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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.

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

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

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 Name	Example 2
Group Information	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
Fian Design	Deductible applies to tiers?	All (Default)
Formulary	Select Precription Drug List	Advantage
	Does the plan have an Rx Ded?	Rx Only
Deductible (\$)	Embedded or Non-Embedded	Embedded
	Individual Deductible (\$)	\$150
	Family Deductible (\$)	\$300
	Does the Rx plan have an OOP Max?	Combined with Medical
Out-of-Pocket Max (\$)	Embedded or Non-Embedded	Embedded
(*)	Individual (\$)	\$4,000
	Family (\$)	\$8,000
	Tier 1	\$15
Retail Rz Member	Tier 2	30%
Copag(\$) / Coins.(%)	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
	Tier 1	\$15
Special Medication	Tier 2	50%
Copay(\$) / Coinsurance(%)	Tier 3	NA
(SMCS)	Tier 4	NA
	Tier 5	NA
Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
	Tier 1	NA
	Tier 2	NA
Preventive Rz (\$)/(%)	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Health Reimbursement	ls this plan an HRA?	No
Account (HRA)	Employer contribution to HRA (if applicable)	NA

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 Name	Example 3
Group Information	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
Fian Design	Deductible applies to tiers?	Tier 2 +
Formulary	Select Precription Drug List	Flex Base
	Does the plan have an Rx Ded?	Combined with Medical
Deductible (\$)	Embedded or Non-Embedded	Embedded
	Individual Deductible (\$)	\$5,500
	Family Deductible (\$)	\$11,000
	Does the Rx plan have an OOP Max?	Combined with Medical
Out-of-Pocket Max	Embedded or Non-Embedded	Embedded
(\$)	Individual (\$)	\$6,600
	Family (\$)	\$13,200
	Tier 1	\$10
Retail Rx Member	Tier 2	\$50
Copag(\$) / Coins.(%)	Tier 3	20%
	Tier 4	NA
	Tier 5	NA
	Tier 1	\$10
Special Medication	Tier 2	\$100
Copay(\$) / Coinsurance(%)	Tier 3	50%
(SMCS)	Tier 4	NA
	Tier 5	NA
Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
	Tier 1	NA
Proporting Pa (#1)(**)	Tier 2	NA
Preventive Rz (\$)/(%)	Tier 3	
	Tier 4	NA
	Tier 5	NA
Health Reimbursement	ls this plan an HRA?	No
Account (HRA)	Employer contribution to HRA (if applicable)	NA

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 Name	Example 4
Group Information	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
Fian Design	Deductible applies to tiers?	All (Default)
Formulary	Select Precription Drug List	Don't Know
	Does the plan have an Rx Ded?	Combined with Medical
Deductible (\$)	Embedded or Non-Embedded	Embedded
	Individual Deductible (\$)	\$1,500
	Family Deductible (\$)	\$3,000
	Does the Rx plan have an OOP Max?	Combined with Medical
Out-of-Pocket Max	Embedded or Non-Embedded	Non-Embedded
(\$)	Individual (\$)	\$3,000
	Family (\$)	\$6,000
	Tier 1	20%
Retail R z M ember	Tier 2	20%
Copag(\$) / Coins.(%)	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
	Tier 1	40%
Special Medication	Tier 2	40%
Copay(\$) / Coinsurance(%)	Tier 3	NA
(SMCS)	Tier 4	NA
	Tier 5	NA
Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
	Tier 1	NA
Decree Since De CANCER	Tier 2	NA
Preventive Rx (\$)/(%)	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Health Reimbursement	Is this plan an HRA?	No
Account (HRA)	Employer contribution to HRA (if applicable)	NA

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 Name	Example 5
Group Information	Plan Description	Example 5
	Effective Date	1/1/2026
PDF of Result?	If yes, choose output path with Browse button.	No
	How many RX tiers?	2 - Tiers
Plan Design	Deductible applies to tiers?	All (Default)
Formulary	Select Precription Drug List	Advantage
	Does the plan have an Rx Ded?	Combined with Medical
Deductible (\$)	Embedded or Non-Embedded	Embedded
Deductible (\$)	Individual Deductible (\$)	\$1,500
	Family Deductible (\$)	\$3,000
	Does the Rx plan have an OOP Max?	Combined with Medical
Out-of-Pocket Max	Embedded or Non-Embedded	Non-Embedded
(\$)	Individual (\$)	\$3,000
	Family (\$)	\$6,000
	Tier 1	20%
Retail Rz Member	Tier 2	20%
Copag(\$) / Coins.(%)	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
	Tier 1	40%
Special Medication	Tier 2	40%
Copay(\$) / Coinsurance(%)	Tier 3	NA
(SMCS)	Tier 4	NA
	Tier 5	NA
Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	Core - Buy up
	Tier 1	20%
B B. (43)	Tier 2	20%
Preventive Rz (\$)/(%)	Tier 3	NA
	Tier 4	NA
	Tier 5	NA
Health Reimbursement	ls this plan an HRA?	No
Account (HRA)	Employer contribution to HRA (if applicable)	NA

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

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