/\$11,000
2.1	Out-of-Pocket Max	Combined w/ Medical (Embed): \$6,600/\$13,200
2.2	Retail Copay/Coinsurance	\$10/\$50/20%/30%
2.3	Preventive Drugs	Does not have Core or Expanded Preventive List
2.4	HRA Information	Not an HRA Plan

Group Info	Group Information	Group Name	Example 4
		Plan Description	Example 4
Plan Design	PDF of Result?	Effective Date	1/1/2022
		If yes, choose output path with Browse button.	No
Deductible and OOP	Plan Design	How many RX tiers?	4 - Tiers
		Deductible applies to tiers?	Tier 2 +
Deductible and OOP	Deductible (\$)	Does the plan have an Rx Ded?	Combined with Medical
		Embedded or Non-Embedded	Embedded
		Individual Deductible (\$)	\$5,500
	Out-of-Pocket Max (\$)	Family Deductible (\$)	\$11,000
		Does the Rx plan have an OOP Max?	Combined with Medical
		Embedded or Non-Embedded	Embedded
Copay/Coinsurance	Retail Rx Member Copay(\$)/Coins.(%)	Individual (\$)	\$6,600
		Family (\$)	\$13,200
		Tier 1	\$10
		Tier 2	\$50
		Tier 3	20%
	Tier 4	30%	
	Tier 5	NA	
Specialty Member Copay(\$)/Coinsurance(%)	Not Required for Testing	Not Required for Testing	
Preventive	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
	Preventive Rx (\$)/(%)	Tier 1	NA
		Tier 2	NA
		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
HRA	Health Reimbursement Account (HRA)	Is this plan an HRA?	No
		Employer contribution to HRA (if applicable)	NA

Example 5

2.0	Plan Design	2-Tiers
2.0	Plan Design	All (Default)
2.1	Deductible	Combined Med/Rx Embedded Deductible (Ind/Fam): \$1,500/\$3,000
2.1	Out-of-Pocket Max	Combined w/ Medical (Non-Embed): \$3,000/\$6,000
2.2	Retail Copay/Coinsurance	20%
2.3	Preventive Drugs	Does not have Core or Expanded Preventive List
2.4	HRA Information	Not an HRA Plan

Group Info	Group Information	Group Name	Example 5
		Plan Description	Example 5
		Effective Date	1/1/2022
	PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	Plan Design	How many RX tiers?	2 - Tiers
		Deductible applies to tiers?	All (Default)
Deductible and OOP	Deductible (\$)	Does the plan have an Rx Ded?	Combined with Medical
		Embedded or Non-Embedded	Embedded
		Individual Deductible (\$)	\$1,500
	Out-of-Pocket Max (\$)	Does the Rx plan have an OOP Max?	Combined with Medical
		Embedded or Non-Embedded	Non-Embedded
		Family (\$)	\$6,000
Copay/Coinsurance	Retail Rx Member Copay(\$)/ Coins. (%)	Tier 1	20%
		Tier 2	20%
		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
	Specialty Member Copay(\$)/ Coinsurance (%)	Not Required for Testing	Not Required for Testing
	Preventive	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?
Preventive Rx (\$)/ (%)		Tier 1	NA
		Tier 2	NA
		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
HRA	Health Reimbursement Account (HRA)	Is this plan an HRA?	No
		Employer contribution to HRA (if applicable)	NA

Example 6

2.0	Plan Design	2-Tiers
2.0	Plan Design	All(Default)
2.1	Deductible	Combined Med/Rx Embedded Deductible (Ind/Fam): \$1,500/\$3,000
2.1	Out-of-Pocket Max	Combined w/ Medical (Non-Embed): \$3,000/\$6,000
2.2	Retail Copay/Coinsurance	20%
2.3	Preventive Drugs	Core – Buy up Preventive Drug List – preventive coins same as retail
2.4	HRA Information	Not an HRA Plan

Group Info	Group Information	Group Name	Example 6
		Plan Description	Example 6
		Effective Date	1/1/2022
	PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	Plan Design	How many RX tiers?	2 - Tiers
		Deductible applies to tiers?	All (Default)
Deductible and OOP	Deductible (\$)	Does the plan have an Rx Ded?	Combined with Medical
		Embedded or Non-Embedded	Embedded
		Individual Deductible (\$)	\$1,500
	Out-of-Pocket Max (\$)	Does the Rx plan have an OOP Max?	Combined with Medical
		Embedded or Non-Embedded	Non-Embedded
		Family (\$)	\$6,000
Copay/Coinsurance	Retail Rx Member Copay(\$)/Coins.(%)	Tier 1	20%
		Tier 2	20%
		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
	Specialty Member Copay(\$)/Coinsurance(%)	Not Required for Testing	Not Required for Testing
Preventive	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	Core - Buy up
	Preventive Rx (\$)/(%)	Tier 1	20%
		Tier 2	20%
		Tier 3	NA
		Tier 4	NA
Tier 5		NA	
HRA	Health Reimbursement Account (HRA)	Is this plan an HRA? Employer contribution to HRA (if applicable)	No NA

Example 7

2.0	Plan Design	2-Tiers
2.0	Plan Design	All(Default)
2.1	Deductible	Combined Med/Rx Embedded Deductible (Ind/Fam): \$1,500/\$3,000
2.1	Out-of-Pocket Max	Combined w/ Medical (Non-Embed): \$3,000/\$6,000
2.2	Retail Copay/Coinsurance	20%
2.3	Preventive Drugs	Expanded – Buy up Preventive Drug List with \$0 Cost share
2.4	HRA Information	Not an HRA Plan

Group Info	Group Information	Group Name	Example 7
		Plan Description	Example 7
		Effective Date	1/1/2022
	PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	Plan Design	How many RX tiers?	2 - Tiers
		Deductible applies to tiers?	All (Default)
Deductible and OOP	Deductible (\$)	Does the plan have an Rx Ded?	Combined with Medical
		Embedded or Non-Embedded	Embedded
		Individual Deductible (\$)	\$1,500
	Family Deductible (\$)	\$3,000	
	Out-of-Pocket Max (\$)	Does the Rx plan have an OOP Max?	Combined with Medical
		Embedded or Non-Embedded	Non-Embedded
Individual (\$)		\$3,000	
Family (\$)	\$6,000		
Copay/Coinsurance	Retail Rx Member Copay(\$)/Coins.(%)	Tier 1	20%
		Tier 2	20%
		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
	Specialty Member Copay(\$)/Coinsurance(%)	Not Required for Testing	Not Required for Testing
Preventive	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	Expanded - Buy up
	Preventive Rx (\$)/(%)	Tier 1	0%
		Tier 2	0%
		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
HRA	Health Reimbursement Account (HRA)	Is this plan an HRA?	No
		Employer contribution to HRA (if applicable)	NA

Example 8

2.0	Plan Design	3 - Tiers
2.0	Plan Design	All (Default)
2.1	Deductible	Combined Med/Rx Non-Embedded Deductible (Ind/Fam): \$6,000/\$12,000
2.1	Out-of-Pocket Max	Rx OOP (Non-Embed): \$6,000/\$12,000
2.2	Retail Copay/Coinsurance	\$10/\$30/\$50
2.3	Preventive Drugs	No Core or Expanded Preventive Drug List
2.4	HRA Information	HRA Plan with Employer Contribution for Family = \$1,000

Group Info	Group Information	Group Name Plan Description Effective Date	Example 8 Example 8 1/1/2022
	PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	Plan Design	How many RX tiers?	3 - Tiers
		Deductible applies to tiers?	All (Default)
Deductible and OOP	Deductible (\$)	Does the plan have an Rx Ded? Embedded or Non-Embedded?	Combined with Medical Embedded
		Individual Deductible (\$)	\$6,000
		Family Deductible (\$)	\$12,000
	Out-of-Pocket Max (\$)	Does the Rx plan have an OOP Max? Embedded or Non-Embedded?	Rx Only Embedded
		Individual (\$)	\$6,000
		Family (\$)	\$12,000
Copay/Coinsurance	Retail Rx Member Copay(\$)/Coins.(%)	Tier 1	\$10
		Tier 2	\$30
		Tier 3	\$50
		Tier 4	NA
		Tier 5	NA
	Specialty Member Copay(\$)/Coinsurance(%)	Not Required for Testing	Not Required for Testing
Preventive	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
	Preventive Rx (\$)/(%)	Tier 1	NA
		Tier 2	NA
		Tier 3	NA
		Tier 4	NA
HRA	Health Reimbursement Account (HRA)	Is this plan an HRA?	Yes
		Employer contribution to HRA (if applicable)	1000