UNITEDHEALTH GROUP

2024 Creditable Coverage

Examples



This document shows examples of how to input plan design parameters into UnitedHealthcare's creditable coverage tool. Instructions are applicable for 2024v1.

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.

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

٥		Group Name	Example 1
E .	Group Information	Plan Description	Example 1
din o		Effective Date	1/1/2024
Group Info	PDF of Result?	If yes, choose output path with Browse button.	Yes
_ 6		How many BX tiers?	3 - Tiers
Plan Desig n	Plan Design	Deductible applies to tiers?	All (Default)
		Does the plan have an Rx	· · ·
		Ded?	Rx Only
	Deductible (\$)	Embedded or Non-Embedded	Embedded
Q		Individual Deductible (\$)	\$100
P		Family Deductible (\$)	\$300
e al		Does the Rx plan have an	Combined with
tible		OOP Max?	Medical
Deductible and OOP	Out-of-Pocket Max (\$)	Embedded or Non-Embedded	Embedded
å	(+)	Individual (\$)	\$2,000
		Family (\$)	\$6,000
	Retail Rz Member Copay(\$) / Coins.(%)	Tier 1	\$10
		Tier 2	\$35
		Tier 3	\$60
nce		Tier 4	NA
sura		Tier 5	NA
Copay/Coinsurance	Specialty Member Copay(\$) / Coinsurance(%)	Not Required for Testing	Not Required for Testing
	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
ě		Tier 1	NA
enti	Preventive Bz	Tier 2	NA
Preventive	(\$)/(%)	Tier 3	NA
<u> </u>		Tier 4	NA
		Tier 5	NA
	Health	Is this plan an HRA?	No
HRA	Reimbursement Account (HRA)	Employer contribution to HRA (if applicable)	NA

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

		0	Exception 2
٩		Group Name	Example 2
Group Info	Group Information	Plan Description	Example 2
lino.		Effective Date	1/1/2024
G	PDF of Result?	If yes, choose output path with Browse button.	No
Plan Desig n	Plan Design	How many BX tiers?	4 - Tiers
Pla Des	r ian Design	Deductible applies to tiers?	All (Default)
		Does the plan have an Rx Ded?	Rx Only
	Deductible (\$)	Embedded or Non-Embeddeo	Embedded
Deductible and OOP		Individual Deductible (\$)	\$100
pue		Family Deductible (\$)	\$300
ole		Does the Rx plan have an OOP Max?	Combined with Medical
letit	Out-of-Pocket Maz	Embedded or Non-Embedded	
Dedt	(\$)	Individual (\$)	\$3,000
		Family (\$)	\$6,000
	Retail R x Member Copay(\$) / Coins.(%)	Tier 1	\$10
		Tier 2	\$40
		Tier 3	\$80
ince		Tier 4	\$160
Isura		Tier 5	NA
Copay/Coinsurance	Specialty Member Copay(\$) / Coinsurance(%)	Not Required for Testing	Not Required for Testing
	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
é		Tier 1	NA
enti	Preventive Bz	Tier 2	NA
Preventive	(\$)/(%)	Tier 3	NA
		Tier 4	NA
		Tier 5	NA
_	Health Reimbursement	Is this plan an HRA?	No
HRA	Account (HBA)	Employer contribution to HRA (if applicable)	NA

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

٥		Group Name	Example 3
Group Info	Group Information	Plan Description	Example 3
1R		Effective Date	1/1/2024
ē	PDF of Result?	If yes, choose output path with Browse button.	No
e .9		How many RX tiers?	2 - Tiers
Plan Desig n	Plan Design	Deductible applies to tiers?	All (Default)
		Does the plan have an Rx	Rx Only
		Ded?	
	Deductible (\$)	Embedded or Non-Embedded	Embedded
ğ		Individual Deductible (\$)	\$150
Ē		Family Deductible (\$)	\$300
Deductible and OOP		Does the Rx plan have an	Combined with
ctib	Out-of-Pocket Maz	OOP Max? Embedded or Non-Embedded	Medical Embedded
npa	(\$)		
ă		Individual (\$)	\$4,000
		Family (\$)	\$8,000
	Retail Rx Member Copag(\$) / Coins.(%)	Tier 1	\$15
		Tier 2	30%
		Tier 3	NA
nce		Tier 4	NA
sura		Tier 5	NA
Copay/Coinsurance	Specialty Member Copay(\$) / Coinsurance(%)	Not Required for Testing	Not Required for Testing
	Preventive Drug List	Does this plan have a Core or Expanded Preventive	No - Standard
		List?	
š		Tier 1	NA
enti	Preventive R z	Tier 2	NA
Preventive	(\$)/(%)	Tier 3	NA
		Tier 4	NA
		Tier 5	NA
	Health	Is this plan an HRA?	No
HRA	Reimbursement Account (HBA)	Employer contribution to HRA (if applicable)	NA

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

٥		Group Name	Example 4
Group Info	Group Information	Plan Description	Example 4
dno		Effective Date	1/1/2024
อ	PDF of Result?	If yes, choose output path with Browse button.	No
Plan Desig n	Plan Design	How many RX tiers?	4 - Tiers
Pla Des	r ian Design	Deductible applies to tiers?	Tier 2 +
		Does the plan have an Rx Ded?	Combined with Medical
		Embedded or Non-Embedded	
Р	Deductible (\$)	Individual Deductible (\$)	\$5,500
Deductible and OOP		Family Deductible (\$)	\$11,000
9 0		Does the Rx plan have an	Combined with
tibl		OOP Max?	Medical
duc	Out-of-Pocket Max (\$)	Embedded or Non-Embedded	Embedded
å	(•)	Individual (\$)	\$6,600
		Family (\$)	\$13,200
	Betail B : Member	Tier 1	\$10
		Tier 2	\$50
	Copa y(\$) / Coins.(%)	Tier 3	20%
ance		Tier 4	30%
isur		Tier 5	NA
Copay/Coinsurance	Specialty Member Copay(\$) ł Coinsurance(%)	Not Required for Testing	Not Required for Testing
	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
e /		Tier 1	NA
Preventive	Preventive Bz	Tier 2	NA
rev	(\$)/(%)	Tier 3	NA
-		Tier 4	NA
		Tier 5	NA
đ	Health Reimbursement	Is this plan an HRA?	No
HRA	Account (HBA)	Employer contribution to HRA (if applicable)	NA

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 Name	Example 5
Group Info	Group Information	Plan Description	Example 5
		Effective Date	1/1/2024
ō	PDF of Result?	If yes, choose output path with Browse button.	No
с. <u>В</u>		How many RX tiers?	2 - Tiers
Plan Desig n	Plan Design	Deductible applies to tiers?	All (Default)
		Does the plan have an Rx	Combined with
		Ded? Embedded or Non-Embedded	Medical Embedded
۹.	Deductible (\$)		
8		Individual Deductible (\$)	\$1,500
and		Family Deductible (\$)	\$3,000
ble		Does the Rx plan have an OOP Max?	Combined with Medical
Deductible and OOP		Embedded or Non-Embedded	
Ded	(\$)	Individual (\$)	\$3,000
		Family (\$)	\$6,000
	Retail Rz Member Copay(\$) / Coins.(%) Specialty Member Copay(\$) / Coinsurance(%)	Tier 1	20%
		Tier 2	20%
		Tier 3	NA
ance		Tier 4	NA
sura		Tier 5	NA
Copay/Coinsurance		Not Required for Testing	Not Required for Testing
	Preventive Drug List	Does this plan have a Core or Expanded Preventive	No - Standard
		List?	tao otandara
ive		Tier 1	NA
² reventive	Preventive Rx (\$)/(%)	Tier 2	NA
Pre		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
4	Health Reimbursement	Is this plan an HRA?	No
HRA	Account (HBA)	Employer contribution to HRA (if applicable)	NA

	•	
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

٩		Group Name	Example 6
Ē	Group Information	Plan Description	Example 6
dino,		Effective Date	1/1/2024
Group Info	PDF of Result?	If yes, choose output path with Browse button.	No
Plan Desig n	Disa Dasias	How many RX tiers?	2 - Tiers
Pla Des	Plan Design	Deductible applies to tiers?	All (Default)
		Does the plan have an Rx	Combined with
		Ded? Embedded or Non-Embeddee	Medical Embedded
۹.	Deductible (\$)		
8		Individual Deductible (\$)	\$1,500
and		Family Deductible (\$)	\$3,000
ble		Does the Rx plan have an OOP Max?	Combined with Medical
uetil	Out-of-Pocket Maz	Embedded or Non-Embedded	
Deductible and OOP	(\$)	Individual (\$)	\$3,000
		Family (\$)	\$6,000
	Retail Rx Member Copag(\$) / Coins.(%) Specialty Member Copag(\$) / Coinsurance(%)	Tier 1	20%
		Tier 2	20%
		Tier 3	NA
Ince		Tier 4	NA
isura		Tier 5	NA
Copay/Coinsurance		Not Required for Testing	Not Required for Testing
	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	Core - Buy up
ve Ve		Tier 1	20%
Preventive	Preventive Bz	Tier 2	20%
rev	(\$)/(%)	Tier 3	NA
•		Tier 4	NA
		Tier 5	NA
	Health	Is this plan an HRA?	No
HRA	Reimbursement Account (HBA)	Employer contribution to HRA (if applicable)	NA

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	

٩	Group Information	Group Name	Example 7
Ē		Plan Description	Example 7
Group Info		Effective Date	1/1/2024
ū	PDF of Result?	If yes, choose output path with Browse button.	No
Plan Desig n	Plan Design	How many BX tiers?	2 - Tiers
Pla Des	r ian besign	Deductible applies to tiers?	All (Default)
	Deductible (\$)	Does the plan have an Rx Ded?	Combined with Medical
		Embedded or Non-Embedded	
Р		Individual Deductible (\$)	\$1,500
Deductible and OOP		Family Deductible (\$)	\$3,000
ear		Does the Rx plan have an	Combined with
tibl		OOP Max?	Medical
duc	Out-of-Pocket Max (\$)	Embedded or Non-Embedded	Non-Embedded
å	(+)	Individual (\$)	\$3,000
		Family (\$)	\$6,000
	Retail Rx Member Copay(\$) / Coins.(%)	Tier 1	20%
		Tier 2	20%
æ		Tier 3	NA
ano		Tier 4	NA
isur		Tier 5	NA
Copay/Coinsurance	Specialty Member Copay(\$) ł Coinsurance(%)	Not Required for Testing	Not Required for Testing
	Preventive Drug List	Does this plan have a Core or Expanded Preventive	Expanded - Buy up
	Freventive Drug List	List?	Expanded - Duy up
Å.	Preventive Rz (\$)/(%)	Tier 1	0%
Preventive		Tier 2	0%
Prev		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
-	Health Reimbursement Account (HBA)	Is this plan an HRA?	No
HRA		Employer contribution to HRA (if applicable)	NA

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	

.0		Group Name	Example 8
1	Group Information	Plan Description	Example 8
dino -		Effective Date	1/1/2024
Group Info	PDF of Result?	If yes, choose output path with Browse button.	No
		How many RX tiers?	3 - Tiers
Plan Desig n	Plan Design	Deductible applies to tiers?	All (Default)
		Does the plan have an Rx	Combined with
	Deductible (\$)	Ded? Embedded or Non-Embedded	Medical Embedded
۵.			
8		Individual Deductible (\$)	\$6,000
and		Family Deductible (\$)	\$12,000
Deductible and OOP	Out-of-Pocket Maz (\$)	Does the Rx plan have an OOP Max?	Rx Only
duct		Embedded or Non-Embeddeo	Embedded
ð		Individual (\$)	\$6,000
		Family (\$)	\$12,000
	Retail Rz Member Copay(\$) / Coins.(%)	Tier 1	\$10
		Tier 2	\$30
~		Tier 3	\$50
100		Tier 4	NA
Isura		Tier 5	NA
Copay/Coinsurance	Specialty Member Copay(\$) / Coinsurance(%)	Not Required for Testing	Not Required for Testing
	Preventive Drug List	Does this plan have a Core or Expanded Preventive	No - Standard
		List?	
ve	Preventive Bz (\$)/(%)	Tier 1	NA
Preventive		Tier 2	NA
Prev		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
-	Health Reimbursement Account (HBA)	Is this plan an HRA?	Yes
HRA		Employer contribution to HRA (if applicable)	1000