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2026 Creditable Coverage

Examples

Version 1

8/11/2025

Optum

This document shows examples of how to input plan design parameters into UnitedHealthcare's creditable coverage tool. Instructions are applicable for 2026v1.

Example 1

2.0	Plan Design	3-Tiers
2.0	Plan Design	All (Default)
2.1	PDL	Advantage
2.2	Deductible	Separate Rx Deductible (Ind/Fam): $100/$200
2.2	Out-of-Pocket Max	Combined w/ Medical (Embed): $2,000/$4,000
2.3	Retail Copay/Coinsurance	$10/$35/$60
2.3	Specialty Copay/Coinsurance	$10/$70/$120
2.4	Preventive Drugs	Does not have Core or Expanded Preventive List
2.5	HRA Information	Not an HRA Plan

Group Information	Group Name	Example 1
	Plan Description	Example 1
	Effective Date	1/1/2026
PDF of Result?	If yes, choose output path with Browse button.	Yes
Plan Design	How many RX tiers?	3 - Tiers
	Deductible applies to tiers?	All (Default)
Formulary	Select Precription Drug List	Advantage
Deductible ($)	Does the plan have an Rx Ded?	Rx Only
	Embedded or Non-Embedded	Embedded
	Individual Deductible ($)	$100
	Family Deductible ($)	$200
Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	Combined with Medical
	Embedded or Non-Embedded	Embedded
	Individual ($)	$2,000
	Family ($)	$4,000
Retail Rx Member Copay($) / Coins.(%)	Tier 1	$10
	Tier 2	$35
	Tier 3	$60
	Tier 4	NA
	Tier 5	NA
Special Medication Copay($) / Coinsurance(%) (SMCS)	Tier 1	$10
	Tier 2	$70
	Tier 3	$120
	Tier 4	NA
	Tier 5	NA
Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
Preventive Rx ($)/(%)	Tier 1	NA
	Tier 2	NA
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Health Reimbursement Account (HRA)	Is this plan an HRA?	No
	Employer contribution to HRA (if applicable)	NA

Example 2

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

Group Information	Group Name	Example 2
	Plan Description	Example 2
	Effective Date	1/1/2026
PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	How many RX tiers?	2 - Tiers
	Deductible applies to tiers?	All (Default)
Formulary	Select Precription Drug List	Advantage
Deductible ($)	Does the plan have an Rx Ded?	Rx Only
	Embedded or Non-Embedded	Embedded
	Individual Deductible ($)	$150
	Family Deductible ($)	$300
Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	Combined with Medical
	Embedded or Non-Embedded	Embedded
	Individual ($)	$4,000
	Family ($)	$8,000
Retail Rx Member Copay($) / Coins.(%)	Tier 1	$15
	Tier 2	30%
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Special Medication Copay($) / Coinsurance(%) (SMCS)	Tier 1	$15
	Tier 2	50%
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
Preventive Rx ($)/(%)	Tier 1	NA
	Tier 2	NA
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Health Reimbursement Account (HRA)	Is this plan an HRA?	No
	Employer contribution to HRA (if applicable)	NA

Example 3

2.0	Plan Design	3-Tiers
2.0	Plan Design	Tier 2+
2.1	PDL	Flex Base
2.2	Deductible	Combined Med/Rx Embedded Deductible (Ind/Fam): $5,500/$11,000
2.2	Out-of-Pocket Max	Combined w/ Medical (Embed): $6,600/$13,200
2.3	Retail Copay/Coinsurance	$10/$50/20%
2.3	Specialty Copay/Coinsurance	$10/$100/50%
2.4	Preventive Drugs	Does not have Core or Expanded Preventive List
2.5	HRA Information	Not an HRA Plan

Group Information	Group Name	Example 3
	Plan Description	Example 3
	Effective Date	1/1/2026
PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	How many RX tiers?	3 - Tiers
	Deductible applies to tiers?	Tier 2 +
Formulary	Select Precription Drug List	Flex Base
Deductible ($)	Does the plan have an Rx Ded?	Combined with Medical
	Embedded or Non-Embedded	Embedded
	Individual Deductible ($)	$5,500
	Family Deductible ($)	$11,000
Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	Combined with Medical
	Embedded or Non-Embedded	Embedded
	Individual ($)	$6,600
	Family ($)	$13,200
Retail Rx Member Copay($) / Coins.(%)	Tier 1	$10
	Tier 2	$50
	Tier 3	20%
	Tier 4	NA
	Tier 5	NA
Special Medication Copay($) / Coinsurance(%) (SMCS)	Tier 1	$10
	Tier 2	$100
	Tier 3	50%
	Tier 4	NA
	Tier 5	NA
Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
Preventive Rx ($)/(%)	Tier 1	NA
	Tier 2	NA
	Tier 3	
	Tier 4	NA
	Tier 5	NA
Health Reimbursement Account (HRA)	Is this plan an HRA?	No
	Employer contribution to HRA (if applicable)	NA

Example 4

2.0	Plan Design	2-Tiers
2.0	Plan Design	All (Default)
2.1	PDL	Do Not Know which PDL to select
2.2	Deductible	Combined Med/Rx Embedded Deductible (Ind/Fam): $1,500/$3,000
2.2	Out-of-Pocket Max	Combined w/ Medical (Non-Embed): $3,000/$6,000
2.3	Retail Copay/Coinsurance	20%
2.3	Specialty Copay/Coinsurance	40%
2.4	Preventive Drugs	Does not have Core or Expanded Preventive List
2.5	HRA Information	Not an HRA Plan

Group Information	Group Name	Example 4
	Plan Description	Example 4
	Effective Date	1/1/2026
PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	How many RX tiers?	2 - Tiers
	Deductible applies to tiers?	All (Default)
Formulary	Select Precription Drug List	Don't Know
Deductible ($)	Does the plan have an Rx Ded?	Combined with Medical
	Embedded or Non-Embedded	Embedded
	Individual Deductible ($)	$1,500
	Family Deductible ($)	$3,000
Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	Combined with Medical
	Embedded or Non-Embedded	Non-Embedded
	Individual ($)	$3,000
	Family ($)	$6,000
Retail Rx Member Copay($) / Coins.(%)	Tier 1	20%
	Tier 2	20%
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Special Medication Copay($) / Coinsurance(%) (SMCS)	Tier 1	40%
	Tier 2	40%
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
Preventive Rx ($)/(%)	Tier 1	NA
	Tier 2	NA
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Health Reimbursement Account (HRA)	Is this plan an HRA?	No
	Employer contribution to HRA (if applicable)	NA

Example 5

2.0	Plan Design	2-Tiers
2.0	Plan Design	All (Default)
2.1	PDL	Advantage
2.2	Deductible	Combined Med/Rx Embedded Deductible (Ind/Fam): $1,500/$3,000
2.2	Out-of-Pocket Max	Combined w/ Medical (Non-Embed): $3,000/$6,000
2.3	Retail Copay/Coinsurance	20%
2.3	Specialty Copay/Coinsurance	40%
2.4	Preventive Drugs	Core – Buy up Preventive Drug List – preventive coins same as retail
2.5	HRA Information	Not an HRA Plan

Group Information	Group Name	Example 5
	Plan Description	Example 5
	Effective Date	1/1/2026
PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	How many RX tiers?	2 - Tiers
	Deductible applies to tiers?	All (Default)
Formulary	Select Precription Drug List	Advantage
Deductible ($)	Does the plan have an Rx Ded?	Combined with Medical
	Embedded or Non-Embedded	Embedded
	Individual Deductible ($)	$1,500
	Family Deductible ($)	$3,000
Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	Combined with Medical
	Embedded or Non-Embedded	Non-Embedded
	Individual ($)	$3,000
	Family ($)	$6,000
Retail Rx Member Copay($) / Coins.(%)	Tier 1	20%
	Tier 2	20%
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Special Medication Copay($) / Coinsurance(%) (SMCS)	Tier 1	40%
	Tier 2	40%
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	Core - Buy up
Preventive Rx ($)/(%)	Tier 1	20%
	Tier 2	20%
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Health Reimbursement Account (HRA)	Is this plan an HRA?	No
	Employer contribution to HRA (if applicable)	NA

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Example 6

2.0	Plan Design	2-Tiers
2.0	Plan Design	All (Default)
2.1	PDL	Advantage
2.2	Deductible	Combined Med/Rx Embedded Deductible (Ind/Fam): $1,500/$3,000
2.2	Out-of-Pocket Max	Combined w/ Medical (Non-Embed): $3,000/$6,000
2.3	Retail Copay/Coinsurance	20%
2.3	Specialty Copay/Coinsurance	40%
2.4	Preventive Drugs	Expanded – Buy up Preventive Drug List with $0 Cost share
2.5	HRA Information	Not an HRA Plan

Group Information	Group Name	Example 6
	Plan Description	Example 6
	Effective Date	1/1/2026
PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	How many RX tiers?	2 - Tiers
	Deductible applies to tiers?	All (Default)
Formulary	Select Precription Drug List	Advantage
Deductible ($)	Does the plan have an Rx Ded?	Combined with Medical
	Embedded or Non-Embedded	Embedded
	Individual Deductible ($)	$1,500
	Family Deductible ($)	$3,000
Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	Combined with Medical
	Embedded or Non-Embedded	Non-Embedded
	Individual ($)	$3,000
	Family ($)	$6,000
Retail Rx Member Copay($) / Coins.(%)	Tier 1	20%
	Tier 2	20%
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Special Medication Copay($) / Coinsurance(%) (SMCS)	Tier 1	40%
	Tier 2	40%
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	Expanded - Buy up
Preventive Rx ($)/(%)	Tier 1	0%
	Tier 2	0%
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Health Reimbursement Account (HRA)	Is this plan an HRA?	No
	Employer contribution to HRA (if applicable)	NA

Example 7

2.0	Plan Design	3 - Tiers
2.0	Plan Design	All (Default)
2.1	PDL	Advantage
2.2	Deductible	Combined Med/Rx Non-Embedded Deductible (Ind/Fam): $5,000/$10,000
2.2	Out-of-Pocket Max	Combined w/ Medical (Non-Embed): $6,000/$12,000
2.3	Retail Copay/Coinsurance	$10/$30/$50
2.3	Specialty Copay/Coinsurance	$10/$75/$200
2.4	Preventive Drugs	Does not have Core or Expanded Preventive Drug List
2.5	HRA Information	HRA Plan with Employer Contribution for Family = $1,000

Group Information	Group Name	Example 7
	Plan Description	Example 7
	Effective Date	1/1/2026
PDF of Result?	If yes, choose output path with Browse button.	No
Plan Design	How many RX tiers?	3 - Tiers
	Deductible applies to tiers?	All (Default)
Formulary	Select Precription Drug List	Advantage
Deductible ($)	Does the plan have an Rx Ded?	Combined with Medical
	Embedded or Non-Embedded	Non-Embedded
	Individual Deductible ($)	$5,000
	Family Deductible ($)	$10,000
Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	Combined with Medical
	Embedded or Non-Embedded	Non-Embedded
	Individual ($)	$6,000
	Family ($)	$12,000
Retail Rx Member Copay($) / Coins.(%)	Tier 1	$10
	Tier 2	$30
	Tier 3	$50
	Tier 4	NA
	Tier 5	NA
Special Medication Copay($) / Coinsurance(%) (SMCS)	Tier 1	$10
	Tier 2	$75
	Tier 3	$200
	Tier 4	NA
	Tier 5	NA
Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
Preventive Rx ($)/(%)	Tier 1	NA
	Tier 2	NA
	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Health Reimbursement Account (HRA)	Is this plan an HRA?	Yes
	Employer contribution to HRA (if applicable)	1000