



UnitedHealthcare Community Plan, Inc.

Part III: Actuarial Memorandum

Michigan 2026 Individual Exchange Rates

PRIMARY RATE DEVELOPMENT

June 16, 2025



© 2025 United HealthCare Services, Inc. All Rights Reserved

United
Healthcare

Contents

1	<i>Actuarial Memorandum</i>	3
2	<i>General Information Section</i>	3
3	<i>Proposed Rate Changes</i>	4
4	<i>Market Experience</i>	5
4.1	Experience and Current Period Premium, Claims, and Enrollment	5
4.2	Benefit Categories	6
4.3	Projection Factors	6
4.4	Plan Adjusted Index Rate	10
4.5	Calibration	12
4.6	Consumer Adjusted Premium Rate Development	13
5	<i>Projected Loss Ratio</i>	14
6	<i>Plan Product Information</i>	14
6.1	AV Metal Values	14
6.2	Membership Projections	14
6.3	Terminated Plans and Products	15
6.4	Plan Type	15
7	<i>Miscellaneous Instructions</i>	16
7.1	Reliance	16
7.2	Actuarial Certification	16
	<i>Appendix A: Proposed Plans</i>	18
	<i>Appendix B: Rate Manual</i>	19
	<i>Appendix C: Plan-Level Modifiers</i>	20
	<i>Appendix D: MLR Calculation</i>	21
	<i>Appendix E: Induced Demand Factors</i>	22
	<i>Appendix F: CSR Enrollment</i>	23
	<i>Appendix G: SHCE and URRT Reconciliation</i>	24



1 Actuarial Memorandum

This memorandum documents the development of Individual market health insurance premium rates for UnitedHealthcare Community Plan, Inc. (“UHC”). UHC is offering Individual health insurance products on and off the Exchange in the Bronze, Silver and Gold metal tiers, with the premium rates documented in this memorandum effective January 1, 2026. The proposed plans are shown in Appendix A.

Considerations for the Regulatory Environment

The rates presented and submitted here were developed assuming that CSR payments are not funded by the federal government in 2026 and the cost of these payments will instead be funded through member premiums and Advanced Premium Tax Credits.

These rates also assume the enhanced Advanced Premium Tax Credit levels extended through 2025 will expire for 2026.

2 General Information Section

Company Identifying Information

Company Legal Name:	UnitedHealthcare Community Plan, Inc.
State:	Michigan
HIOS Issuer ID:	71667
Binder Filing Number:	UHLC-MI26-125120198
Rate/Form Tracking Number:	UHLC-134562972
Market:	Individual
Effective Date:	January 1, 2026

Company Contact Information

Primary Contact Name:	Patrick Hofer
Primary Contact Telephone Number:	(952) 251-4722
Primary Contact Email Address:	patrick_hofer@uhc.com

Description of Benefits

UHC is filing 16 plans, plus CSR plans for all Silver plans. Three Silver off-exchange only plans are being added to the portfolio; all other plans are offered both on and off-exchange. Plan designs include 2026 state mandated benefits; select plans will offer additional adult dental and vision benefits. No substitutions were made from the Michigan standard Essential Health Benefits (EHBs). All plans are HMO network plans, with emergency services and associated



inpatient stays as well as trauma services to be covered when incurred out of network. The service area of these plans is expanding into Branch, Hillsdale, and Van Buren counties.

3 Proposed Rate Changes

UHC will sell Individual policies with an effective date of January 1, 2026. The 2026 aggregate rate change as shown on the Unified Rate Review Template (URRT) is 25.25%. Rate changes by plan are found in Worksheet 2, row 1.11 of the URRT. The quantitative impact for all significant factors driving the proposed rate change is shown in the table below.

Components of Rate Change	% Change
Experience	7.1%
Trend	6.9%
Tariffs	0.8%
Morbidity	14.0%
Cost Sharing Design	-5.6%
CSR Load	0.7%
Non-Benefit Expenses	-0.3%
Other	0.4%
Total	25.25%

Given that the rate changes are based on the same single risk pool, the rate changes vary by plan due to plan design changes. Additional detail is provided below describing the significant adjustments driving the proposed rate change.

- **Base Experience** reflects the change in experience from the 2025 to 2026 rate development.
- **Trend** indicates the allowed level trends from 2025 to 2026.
- **Tariffs** to account for uncertainty regarding price changes by manufacturers due to economic policy changes and/or the onshoring of manufacturing and the impact on total medical costs, most notably on pharmaceuticals.
- **Morbidity** captures the expected changes in morbidity, particularly as a result of enhanced subsidy expiration and the changing regulatory environment.
- **Cost Sharing Design** indicates the average change in benefits and paid-to-allowed ratios, excluding changes to CSR loads.
- **CSR Load** reflects the changes in the average Silver load due to change in benefits and distribution of members across CSR variants.
- **Non-Benefit Expense** outlines the change in admin and Exchange User Fees.
- **Other** reflects any changes to the rates not already captured above.

The proposed rate change would be 12.5% if the enhanced subsidies are extended for plan year 2026. The difference in the proposed rate changes is primarily driven by lower expected market morbidity, and other secondary impacts such as decreased risk adjustment transfer payable, decreased Exchange user fees, etc.

The impact of COVID-19 treatment is anticipated to be consistent with 2024 experience and therefore contributes no impact to the rate change.



The number of policy holders and total covered lives currently in force that are affected by the rate adjustments proposed in the filing as of April 1, 2025, are 31,328 and 36,762, respectively. The average 2026 annual premium is expected to be \$6,691 with the proposed rate increase and \$5,342 without.

4 Market Experience

4.1 Experience and Current Period Premium, Claims, and Enrollment

Paid Through Date: April 1, 2025

Current Date: April 1, 2025

Earned Premium During the Experience Period

Earned premiums in the experience period are \$148,486,079. This is gross of MLR rebates and is reconciled to the Supplemental Health Care Exhibit (SHCE) in Appendix G.

Allowed and Incurred Claims Incurred During the Experience Period

Allowed claims and incurred claims are pulled from the same source(s) and calculated using a similar methodology. Only claim amounts for members in the Individual Single Risk Pool for claims which have already been processed are included in our claims data (incomplete claims). Pharmacy rebates are processed outside the claims system and are equal on an incurred and allowed basis.

A set of completion factors is applied to the incomplete claims to develop the expected allowed and incurred claims for the experience period.

		Allowed Claims	Incurred Claims
A	Claims processed through issuer's claims system for experience period and paid through date above	\$150,302,611	\$105,444,499
B	Claims processed outside issuer's claims system for same time period	\$4,899,258	\$4,899,258
C	Estimate of claims incurred but not paid as of paid through date above	\$8,290,353	\$5,803,128
=A-B+C	Estimated claims incurred during experience period	\$153,693,707	\$106,348,370

The same methodology was used to develop the estimate of claims incurred but not paid for both allowed claims and incurred claims in the experience period. The methodology incorporates estimates based upon developed completion factors. Model results are evaluated for reasonableness and actuarial judgment may be applied.

The claims used to develop completion factors are reflective of the experience period claims for the information submitted. The incurred but not paid claims are not unusually high or unusually low relative to the experience period claims paid.

Please see Appendix G for a reconciliation of incurred claims in the URRT experience period to the SHCE. A copy of the SHCE report is included in the requested filings.

4.2 *Benefit Categories*

Claims processed through UHC's systems were mapped to the benefit categories in Worksheet 1, Section II of the URRT based on where services were administered and the types of medical services rendered.

- **Inpatient Hospital** includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing and other services provided in an inpatient facility setting and billed by the facility.
- **Outpatient Hospital** includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation and other services provided in an outpatient facility setting and billed by the facility.
- **Professional** includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology and other professional services, other than hospital based professionals whose payments are included in facility fees.
- **Other Medical** includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.
- **Capitation** includes all services provided under one or more capitated agreements.
- **Prescription Drug** includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

The benefit categories were defined by our claims department using standard industry definitions.

4.3 *Projection Factors*

The following describes the factors used to project experience period allowed claims to the 2026 projection period.

4.3.1 Trend Factors

A trend assumption was applied to translate 2024 experience year claims costs to calendar year 2026 claims costs.

The assumptions shown in "Year 1 Trend" and "Year 2 Trend" of Worksheet 1 of the URRT represent 12 months of ongoing changes in utilization, unit costs and technology. The combined, annualized trend assumption implied is 6.9%. This assumption is based on a review of recent rate filings in the Michigan Individual market, expected changes in unit costs for provider contracting, an evaluation of trends observed in UnitedHealthcare's nationwide Individual and Small Group ACA business and actuarial judgment. This trend assumption does not include any expected changes in demographics, morbidity or benefit changes.

To account for uncertainty regarding price changes by manufacturers due to economic policy changes and/or the onshoring of manufacturing and the impact on total medical costs, most notably on pharmaceuticals, a total price impact of 0.8% is built into the initially submitted rate filing. UHC would like to reserve the right to adjust the initially submitted impact as more clarity becomes available.



4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

This section explains adjustments other than trend that are made to the experience period claims in order to develop the projected Index Rate.

Morbidity Adjustment

The Morbidity Adjustment factor is 1.140 as shown on Worksheet 1 of the URRT.

MORBIDITY

An adjustment was applied to account for anticipated changes in market morbidity levels.

An adjustment equal to 13% was applied for the expiration of enhanced premium subsidies passed under the American Rescue Plan Act (ARP) and extended by the Inflation Reduction Act (IRA). Due to the expiration of the enhanced premium subsidies effective 1/1/2026, UHC anticipates a decline in enrollment due to higher post-subsidy premiums. Healthier members are expected to leave at a disproportionately higher rate than those with significant healthcare needs, increasing market morbidity in 2026. This estimate is based on internal modeling using historical Wakely National Risk Adjustment Reporting (WNRAR) data as well as Marketplace Open Enrollment Period Public Use Files.

An additional 1% was added to this morbidity impact to reflect expected changes in market morbidity levels independent of potential regulatory changes.

The total adjustment factor is 1.140.

Demographic Shift

The Demographic Shift adjustment factor is 1.019 as shown on Worksheet 1 of the URRT.

AGE

An adjustment was applied to account for anticipated changes in the distribution of members by age. The projected distribution of members by age was developed based on the membership mix as of April 1, 2025 with additional consideration to the current Individual ACA Open Enrollment Period reports and the regulatory landscape. The federally prescribed 3:1 age curve was used to develop the adjustment.

The adjustment factor is 1.022.

GEOGRAPHY

An adjustment was applied to account for anticipated changes in the distribution of members by rating region. The projected distribution of members by rating region was developed consistent with the description provided in Section 6.2. The proposed rating factors by rating region were used to develop the adjustment.

The adjustment factor is 0.997.

Plan Design Changes



The Plan Design Changes adjustment factor is 1.043 as shown on Worksheet 1 of the URRT.

INDUCED DEMAND

An adjustment was applied to account for anticipated changes in induced demand levels. The adjustment was developed by comparing the calculated average induced demand factor in the experience and projection periods. The federal induced demand factors (i.e., 1.00, 1.03 and 1.08 for Bronze, Silver and Gold metal levels) were used to develop the adjustment.

The adjustment factor is 1.002.

GATEKEEPER

An adjustment was applied to account for anticipated changes in allowed claims levels due to the change in gatekeeper requirements for the projection year plan offerings.

The adjustment factor is 1.042.

Other

The Other adjustment factor is 0.936 as shown on Worksheet 1 of the URRT.

PROVIDER CONTRACTING

An adjustment was applied to account for anticipated changes in provider contracting. This adjustment is separate from and does not double count the impact of unit cost trends.

The adjustment factor is 0.998.

VIRTUAL FIRST

The claim costs associated with the experience period was impacted by a unique network with capitated claims for virtual care. This network will not be offered in the projection period. An adjustment was applied to remove the impact of capitated costs associated with the arrangement.

The adjustment factor is 0.938.

4.3.3 Manual Rate Adjustments

No manual rate was needed as the experience period claims are considered fully credible.

4.3.4 Credibility of Experience

Full credibility has been assigned to the base period experience. The experience has been appropriately adjusted to reflect the material changes anticipated between the experience period and the projection period.

The following formula was used for assigning credibility to the experience period:

$$Z = \min \left[1, \left(\frac{MM}{FC} \right)^{.5} \right]$$



Where,

- Z is the credibility percentage applied to the experience data,
- MM is the experience period member months and
- FC is the member months required for full credibility

The determination of full credibility depends on the assumed variation in the claim experience. It was based on an application of classical credibility theory and actuarial judgement. Simulations were run using random samples from a large database containing ACA members and claims to determine the number of members needed to have a probability of 95% of being within 10% of the expected claim amount. With regard to classical credibility theory and actuarial judgement, full credibility is assigned to 100,000 member months.

Consideration was given to guidance provided in Actuarial Standards of Practice #25, *Credibility Procedures*.

4.3.5 Establishing the Index Rate

As shown on Worksheet 1 of the URRT, the Index Rate for this filing is \$570.35. It estimates the total combined allowed claims PMPM for EHBs in the Michigan Individual market.

4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate (MAIR) for the projection period is \$662.75 as shown on Worksheet 1 of the URRT. The MAIR is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR 156.80(d)(1). The Index Rate and market level adjustments are on an allowed claims basis.

A	Projected Index Rate for January 1, 2026	\$570.35
B	Reinsurance	\$0.00
C	Risk Adjustment Payment/Charge	-\$72.86
D	Exchange User Fees	2.95%
<hr/> =(A-B-C)/(1-D) Market-wide Adjusted Index Rate		<hr/> \$662.75

Reinsurance

UHC does not expect any reinsurance recoveries from federal or state reinsurance programs.

Risk Adjustment Payment/Charge

The projection period risk adjustment charge was developed by estimating the individual components of the risk adjustment transfer formula (e.g., PLRS, AV, etc.) for both UHC and the statewide average. A description of the development of each component is described below:

- PLRS: the average 2024 risk score adjusted for expected changes in risk and risk score coefficients between 2024 and 2026.
- IDF: the average induced demand factor based on the federal induced demand factors (i.e., 1.00, 1.03 and 1.08 for Bronze, Silver and Gold metal levels) and projected distribution of members by metal level.

- GCF: the average geographic factor based on the estimated 2024 average GCF and adjusted for anticipated changes in the distribution of members by rating region.
- ARF: the average age factor based on the federally prescribed 3:1 age curve and projected distribution of members by age.
- AV: the average metal AV factor based on the projected distribution of members by metal level.
- Statewide average premium: the estimated 2024 statewide average premium adjusted for anticipated market wide rate changes we anticipate will occur from 2024 to 2026.

The projected risk adjustment payable/receivable was converted to an allowed basis when developing the MAIR.

The risk adjustment fee of \$0.20 PMPM was incorporated into 2026 rates and included within the taxes and fees.

An adjustment of \$2.79 PMPM was made for expected HCRP payments in 2026. No adjustment was made for RADV.

Exchange User Fees

The Exchange User Fee reflecting the expiration of enhanced premium subsidies is 2.95% represented as a percentage of allowed claims in the development of the MAIR. We applied the fee to the 96.0% of UHC's projected enrollment expected to come from within the Exchange.

As a percent of premium, the Exchange User Fee is 2.50% for all policies sold through the Exchange.

4.4 Plan Adjusted Index Rate

The Plan Adjusted Index Rates (PAIR) were developed by applying allowable plan level adjustments to the MAIR. The allowable plan-level adjustments are shown in Appendix C.

The following describes how each component of the adjustment was developed.

Actuarial Value and Cost-Sharing Design

The Actuarial Value and Cost Sharing Design is the product of the Pricing AVs, metal level induced demand factors, and Silver CSR loads.

COST SHARING DESIGN

The Pricing AVs reflecting the actuarial value and cost-sharing design of each plan was developed using a simulation methodology whereby a large dataset of Individual ACA enrollment and claims were calibrated to the projected population and member-level claims were re-adjudicated using the cost-sharing parameters of each plan design. Each plan was developed using the same dataset and population adjusted only for the expected induced utilization by metal level ensuring the same risk profile informs all Pricing AVs.

INDUCED DEMAND FACTORS



Induced demand factors reflect the impact of differences in cost sharing on utilization. These factors are developed at the metal level from risk adjusted claims experience such that health status differences are not reflected in the factors. Factors for 2026 are consistent with the factors represented in the 2025 rate development. Silver induced demand factors are applied to all CSR variants uniformly; no additional induced demand is applied by CSR variant.

Please see Appendix E for the resulting factors.

CSR LOAD

We have included an adjustment to the filed plans to reflect the impact of CSRs no longer being funded by the federal government. The regulation still requires CSR variant plans to be offered to low-income members, under the same federal AV requirements (keeping similar plan design and cost sharing structures as the current regulations), but the subsidy amounts will instead be a liability to the insurers and not the government. To reflect this cost to UHC, we have increased the Pricing AVs of all Silver plans offered on the Exchange. The 2026 Silver load by plan was determined by comparing the expected pricing AV across all variants against the base variant pricing AV. Across all Silver on-Exchange plans, the average 2026 Silver load is 1.305. The projected 2026 Silver load is estimated to produce revenue that aligns with the CSR payment made if funded by the federal government.

As requested in the bulletin published by CMS on May 2, 2025 titled “Plan Year 2026 Individual Market Rate Filing Instructions”, UHC’s estimated CSR payment for 2024 is \$7,815,149. The estimated CSR payment was determined by comparing actual 2024 incurred claims for members enrolled in a CSR variant against claims re-adjudicated under the base variant plan design.

Provider Network, Delivery System Characteristics and Utilization Management Practices

Only one network will be utilized in the projection period, so no plan-level adjustments for network differences have been applied.

Benefits in Addition to EHBs

UHC will offer benefits in addition to EHBs on select plans in Michigan. These benefits include adult dental and vision services.

Administrative Costs

Non-benefit administrative costs were applied on a percent of premium basis and on a PMPM basis. They are bucketed into three categories as shown on Worksheet 2 of the URRT: (1) administrative expenses, (2) taxes and fees and (3) profit and risk load.

Where taxes, fees and other expenses have not been mandated by state or federal regulators, internal modeling was conducted necessary to cover expected costs. Results were chosen with consideration to what is reasonably incurred within the Michigan Individual market.

ADMINISTRATIVE EXPENSE



UHC expects to incur \$50.39 PMPM in general administrative expenses for the Individual ACA block of business in Michigan for 2026. We expect to incur an additional \$20.83 PMPM in broker commissions over this period.

Health Care Quality Improvement and Fraud Detection Expenses were estimated as 0.53% of premium and were included in the administrative expense load.

The administrative expense load does not vary between metal levels.

TAXES AND FEES

Taxes and regulatory fees included in the development of 2026 rates include the following:

- Risk Adjustment User Fee: \$0.20 PMPM
- PCORI Fee: \$0.32 PMPM
- Non-Reform Assessment Fee(s): \$2.40 PMPM
- Federal Income Tax: 21% of income
- State Income Tax: 6% of income

The Exchange User Fee load is not included here. It was previously built into the MAIR as discussed in Section 4.3.6.

PROFIT AND RISK LOAD

The proposed 2026 premiums allocate 3.71% to profit and risk margin on a post-tax basis. The same load is applied to all plans as a percent of premium.

Catastrophic Plans

UHC will not offer Catastrophic plans in Michigan for 2026.

4.5 Calibration

Age Curve Calibration

The approximate age calibration factor is 0.6143. It was determined as follows:

$$ACF = \frac{\sum Members}{\sum Members * Age Factor}$$

Where:

- ACF is the age calibration factor,
- Members are the projected members and
- Age Factor is the rating factor associated with each member.

An age factor of 0 is used for members who are not expected to pay premium.

Section 4.6 demonstrates how the PAIRs and age curve are used to generate a schedule of premiums.



Geographic Factor Calibration

The geographic calibration factor is 1.0000. It was determined as follows:

$$GCF = \frac{\sum Members}{\sum Members * Area Factor}$$

Where:

- GCF is the geographic calibration factor,
- Members are the projected members and
- Area Factor is the rating factor associated with each member.

Geographic area factors are calculated based upon expected reimbursement rates UHC aims to achieve by rating area. These factors are relative to the membership-weighted average reimbursement rate for all areas UHC will service in Michigan. The factors only reflect differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and not differences in population morbidity by geographic area.

Section 4.6 demonstrates how the PAIRs and area factors are used to generate a schedule of premiums.

Tobacco Use Rating Factor Calibration

The tobacco calibration factor is 0.9986. It was determined as follows:

$$TCF = \frac{\sum Members}{\sum Members * Tobacco Factor}$$

Where:

- TCF is the tobacco calibration factor,
- Members are the projected members and
- Tobacco Factor is the rating factor associated with each member.

Section 4.6 demonstrates how the PAIRs and tobacco factors are used to generate a schedule of premiums.

Application of Calibration Factors

The age, geographic and tobacco calibration adjustments are not plan specific. These adjustments are applied uniformly to all plans.

The age rating curve used by UHC in Michigan is the curve indicated in the HHS Notice of Benefit and Payment Parameters for 2018 Final Rule.

4.6 Consumer Adjusted Premium Rate Development

The member's premium rate is calculated by first multiplying the PAIR by the calibration factors. This is the Calibrated PAIR, which is shown on Worksheet 2, row 3.14 of the URRT. The result



can then be multiplied by the member's specific age, geographic and tobacco rating factors to determine the approximate member rate.

$$CPAIR = PAIR \times ACF \times GCF \times TCF$$

$$CAPR = CPAIR \times \text{Age Factor} \times \text{Geographic Factor} \times \text{Tobacco Factor}$$

Where:

- CPAIR is the Calibrated Plan Adjusted Index Rate,
- PAIR is the Plan Adjusted Index Rate,
- ACF is the age calibration factor,
- GCF is the geographic calibration factor,
- TCF is the tobacco calibration factor,
- CAPR is the Consumer Adjusted Premium Rate and
- Age, Geographic and Tobacco Factors are the rating factors associated with each member.

The premium for family coverage is determined by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account.

The rate manual and a demonstration of how the allowable rating factors are applied to the Calibrated PAIR to determine the Consumer Adjusted Premium Rate are shown in Appendix B.

5 Projected Loss Ratio

The projected medical loss ratio (MLR) for the individual line of business is 83.34%. This was calculated using the federally prescribed MLR methodology.

UHC does not anticipate paying out consumer rebates for the 2026 calendar year. Taxes and regulatory fees were excluded from premium in the calculation of this value. The calculation for the projected federal MLR is included in Appendix D.

6 Plan Product Information

6.1 AV Metal Values

The federal Actuarial Value Calculator was used to generate the AV metal values shown on Worksheet 2, row 1.6 of the URRT. Please refer to the Unique Plan Design Justification and Documentation document for the impact of plans and cost sharing inputs modifications made in order to enter these into the federal Actuarial Value Calculator.

The Federal Actuarial Value Calculator screenshots are attached at the end of this memorandum.

6.2 Membership Projections



The total membership projections for 2026 were based upon internal modeling of market share estimates for the Michigan counties we intend to service. The percentage of membership distributions by metal tier and variant was based on the metal, CSR variants and rating area/county distribution enrollments for Michigan from actual UHC enrollment with additional consideration to current Individual ACA Open Enrollment Period reports and the regulatory landscape. Refinements to this data are applied for strategic initiatives and actuarial judgment.

Projected enrollment in CSR subsidy eligible Silver plans was informed by actual UHC enrollment and similar distributions in the Open Enrollment Period reports with consideration for regulatory impacts. The resulting projected enrollment by plan and subsidy level is provided in Appendix F.

6.3 Terminated Plans and Products

Please see Appendix A for crosswalk of the terminated plans and products. Please see Worksheet 2, Section I of the URRT for plan names associated with the terminated and mapped plans.

6.4 Plan Type

The drop downs in Worksheet 2, Section 1 of the URRT describe the issuer's plan types appropriately.



7 Miscellaneous Instructions

7.1 *Reliance*

I have relied upon financial data, summaries and analyses prepared by officers and employees of UnitedHealthcare Community Plan, Inc. (“UHC”). My analysis included such review of the assumptions as I considered necessary.

7.2 *Actuarial Certification*

I, Patrick Hofer, am a Member of the American Academy of Actuaries (MAAA). I meet the Qualification Standards of Actuarial Opinion as adopted by the American Academy of Actuaries for preparing premium rate filings for insurers.

This actuarial certification applies to the UnitedHealthcare Community Plan, Inc. Individual products to be offered in the federal health Exchange. I certify that the projected Index Rate is:

- In compliance with all applicable state and federal statutes and regulations (45 CFR 156.80 and 147.102)
- Developed in compliance with applicable Actuarial Standards of Practice, including:
 - ASOP No. 5, *Incurred Health and Disability Claims*
 - ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
 - ASOP No. 12, *Risk Classification*
 - ASOP No. 23, *Data Quality*
 - ASOP No. 25, *Credibility Procedures*
 - ASOP No. 41, *Actuarial Communications*
 - ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient.

The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

The geographic rating factors reflect only differences in the cost of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Unified Rate Review Template for all plans. Any alternate methodologies are described in the Unique Plan Design Justification and Documentation.

The Part I Unified Rate Review Template does not demonstrate the process used to develop the rates. Rather it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally



facilitated exchanges and for certification that the Index Rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

There are renewing plans which have a rate increase in excess of 15% as shown on Worksheet 2 of the URRT. A Written Description Justifying the Rate Increase, or Part II, has been provided.

Sincerely,

Patrick Hofer, FSA, MAAA

Associate Director, Actuarial Services

June 16, 2025



Appendix A: Proposed Plans

SCID	Exchange
71667MI0010030	Yes
71667MI0010039	Yes
71667MI0010044	Yes
71667MI0050005	Yes
71667MI0010028	Yes
71667MI0010033	Yes
71667MI0010041	Yes
71667MI0010045	No
71667MI0010046	No
71667MI0010047	No
71667MI0050001	Yes
71667MI0050004	Yes
71667MI0010026	Yes
71667MI0010042	Yes
71667MI0010048	Yes
71667MI0050006	Yes

A table showing the terminated plans and products is provided below.

Plan Year	SCID	2025 Plan Name	Mapped Plan Year	Mapped SCID
2025	71667MI0010012	UHC Bronze Value	2026	71667MI0010044
2025	71667MI0050003	UHC Bronze Value+	2026	71667MI0050005
2025	71667MI0010024	UHC Gold Advantage	2026	71667MI0010048
2025	71667MI0050002	UHC Gold Advantage+	2026	71667MI0050006



Appendix B: Rate Manual

SCID	CPAIR
71667MI0010030	\$316.19
71667MI0010039	\$331.99
71667MI0010044	\$301.91
71667MI0050005	\$315.80
71667MI0010028	\$407.69
71667MI0010033	\$398.52

Rating Area	Area Factor
Rating Area 1	0.9808
Rating Area 2	0.9796
Rating Area 5	0.9878

Age	Age Factor	Tobacco Load
0-14	0.765	1.000
15	0.833	1.000
16	0.859	1.000
17	0.885	1.000
18	0.913	1.000
19	0.941	1.000
20	0.970	1.000
21	1.000	1.050
22	1.000	1.050
23	1.000	1.050
24	1.000	1.050
25	1.004	1.050
26	1.024	1.050
27	1.048	1.050
28	1.087	1.050
29	1.119	1.050
30	1.135	1.100

SCID	CPAIR
71667MI0010041	\$410.84
71667MI0010045	\$328.65
71667MI0010046	\$313.51
71667MI0010047	\$331.95
71667MI0050001	\$424.74
71667MI0050004	\$412.41

Rating Area	Area Factor
Rating Area 7	1.0722
Rating Area 9	1.0749
Rating Area 10	1.0943

Age	Age Factor	Tobacco Load
31	1.159	1.100
32	1.183	1.100
33	1.198	1.100
34	1.214	1.100
35	1.222	1.100
36	1.230	1.100
37	1.238	1.100
38	1.246	1.100
39	1.262	1.100
40	1.278	1.100
41	1.302	1.100
42	1.325	1.100
43	1.357	1.100
44	1.397	1.100
45	1.444	1.100
46	1.500	1.100
47	1.563	1.100

SCID	CPAIR
71667MI0010026	\$433.79
71667MI0010042	\$445.31
71667MI0010048	\$421.94
71667MI0050006	\$435.83

Rating Area	Area Factor
Rating Area 12	0.9870

Age	Age Factor	Tobacco Load
48	1.635	1.100
49	1.706	1.100
50	1.786	1.200
51	1.865	1.200
52	1.952	1.200
53	2.040	1.200
54	2.135	1.200
55	2.230	1.200
56	2.333	1.200
57	2.437	1.200
58	2.548	1.200
59	2.603	1.200
60	2.714	1.200
61	2.810	1.200
62	2.873	1.200
63	2.952	1.200
64+	3.000	1.200

Consumer Adjusted Premium Rate Example

Plan ID: 71667MI0010030
Area: 1

Member ID	Relationship	Age	Calibrated PAIR	Area Factor	Age Factor	Tobacco Load	Premium
Member 1	Subscriber	45	\$316.19	0.9808	1.444	1.1000	\$492.58
Member 2	Spouse	40	\$316.19	0.9808	1.278	1.0000	\$396.32
Member 3	Child 1	18	\$316.19	0.9808	0.913	1.0000	\$283.13
Member 4	Child 2	15	\$316.19	0.9808	0.833	1.0000	\$258.32
Member 5	Child 3	7	\$316.19	0.9808	0.765	1.0000	\$237.24
Member 6	Child 4	1	\$316.19	0.9808	0.765	1.0000	*
Total Monthly Premium							\$1,667.59

There might be small differences between the premium rates shown above and those implied by the URRT due to rounding.



Appendix C: Plan-Level Modifiers

SCID	Metal	MAIR	AV and Cost Sharing	Provider Network	Benefits in Addition to EHBs	Non-Benefit Expenses	Plan Adjusted Index Rate
71667MI0010030	Bronze	\$662.75	0.6269	1.0000	1.0000	1.2404	\$515.41
71667MI0010039	Bronze	\$662.75	0.6639	1.0000	1.0000	1.2300	\$541.18
71667MI0010044	Bronze	\$662.75	0.5936	1.0000	1.0000	1.2510	\$492.14
71667MI0050005	Bronze	\$662.75	0.5936	1.0000	1.0547	1.2407	\$514.79
71667MI0010028	Silver	\$662.75	0.8408	1.0000	1.0000	1.1927	\$664.58
71667MI0010033	Silver	\$662.75	0.8193	1.0000	1.0000	1.1963	\$649.62
71667MI0010041	Silver	\$662.75	0.8481	1.0000	1.0000	1.1915	\$669.71
71667MI0010045	Silver	\$662.75	0.6561	1.0000	1.0000	1.2321	\$535.74
71667MI0010046	Silver	\$662.75	0.6207	1.0000	1.0000	1.2423	\$511.06
71667MI0010047	Silver	\$662.75	0.6638	1.0000	1.0000	1.2300	\$541.10
71667MI0050001	Silver	\$662.75	0.8481	1.0000	1.0383	1.1863	\$692.36
71667MI0050004	Silver	\$662.75	0.8193	1.0000	1.0396	1.1909	\$672.27
71667MI0010026	Gold	\$662.75	0.9017	1.0000	1.0000	1.1832	\$707.11
71667MI0010042	Gold	\$662.75	0.9287	1.0000	1.0000	1.1794	\$725.89
71667MI0010048	Gold	\$662.75	0.8740	1.0000	1.0000	1.1873	\$687.80
71667MI0050006	Gold	\$662.75	0.8740	1.0000	1.0371	1.1825	\$710.45



Appendix D: MLR Calculation

MLR Components	PMPM
Calculated Incurred Claims PMPM	\$392.31
- Risk Adjustment Payment/Charge	(\$49.89)
+ Reinsurance Recovery	\$0.00
+ Quality Improvement Expenses	\$2.95
+ Other Adjustments	\$0.00
= Projected Federal MLR Numerator	\$445.16
Calculated Premium Rate PMPM	\$557.60
- Federal and State Taxes and Assessments	\$9.58
- PCORI Fees	\$0.32
- ACA Risk Adjustment User Fees	\$0.20
- ACA Insurer Fees	\$0.00
- Exchange User Fees	\$13.38
- Other Adjustments	\$0.00
= Projected Federal MLR Denominator	\$534.13
Medical Loss Ratio	83.34%

Some numbers were adjusted for rounding. The projected MLR exceeds 80%.



Appendix E: Induced Demand Factors

	2026 Projected Distribution	2025 Factors	2026 Factors	Normalized Factors
Gold	4.5%	1.160	1.160	1.158
Silver	26.3%	0.980	0.980	0.978
Bronze	69.2%	1.000	1.000	0.998
Average			1.002	1.000

Appendix F: CSR Enrollment

Current CSR Enrollment

2025 SCID	2026 SCID	Off-Exchange	Silver	Silver CSR73	Silver CSR87	Silver CSR94	Total
71667MI0010028	71667MI0010028	1	63	54	538	500	1,156
71667MI0010033	71667MI0010033	25	96	173	815	4,321	5,430
71667MI0010041	71667MI0010041	43	264	182	414	347	1,250
71667MI0050001	71667MI0050001	23	241	161	451	284	1,160
71667MI0050004	71667MI0050004	6	90	84	394	307	881

Projected CSR Enrollment

SCID	Off-Exchange	Silver	Silver CSR74	Silver CSR87	Silver CSR94	Total
71667MI0010028	0	810	664	2,149	4,019	7,641
71667MI0010033	0	4,882	4,000	12,951	24,224	46,056
71667MI0010041	0	1,097	898	2,909	5,442	10,346
71667MI0010045	1,554	0	0	0	0	1,554
71667MI0010046	1,554	0	0	0	0	1,554
71667MI0010047	1,554	0	0	0	0	1,554
71667MI0050001	0	802	657	2,127	3,978	7,564
71667MI0050004	0	585	479	1,552	2,902	5,518

Projected CSR Load

SCID	Metal	Metal AV	Pricing AV without CSR	Pricing AV with CSR
71667MI0010030	Bronze	0.641	0.6282	0.6282
71667MI0010039	Bronze	0.641	0.6652	0.6652
71667MI0010044	Bronze	0.585	0.5948	0.5948
71667MI0050005	Bronze	0.585	0.5948	0.5948
71667MI0010028	Silver	0.700	0.6710	0.8596
71667MI0010033	Silver	0.662	0.6349	0.8377
71667MI0010041	Silver	0.701	0.6787	0.8671
71667MI0010045	Silver	0.700	0.6708	0.6708
71667MI0010046	Silver	0.662	0.6346	0.6346
71667MI0010047	Silver	0.701	0.6787	0.6787
71667MI0050001	Silver	0.701	0.6787	0.8671
71667MI0050004	Silver	0.662	0.6349	0.8377
71667MI0010026	Gold	0.780	0.7789	0.7789
71667MI0010042	Gold	0.809	0.8021	0.8021
71667MI0010048	Gold	0.760	0.7550	0.7550
71667MI0050006	Gold	0.760	0.7550	0.7550

Across all plans offered, including Silver and non-Silver options, the CSR load is 1.0755.



Appendix G: SHCE and URRT Reconciliation

SHCE to URRT Comparison
Calendar Year 2024
UnitedHealthcare Community Plan, Inc.
State of Michigan

		SHCE	URRT	Difference
Member Months ⁽¹⁾		350,720	348,793	-0.5%
1.1 Health premiums earned		136,641,683	---	
Risk Adjustments included in SHCE Line 1.1	-	(12,482,449)	---	
High-Cost Risk Pooling included in SHCE Line 1.1	-	(267,972)	---	
Net Premium Revenue ^{(1) (2)}	=	149,392,104	148,486,079	-0.6%
2.1 Incurred claims excluding prescription drugs		88,500,564	---	
2.2 Prescription drugs	+	14,033,439	---	
2.3 Pharmaceutical rebates	-	5,209,748	---	
Provider Risk Share ⁽³⁾	+	7,188,450	---	
Net Claim Expense ^{(1) (4)}	=	104,512,704	106,348,370	1.8%

⁽¹⁾ Final amounts were taken from different reporting systems at different times.

⁽²⁾ URRT premiums are based on 2024 earned dates. SHCE premiums are on a 2024 reported basis, without regard to earned date. In addition, Line 1.1 of the SHCE includes risk adjustment payments and accruals, high-cost risk pool payables and receivables, and bad debt expenses, none of which are part of premium revenue. Once those amounts are excluded, total premiums on an earned basis versus a reported basis are usually relatively consistent.

⁽³⁾ There was a unique risk sharing arrangement in 2024 tied to the virtual care offerings on select plans. This payment is represented in capitation costs in the URRT, but is included in line 3. of the SHCE.

⁽⁴⁾ URRT claims are based on 2024 incurred dates, with experience paid through April 1, 2025. SHCE claims are on a 2024 reported basis, as known through December 2024, without regard to incurral date. Large claims and claim adjustments incurred in one year and reported in another can cause significant variations in the comparison between the reported SHCE claims and the incurred URRT claims, especially for smaller blocks of business.





Actuarial Value Calculator Screenshots

UnitedHealthcare Community Plan, Inc.

Issuer HIOS ID: 71667

Michigan 2026 Individual Health Insurance Filing

June 16, 2025

Developed by:

Patrick Hofer, FSA, MAAA

P.O. Box 9472

Minneapolis, MN 55440-9472

(952) 251-4722 | patrick_hofer@uhc.com

Federal AV Calculator Output

Metal (Variant)	Plan Name	HIOS Plan ID	Federal AV Value
Expanded Bronze	UHC Bronze Standard (No Referrals)	71667MI0010030-01	64.12%
Expanded Bronze	UHC Bronze Copay Focus (No Referrals)	71667MI0010039-01	64.07%
Bronze	UHC Bronze Essential (No Referrals)	71667MI0010044-01	58.46%
Bronze	UHC Bronze Essential+ (Dental + Vision, No Referrals)	71667MI0050005-01	58.46%
Silver	UHC Silver Standard (No Referrals)	71667MI0010028-01	70.01%
Silver (CSR - 73%)	UHC Silver-E Standard (No Referrals)	71667MI0010028-04	73.07%
Silver (CSR - 87%)	UHC Silver-D Standard (No Referrals)	71667MI0010028-05	87.04%
Silver (CSR - 94%)	UHC Silver-C Standard (No Referrals)	71667MI0010028-06	94.11%
Silver	UHC Silver Value (No Referrals)	71667MI0010033-01	66.22%
Silver (CSR - 73%)	UHC Silver-E Value (No Referrals)	71667MI0010033-04	72.07%
Silver (CSR - 87%)	UHC Silver-D Value (No Referrals)	71667MI0010033-05	86.05%
Silver (CSR - 94%)	UHC Silver-C Value (No Referrals)	71667MI0010033-06	93.01%
Silver	UHC Silver Advantage (No Referrals)	71667MI0010041-01	70.05%
Silver (CSR - 73%)	UHC Silver-E Advantage (No Referrals)	71667MI0010041-04	73.48%
Silver (CSR - 87%)	UHC Silver-D Advantage (No Referrals)	71667MI0010041-05	87.15%
Silver (CSR - 94%)	UHC Silver-C Advantage (No Referrals)	71667MI0010041-06	94.03%
Silver	UHC Silver Advantage+ (Dental + Vision, No Referrals)	71667MI0050001-01	70.05%
Silver (CSR - 73%)	UHC Silver-E Advantage+ (Dental + Vision, No Referrals)	71667MI0050001-04	73.48%
Silver (CSR - 87%)	UHC Silver-D Advantage+ (Dental + Vision, No Referrals)	71667MI0050001-05	87.15%
Silver (CSR - 94%)	UHC Silver-C Advantage+ (Dental + Vision, No Referrals)	71667MI0050001-06	94.03%
Silver	UHC Silver Value+ (Dental + Vision, No Referrals)	71667MI0050004-01	66.22%
Silver (CSR - 73%)	UHC Silver-E Value+ (Dental + Vision, No Referrals)	71667MI0050004-04	72.07%
Silver (CSR - 87%)	UHC Silver-D Value+ (Dental + Vision, No Referrals)	71667MI0050004-05	86.05%
Silver (CSR - 94%)	UHC Silver-C Value+ (Dental + Vision, No Referrals)	71667MI0050004-06	93.01%
Silver	UHC Silver-X Standard (No Referrals) (Off-Exchange Only)	71667MI0010045-00	70.01%
Silver	UHC Silver-X Value (No Referrals) (Off-Exchange Only)	71667MI0010046-00	66.22%
Silver	UHC Silver-X Advantage (No Referrals) (Off-Exchange Only)	71667MI0010047-00	70.05%
Gold	UHC Gold Standard (No Referrals)	71667MI0010026-01	78.04%

Federal AV Calculator Output

Metal (Variant)	Plan Name	HIOS Plan ID	Federal AV Value
Gold	UHC Gold Copay Focus (No Referrals)	71667MI0010042-01	80.88%
Gold	UHC Gold Advantage (No Referrals)	71667MI0010048-01	76.01%
Gold	UHC Gold Advantage+ (Dental + Vision, No Referrals)	71667MI0050006-01	76.01%

TRADE SECRET

UHC Bronze Standard (No Referrals)
HIOS ID: 71667MI0010030-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Bronze

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical

Drug

Combined

Deductible (\$)

\$7,500.00

Coinsurance (%; Insurer's Cost Share)

50.00%

MOOP (\$)

\$10,000.00

MOOP if Separate (\$)

Tier 2 Plan Benefit Design

Medical

Drug

Combined

Deductible (\$)

Coinsurance (%; Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Bronze Standard (No Referrals)

Plan HIOS ID:

71667MI0010030-01

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

Actuarial Value:

64.12%

Metal Tier:

Bronze

Additional Notes:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time:

0.377 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights Reserved Page 4

UHC Bronze Copay Focus (No Referrals)
HIOS ID: 71667MI0010039-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>
Apply Inpatient Copay per Day?	<input checked="" type="checkbox"/>
Apply Skilled Nursing Facility Copay per Day?	<input checked="" type="checkbox"/>
Use Separate MOOP for Medical and Drug Spending?	<input type="checkbox"/>
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	<input type="checkbox"/>
Desired Metal Tier	Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$4,500.00	
50.00%	50.00%	
\$10,600.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Click Here for Important Instructions	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$2,500.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$3,000.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$135.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$57.26	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$696.17	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$36.85	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$126.23	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$3,000.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$944.11	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$381.05	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	
Specialty Rx Coinsurance Maximum:		
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>	
# Days (1-10):		3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
# Copays (1-10):		

Plan Description:

Name: UHC Bronze Copay Focus (No Referrals)
Plan HIOS ID: 71667MI0010039-01
Issuer HIOS ID: 71667
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.07%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.2539 seconds

Revised Final 2026 AV Calculator

UHC Bronze Essential (No Referrals)
HIOS ID: 71667MI0010044-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Bronze

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$10,600.00
		100.00%
		\$10,600.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

2nd Tier Utilization:

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

UHC Bronze Essential (No Referrals)

Plan HIOS ID:

71667MI0010044-01

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

58.46%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.4609 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 6

UHC Bronze Essential+ (Dental + Vision, No Referrals)
HIOS ID: 71667MI0050005-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Bronze

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$10,600.00
		100.00%
		\$10,600.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Bronze Essential+ (Dental + Vision, No Referrals)

Plan HIOS ID:

71667MI0050005-01

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

58.46%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.3555 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights Reserved Page 7

UHC Silver Standard (No Referrals)
HIOS ID: 71667MI0010028-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$6,000.00			
Coinsurance (%; Insurer's Cost Share)		60.00%			
MOOP (\$)		\$8,900.00			
MOOP if Separate (\$)					

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name: UHC Silver Standard (No Referrals)
Plan HIOS ID: 71667MI0010028-01
Issuer HIOS ID: 71667
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

70.01%

Silver

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.5293 seconds

UHC Silver-E Standard (No Referrals)
HIOS ID: 71667MI0010028-04

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Silver

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$3,000.00
		60.00%
		\$7,400.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-E Standard (No Referrals)

Plan HIOS ID:

71667MI0010028-04

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value:

73.07%

Metal Tier:

Silver

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.252 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights Reserved Page 9

UHC Silver-D Standard (No Referrals)
HIOS ID: 71667MI0010028-05

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Gold

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical

Drug

Combined

Deductible (\$)

\$700.00

Coinsurance (%; Insurer's Cost Share)

70.00%

MOOP (\$)

\$3,300.00

MOOP if Separate (\$)

Tier 2 Plan Benefit Design

Medical

Drug

Combined

Deductible (\$)

Coinsurance (%; Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-D Standard (No Referrals)

Plan HIOS ID:

71667MI0010028-05

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

87.04%

Metal Tier:

Gold

Additional Notes:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time:

0.2695 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 10

UHC Silver-C Standard (No Referrals)
HIOS ID: 71667MI0010028-06

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Platinum

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$0.00
		75.00%
		\$2,200.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-C Standard (No Referrals)

Plan HIOS ID:

71667MI0010028-06

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

94.11%

Metal Tier:

Platinum

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.2148 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 11

UHC Silver Value (No Referrals)
HIOS ID: 71667MI0010033-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>
Apply Inpatient Copay per Day?	<input type="checkbox"/>
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>
Use Separate MOOP for Medical and Drug Spending?	<input type="checkbox"/>
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	<input type="checkbox"/>
Desired Metal Tier	Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

		Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
		Medical	Drug	Combined	Medical	Drug	Combined
	Deductible (\$)			\$5,800.00			
	Coinsurance (%; Insurer's Cost Share)			60.00%			
	MOOP (\$)			\$10,600.00			
	MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Click Here for Important Instructions	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$51.84	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	53%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy					<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.22	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$8.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum: # Days (1-10):	<input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name:	UHC Silver Value (No Referrals)
Plan HIOS ID:	71667MI0010033-01
Issuer HIOS ID:	71667
AVC Version:	2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

66.22%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.2266 seconds

Revised Final 2026 AV Calculator

UHC Silver-E Value (No Referrals)
HIOS ID: 71667MI0010033-04

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☒

Desired Metal Tier

Silver

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$3,400.00
		60.00%
		\$7,800.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$110.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.98	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	53%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.22	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-E Value (No Referrals)

Plan HIOS ID:

71667MI0010033-04

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value:

72.07%

Metal Tier:

Silver

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.2422 seconds

Revised Final 2026 AV Calculator

UHC Silver-D Value (No Referrals)
HIOS ID: 71667MI0010033-05

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☒

Desired Metal Tier

Gold

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$1,250.00
		70.00%
		\$3,300.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$21.71	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$12.84	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-D Value (No Referrals)

Plan HIOS ID:

71667MI0010033-05

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

86.05%

Metal Tier:

Gold

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.2344 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 14

UHC Silver-C Value (No Referrals)
HIOS ID: 71667MI0010033-06

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?

☒

Desired Metal Tier

Platinum

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$0.00
		85.00%
		\$2,400.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$2.20	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	81%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$8.32	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	83%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-C Value (No Referrals)

Plan HIOS ID:

71667MI0010033-06

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

93.01%

Metal Tier:

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.3008 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 15

UHC Silver Advantage (No Referrals)
HIOS ID: 71667MI0010041-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>
Apply Inpatient Copay per Day?	<input type="checkbox"/>
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>
Use Separate MOOP for Medical and Drug Spending?	<input type="checkbox"/>
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	<input type="checkbox"/>
Desired Metal Tier	Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,900.00
		70.00%
		\$10,400.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Click Here for Important Instructions	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.98	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$274.04	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$23.06	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$111.96	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$844.11	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$452.61	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: UHC Silver Advantage (No Referrals)
Plan HIOS ID: 71667MI0010041-01
Issuer HIOS ID: 71667
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.05%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.3281 seconds

Revised Final 2026 AV Calculator

UHC Silver-E Advantage (No Referrals)
HIOS ID: 71667MI0010041-04

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☒

Desired Metal Tier

Silver

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$2,900.00
		70.00%
		\$7,600.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.98	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$274.04	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$23.06	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$111.96	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$844.11	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$452.61	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-E Advantage (No Referrals)

Plan HIOS ID:

71667MI0010041-04

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value:

73.48%

Metal Tier:

Silver

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.332 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 17

UHC Silver-D Advantage (No Referrals)
HIOS ID: 71667MI0010041-05

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Gold

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$1,000.00
		75.00%
		\$3,200.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$16.28	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$124.04	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$8.32	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$37.62	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$211.03	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.70	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-D Advantage (No Referrals)

Plan HIOS ID:

71667MI0010041-05

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

87.15%

Metal Tier:

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.2891 seconds

Revised Final 2026 AV Calculator

UHC Silver-C Advantage (No Referrals)
HIOS ID: 71667MI0010041-06

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☒

Desired Metal Tier

Platinum

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$150.00
		95.00%
		\$1,900.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.43	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$39.62	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$4.61	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$18.11	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$57.21	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$36.21	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-C Advantage (No Referrals)

Plan HIOS ID:

71667MI0010041-06

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

94.03%

Metal Tier:

Platinum

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.332 seconds

Revised Final 2026 AV Calculator

UHC Silver Advantage+ (Dental + Vision, No Referrals)
HIOS ID: 71667MI0050001-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$2,900.00
		70.00%
		\$10,400.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.98	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$274.04	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$23.06	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$111.96	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$844.11	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$452.61	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

UHC Silver Advantage+ (Dental + Vision, No Referrals)

Plan HIOS ID:

71667MI0050001-01

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.05%

Metal Tier:

Silver

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.3359 seconds

Revised Final 2026 AV Calculator

UHC Silver-E Advantage+ (Dental + Vision, No Referrals)
HIOS ID: 71667MI0050001-04

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?

☒

Desired Metal Tier

Silver

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$2,900.00
		70.00%
		\$7,600.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.98	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$274.04	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$23.06	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$111.96	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$844.11	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$452.61	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-E Advantage+ (Dental + Vision, No Referrals)

Plan HIOS ID:

71667MI0050001-04

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value:

73.48%

Metal Tier:

Silver

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.3008 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 21

UHC Silver-D Advantage+ (Dental + Vision, No Referrals)
HIOS ID: 71667MI0050001-05

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Gold

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical

Drug

Combined

Deductible (\$)

\$1,000.00

Coinsurance (%; Insurer's Cost Share)

75.00%

MOOP (\$)

\$3,200.00

MOOP if Separate (\$)

Tier 2 Plan Benefit Design

Medical

Drug

Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$16.28	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$124.04	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$8.32	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$37.62	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$211.03	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.70	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-D Advantage+ (Dental + Vision, No Referrals)

Plan HIOS ID:

71667MI0050001-05

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

87.15%

Metal Tier:

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.3164 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 22

UHC Silver-C Advantage+ (Dental + Vision, No Referrals)
HIOS ID: 71667MI0050001-06

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Platinum

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical

Drug

Combined

Deductible (\$)

\$150.00

Coinsurance (%; Insurer's Cost Share)

95.00%

MOOP (\$)

\$1,900.00

MOOP if Separate (\$)

Tier 2 Plan Benefit Design

Medical

Drug

Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.43	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$39.62	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$4.61	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$18.11	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$57.21	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$36.21	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-C Advantage+ (Dental + Vision, No Referrals)

Plan HIOS ID:

71667MI0050001-06

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

94.03%

Metal Tier:

Platinum

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.2969 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 23

UHC Silver Value+ (Dental + Vision, No Referrals)
HIOS ID: 71667MI0050004-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Silver

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$5,800.00
		60.00%
		\$10,600.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$51.84	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	53%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.22	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$8.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Silver Value+ (Dental + Vision, No Referrals)

Plan HIOS ID:

71667MI0050004-01

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

66.22%

Metal Tier:

Silver

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.2891 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 24

UHC Silver-E Value+ (Dental + Vision, No Referrals)
HIOS ID: 71667MI0050004-04

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Silver

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$3,400.00
		60.00%
		\$7,800.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$110.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.98	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	53%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.22	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-E Value+ (Dental + Vision, No Referrals)

Plan HIOS ID:

71667MI0050004-04

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value:

72.07%

Metal Tier:

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.2969 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 25

UHC Silver-D Value+ (Dental + Vision, No Referrals)
HIOS ID: 71667MI0050004-05

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Gold

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical

Drug

Combined

Deductible (\$)

\$1,250.00

Coinsurance (%; Insurer's Cost Share)

70.00%

MOOP (\$)

\$3,300.00

MOOP if Separate (\$)

Tier 2 Plan Benefit Design

Medical

Drug

Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$21.71	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$12.84	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-D Value+ (Dental + Vision, No Referrals)

Plan HIOS ID:

71667MI0050004-05

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

86.05%

Metal Tier:

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.2969 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 26

UHC Silver-C Value+ (Dental + Vision, No Referrals)
HIOS ID: 71667MI0050004-06

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?☒

Desired Metal Tier

Platinum

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$0.00
		85.00%
		\$2,400.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$2.20	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	81%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$8.32	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	83%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-C Value+ (Dental + Vision, No Referrals)

Plan HIOS ID:

71667MI0050004-06

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

93.01%

Metal Tier:

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.2695 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 27

UHC Silver-X Standard (No Referrals) (Off-Exchange Only)
HIOS ID: 71667MI0010045-00

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Silver

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$6,000.00
		60.00%
		\$8,900.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-X Standard (No Referrals) (Off-Exchange Only)

Plan HIOS ID:

71667MI0010045-00

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.01%

Metal Tier:

Silver

Additional Notes:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time:

0.7773 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 28

UHC Silver-X Value (No Referrals) (Off-Exchange Only)
HIOS ID: 71667MI0010046-00

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$5,800.00
		60.00%
		\$10,600.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$51.84	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	53%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.22	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	57%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$8.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-X Value (No Referrals) (Off-Exchange Only)

Plan HIOS ID:

71667MI0010046-00

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

66.22%

Metal Tier:

Silver

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.2969 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 29

UHC Silver-X Advantage (No Referrals) (Off-Exchange Only)
HIOS ID: 71667MI0010047-00

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$2,900.00
		70.00%
		\$10,400.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,005.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.98	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$274.04	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$23.06	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$111.96	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$844.11	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$452.61	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

UHC Silver-X Advantage (No Referrals) (Off-Exchange Only)

Plan HIOS ID:

71667MI0010047-00

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.05%

Metal Tier:

Silver

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.3359 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 30

UHC Gold Standard (No Referrals)
HIOS ID: 71667MI0010026-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

HSA/HRA Options

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$2,000.00
		75.00%
		\$8,200.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

UHC Gold Standard (No Referrals)

Plan HIOS ID:

71667MI0010026-01

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

78.04%

Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.293 seconds

UHC Gold Copay Focus (No Referrals)
HIOS ID: 71667MI0010042-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input type="checkbox"/>
Apply Inpatient Copay per Day?	<input checked="" type="checkbox"/>
Apply Skilled Nursing Facility Copay per Day?	<input checked="" type="checkbox"/>
Use Separate MOOP for Medical and Drug Spending?	<input type="checkbox"/>
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	<input type="checkbox"/>
Desired Metal Tier	Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$500.00	
55.00%	55.00%	
\$8,000.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Click Here for Important Instructions	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>			\$600.00	<input type="checkbox"/>				<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>			\$24.70	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$522.13	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Speech Therapy		<input type="checkbox"/>		\$75.00		<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		100%	\$0.00	<input checked="" type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.22	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$83.36	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$558.08	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$191.39	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	3
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: UHC Gold Copay Focus (No Referrals)
Plan HIOS ID: 71667MI0010042-01
Issuer HIOS ID: 71667
AVC Version: 2026 1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Additional Notes:

Calculation Successful.

80.88%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.2969 seconds

Revised Final 2026 AV Calculator

UHC Gold Advantage (No Referrals)
HIOS ID: 71667MI0010048-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>
Apply Inpatient Copay per Day?	<input type="checkbox"/>
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>
Use Separate MOOP for Medical and Drug Spending?	<input type="checkbox"/>
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	<input type="checkbox"/>
Desired Metal Tier	Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$8,900.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Click Here for Important Instructions	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$27.99	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$324.04	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.22	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$83.36	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$558.08	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$181.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: UHC Gold Advantage (No Referrals)
Plan HIOS ID: 71667MI0010048-01
Issuer HIOS ID: 71667
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

76.01%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.3164 seconds

Revised Final 2026 AV Calculator

UHC Gold Advantage+ (Dental + Vision, No Referrals)
HIOS ID: 71667MI0050006-01

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate MOOP for Medical and Drug Spending?☐

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?☐

Desired Metal Tier

Gold

HSA/HRA Options

HSA/HRA Employer Contribution?☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$8,900.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$27.99	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$324.04	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.22	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$83.36	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$558.08	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$181.05	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Plan Description:

Name:

UHC Gold Advantage+ (Dental + Vision, No Referrals)

Plan HIOS ID:

71667MI0050006-01

Issuer HIOS ID:

71667

AVC Version:

2026_1d

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

76.01%

Metal Tier:

Gold

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.3164 seconds

Revised Final 2026 AV Calculator

© 2025 UnitedHealthcare Services, Inc. All Rights ReservedPage 34