

UnitedHealthcare Community Plan, Inc.

Part III: Actuarial Memorandum Michigan 2026 Individual Exchange Rates PRIMARY RATE DEVELOPMENT

June 16, 2025



United Healthcare

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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

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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
А	Claims processed through issuer's claims system for experience period and paid through date above	\$150,302,611	\$105,444,499
В	Claims processed outside issuer's claims system for same time period	\$4,899,258	\$4,899,258
С	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.

<u>AGE</u>

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.

<u>GEOGRAPHY</u>

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.

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

<u>CSR LOAD</u>

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.

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

CAPR = CPAIR x Age Factor x Geographic Factor x 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

Append	ix A: P	ropose	d Plans
		- opose	

Exchange
Yes
No
No
No
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

9	SCID	CPAIR	9	SCID	CPAIR	9	SCID	CPAIR
71667	VI0010030	\$316.19	71667	/10010041	\$410.84	71667N	/1001002	6 \$433.79
71667	VI0010039	\$331.99	71667	/10010045	\$328.65	71667N	AI001004	2 \$445.31
71667	VI0010044	\$301.91	71667	/10010046	\$313.51	71667N	/1001004	8 \$421.94
71667	VI0050005	\$315.80	71667	/10010047	\$331.95	71667N	/1005000	6 \$435.83
71667	VI0010028	\$407.69	71667	/10050001	\$424.74			
71667	MI0010033	\$398.52	71667	/10050004	\$412.41			
Ratin	g Area 🛛 🖌	Area Factor	Ratin	g Area	Area Factor	Rating	g Area	Area Factor
Rating	Area 1	0.9808	Rating	Area 7	1.0722	Rating	Area 12	0.9870
-	Area 2	0.9796	Rating	Area 9	1.0749			
Rating	Area 5	0.9878	Rating	Area 10	1.0943			
	Age	Tobacco		Age	Tobacco		Age	Tobacc
Age	Factor	Load	Age	Factor	Load	Age	Factor	Load
0-14	0.765	1.000	31	1.159	1.100	48	1.635	1.100
15	0.833	1.000	32	1.183	1.100	49	1.706	1.100
16	0.859	1.000	33	1.198	1.100	50	1.786	1.200
17	0.885	1.000	34	1.214	1.100	51	1.865	1.200
18	0.913	1.000	35	1.222	1.100	52	1.952	1.200
19	0.941	1.000	36	1.230	1.100	53	2.040	1.200
20	0.970	1.000	37	1.238	1.100	54	2.135	1.200
21	1.000	1.050	38	1.246	1.100	55	2.230	1.200
22	1.000	1.050	39	1.262	1.100	56	2.333	1.200
23	1.000	1.050	40	1.278	1.100	57	2.437	1.200
24	1.000	1.050	41	1.302	1.100	58	2.548	1.200
25	1.004	1.050	42	1.325	1.100	59	2.603	1.200
26	1.024	1.050	43	1.357	1.100	60	2.714	1.200
27	1.048	1.050	44	1.397	1.100	61	2.810	1.200
28	1.087	1.050	45	1.444	1.100	62	2.873	1.200
29	1.119	1.050	46	1.500	1.100	63	2.952	1.200
30	1.135	1.100	47	1.563	1.100	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 Dramium							¢1 667 F0

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.

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 C: Plan-Level Modifiers

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

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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

		5411		-
		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

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%

Federal AV Calculator Output

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?		1	HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?			ver Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Bronze 💌			_						
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$7,500.00							
Coinsurance (%, Insurer's Cost Share)			50.00%	-						
MOOP (\$)			\$10,000.00	1						
MOOP if Separate (\$)			1							
Click Here for Important Instructions		Tie				т	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if		ies only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?			separate		ctible?
Medical	Al		uncrent	Separate	Al		in different	Separate		
Emergency Room Services	2	2								
All Inpatient Hospital Services (inc. MH/SUD)		<u> </u>								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	~~~~~~~~~~~	******								
X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_		Á50.00	_	_			_	
Services				\$50.00						
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy				\$50.00						
				\$50.00						
Occupational and Physical Therapy				-				A		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	2									
X-rays and Diagnostic Imaging	2	•								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	•	•								
Drugs	AII	All II			Ail 🗌	All			IIA 🗌	All
Generics				\$25.00						
Preferred Brand Drugs	✓			\$50.00					v	
Non-Preferred Brand Drugs	•			\$100.00					•	
Specialty Drugs (i.e. high-cost)	•			\$500.00					7	. D .
Options for Additional Benefit Design Limits:		-	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	UHC Bronze Sta		errals)				
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID:	71667MI001003	80-01					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	71667 2026_1d						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	F 🔲									
Copays?										
# Copays (1-10):	8									
Output Calculate										
Status/Error Messages:	Expanded Bronz	e Standard (56% t	o 65%) Calculatio	n Successful						
Actuarial Value:	64.12%	e otaniaano (ooni t		in outcoustan						
Metal Tier:	Bronze									
		at-specific cost-sh	naring is applying	to x-rays in offic	e settings.					
Additional Notes:			0 ,, , ,8	,	Ū					
	24252 101 1									
Calculation Time:	0.377 seconds									
Revised Final 2026 AV Calculator										

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?		[HSA/HRA Option	is	Tie	red Network O	ntion			
Apply Inpatient Copay per Day?			ver Contribution			Network Plan				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization	S			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
	Tie	1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$)	\$0.00	\$4,500.00	8 (10) N (1)		101		1			
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
MOOP (\$)	\$10,	600.00								
MOOP if Separate (\$)										
	5	·	-			N-	<u>w</u> :			
Click Here for Important Instructions		Tie	N N O				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	f Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applie deduc	
Medical		All	unrerent	Japanara			different	oupurate	Al	
Emergency Room Services				\$2,500.00						
All Inpatient Hospital Services (inc. MH/SUD)				\$3,000.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$50.00						
Specialist Visit			*****	\$135.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$57.26						
Imaging (CT/PET Scans, MRIs)				\$696.17						
Speech Therapy				\$100.00						
				12222-223						
Occupational and Physical Therapy				\$100.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$36.85						
X-rays and Diagnostic Imaging				\$126.23						
Skilled Nursing Facility				\$3,000.00						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$944.11						
Outpatient Surgery Physician/Surgical Services				\$381.05						
Drugs				çooiloo	IA I					
Generics				\$20.00						
Preferred Brand Drugs			60%			Ē				
Non-Preferred Brand Drugs	v	2	55%							
Specialty Drugs (i.e. high-cost)		2								
Options for Additional Benefit Design Limits:		1.000	Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	UHC Bronze Co	pay Focus (No I	Referrals)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	71667MI001003						
Set a Maximum Number of Days for Charging an IP Copay?	v	2	Issuer HIOS ID:	71667						
# Days (1-10):			AVC Version:	2026_1d						
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):	ł.									
Output										
Calculate				17						
Status/Error Messages:		e Standard (56% t	o 65%), Calculatio	on Successful.						
Actuarial Value:	64.07%									
Metal Tier:	Bronze									
	NOTE: Service-s	pecific cost-sharir	ng is applying for	service(s) with fa	c/prof compon	nents, overridin	ig outpatient inp	uts for those se	rvice(s).	
Additional Notes:										

0.2539 seconds

Calculation Time: 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?			HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?			yer Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:			Fier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
Desired Metal Her		Plan Benefit D	osian		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	Micului -	Diug	\$10,600.00	-	medical	Didg	combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$10,600.00	-						
MOOP if Separate (\$)	r		\$10,000.00							
moor in separate (v)										
Click Here for Important Instructions		Tie	er 1			ті	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	
Type of belieft	Deductible?	Coinsurance?	different	separate		Coinsurance?	if different	separate	deduc	
Medical	All	All			All	A			All	All 🗌
Emergency Room Services	v	•								
All Inpatient Hospital Services (inc. MH/SUD)	2	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and						_				
X-rays)	V	•								
Specialist Visit	2	v								
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	-			_					
Services		☑								
Imaging (CT/PET Scans, MRIs)		•								
Speech Therapy	<u> </u>									
Occupational and Physical Therapy	•	•								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	7	•								
X-rays and Diagnostic Imaging	2	2								
Skilled Nursing Facility		2								
the the second										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)					-					
Outpatient Surgery Physician/Surgical Services	V	•								
Drugs	All	All			IA 🗌	Al			All	IIA 🗌
Generics	~	~								
Preferred Brand Drugs	✓	v								
Non-Preferred Brand Drugs	•	2								
Specialty Drugs (i.e. high-cost)	✓	•								
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	UHC Bronze Es	sential (No Refe	errals)				
Specialty Rx Coinsurance Maximum:	6		Plan HIOS ID:	71667MI001004	4-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	71667						
# Days (1-10):	i i		AVC Version:	2026_1d						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	1									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	8									
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succes	sful.								
Actuarial Value:	58.46%									
Metal Tier:	Bronze									
Additional Notes:										
enzale uniter aztra constructiva en enzalitati										
Calculation Time:	0.4609 seconds									
Revised Final 2026 AV Calculator										

Revised Final 2026 AV Calculator

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

Type of Benefit Subject to Deductible? Subject to Coinsurance, if Deductible? Copay, if different Subject to separate Subject to Deductible? Consurance, if Deductible? Copay, if Deductible? Consurance, if Deductible? Copay, if Deductible? Copa	ier 1 Tier 2 Dray applies only after deductible?
Apply Shilled Mursing Facility Copay per Day? Apply Shilled Mursing Facility Copay per Day? Use Separate MoOP for Medical and Drug Sequences Moop for Medical and Drug Sequences Moop for Medical and Drug Sequences Moop for Medical Drug Combined Desired Metal Tier Bionze Tier 1 Plan Benefit Design Medical Drug Combined Deductible (\$) Coinsurance (\$, insurer's Cot Share MOOP (5) MOOP (5) MOOP (5) Subject to Subject to Coinsurance, if Copay, if Subject to Coinsurance, Copay, if Deductible? Coinsurance, if different separate Medical Drug Combined Medical Drug Combined Coinsurance (\$, insurer's Cot Share MOOP (\$) MOOP (opay applies only after deductible?
Apply Skilled Nursing Facility Copay per Day? Use Separate MOOP for Medical and Drug Spending? Desired Metai Tier Annual Contribution Amount: 1st Tier Utilization: 2nd Tier Utilization: Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metai Tier Image: Combined Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Drug Combined Image: Combined Image: Combined Image: Combined Medical Drug Stop600.00 Image: Combined Image: Combined Image: Combined MoOP (5) MOOP (5) MOOP (15 Separate (5) Stop600.00 Image: Combined Image: Combined Image: Combined Click Here for Important Instructions Image: Combined Stop600.00 Stop600.00 Image: Combined Image: Combined Medical Deductible? Subject to Coinsurance; Subject to Coinsurance; Coinsurance; Copay, if Subject to Coinsurance; Coinsurance; Image: Combined Medical All All All All All All Image: Consurance; Copay, if Coinsurance; If different Separate Image: Combined Image: Combined Image: Combined Image: Combined Image: Combined Image: Combined Image: C	opay applies only after deductible?
Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Desired Metal Tier Deductible (5) Coinsurance (%, Insurer's Cost Share) MOOP (5) MOOP (5) MOOP (5) MOOP (6) Click Here for Important Instructions Tier 1 Plan Benefit Design Medical Drug Combined Stu,600.00 MOOP (5) MOOP (5) MOOP (6) Subject to Subject to Coinsurance, if Copay, if Deductible? Coinsurance? different separate Medical Al Al Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care (stree for Import of Legarate Use Disorder Outpatient Services Services Medical Drug Combined Subject to Coinsurance? I different Separate Medical Al Al Medical Drug Combined Subject to Coinsurance? I different Separate Medical Al Al All Al Medical Drug Combined Subject to Coinsurance? I different Separate Medical Drug Combined Subject to Coinsurance? I different Separate Medical Al Al All Al Medical Drug Combined Subject to Coinsurance? I different Separate Medical Drug Coinsurance? I different Separate Medical Drug Coinsurance? I different Separate Deductible? Coinsurance? I different Separate Deductible? Coinsurance? I different Coinsurance? Medical Drug Coinsurance? Medical Dru	opay applies only after deductible?
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Titer Bronze Tier 1 Plan Benefit Design Medical Drug Combined Sto,600.00 MOOP (5) MOOP (5) MOOP (5) MOOP (7) MOOP	opay applies only after deductible?
Desired Metal Tiler Tier 1 Plan Benefit Design Tier 1 Plan Benefit Design Medical Drug Combined Deductible (\$) \$10,600.00 100.00% Coinsurance (%, Insurer's Cost Share) 100.00% MOOP (\$) \$10,600.00 Click Here for Important Instructions Tier 1 Tier 2 Tier 2 Medical All Subject to Coinsurance, if Copay, if Deductible (\$) Coinsurance? Coinsurance? Offferent separate Medical All All All All All All All Emergency Room Services V V V O O O O Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and V V O <t< td=""><td>opay applies only after deductible?</td></t<>	opay applies only after deductible?
Tier 1 Plan Benefit Design Medical Drug Combined Medical Drug Combined MoOP (5) St0,600.00 100.00% MOOP (5) St0,600.00 100.00% MOOP (5) St0,600.00 St0,600.00 MOOP (5) St0,600.00 St0,600.00 MOOP (6) St0,600.00 St0,600.00 MOOP (7) Subject to Coinsurance, if Consurance (7) Subject to Coinsurance, if Consurance (7) Coinsurance, if Copay, if Beductible (7) Subject to Coinsurance, if Coinsurance, if Coinsurance, if Coinsurance, if Medical Al Al Emergency Room Services V V Primary Care Visit to Treat an Injury or illness (exc. Preventive, and V V X-rays) V V Imaging (CT/PET Scans, MRIs) V Speech Therapy V V Imaging (CT/PET Scans, MRIs) Imaging (CT/P	opay applies only after deductible?
Medical Drug Combined Sto,600.00 MOOP (5) MOOP (7) MOOP (7	opay applies only after deductible?
Deductible (\$) S10,600.00 Coinsurance (%, insurer's Cost Share) 100.00% MOOP (\$) S10,600.00 Moop (\$) Subject to Deductible? Coinsurance, if Ocinsurance? Coinsurance, if different Subject to Subject to Coinsurance, copay, if Deductible? Coinsurance, ocinsurance, ocinsurance, if different Subject to Coinsurance, ocinsurance, ocinsurance, if different Subject to Subject to Subject to Coinsurance, ocinsurance, ocinsurance, if different Subject to Subject to Subject to Coinsurance, ocinsurance, ocinsurance, if different Subject to Coinsurance, ocinsurance, if different Subject to	opay applies only after deductible?
Coinsurance (%, Insurer's Cost Share) MOOP (\$) 100.00% Stop (\$) \$10,600.00 MOOP (f Separate (\$) \$10,600.00 Click Here for Important Instructions Tier 1 Type of Benefit Subject to Deductible? Coinsurance, if Coinsurance? Copy, if Bubject to Deductible? Subject to Coinsurance? Subject to Deductible? Coinsurance, Copay, if Deductible? Subject to Deductible? Coinsurance? If different separate Emergency Room Services Imaging (Cripers and NulfySUD) Imaging (Cripers Cansurance) Imaging (Cripe	opay applies only after deductible?
MOOP (\$ MOOP if Separate (\$) \$10,600.00 Click Here for Important Instructions Tier 1 Tier 2 Thie Click Here for Important Instructions Subject to Deductible? Subject to Coinsurance, if Coinsurance? Copy, if Subject to Deductible? Subject to Coinsurance? Subject to Deductible? Coinsurance? Copy, if Subject to Medical All All All All All All All Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-rays) V V Imaging (CT/PET Scans, MRIs) V Imaging (CT/PET Scans, MRIs) V Imaging (CT/PET Scans, MRIs) Imaging (opay applies only after deductible?
Imaging (CT/PET Scans, MRIs)	opay applies only after deductible?
Click Here for Important Instructions Tier 1 Tier 2 Titing Type of Benefit Subject to Deductible? Subject to Coinsurance, if Deductible? Copay, if Object to Deductible? Subject to Coinsurance, if Object to Deductible? Subject to Deductible? Subject to Coinsurance, if Object to Deductible? Subject to Deductible? Subject to Deductible? Coinsurance, if Object to Deductible? Subject to Deductible? Coinsurance, if Object to Deductible? Subject to Deductible? Coinsurance, if Object to Deductible? Coinsurance	opay applies only after deductible?
Type of Benefit Subject to Deductible? Subject to Coinsurance, if Coinsurance, if Coinsurance, if different Subject to separate Subject to Deductible? Subject to Coinsurance, if Deductible? Copay, if Deductible? Subject to Coinsurance, if different Copay, if separate Subject to Deductible? Coinsurance, if different Copay, if separate Coinsurance, if different Coinsurance Coinsurance Coinsu	opay applies only after deductible?
Type of Benefit Subject to Deductible? Subject to Coinsurance, if Coinsurance, if Coinsurance, if different Subject to separate Subject to Deductible? Subject to Coinsurance, if Deductible? Copay, if Deductible? Subject to Coinsurance, if different Copay, if separate Subject to Deductible? Coinsurance, if different Copay, if separate Coinsurance, if different Coinsurance Coinsurance Coinsu	opay applies only after deductible?
Image: Normal Services Deductible? Coinsurance? different separate Medical All All All All All All Emergency Room Services V V All All All All All Inpatient Hospital Services (Inc. MI/SUD) V V All Inpatient Hospital Services (Inc. MI/SUD) V Image: All Inpatient Hospital Services (Inc. MI/SUD) V Image: All Inpatient Hospital Services (Inc. MI/SUD) Image: All Inpatient Hospital	deductible?
Emergency Room Services V V All Inpatient Hospital Services (inc. MH/SUD) V V Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) V V Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Services V V Imaging (CT/PET Scans, MRIs) V V Occupational and Physical Therapy V V Preventive Care/Screening/Immunization 100% S0.00 100% S0.00	
All Inpatient Hospital Services (inc. MH/SUD) Image Image Image Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Image Image Specialist Visit Image Image Image Mental/Behavioral Health and Substance Use Disorder Outpatient Services Image Image Specialist Visit Image Image Image Services Image Image Image Occupational and Physical Therapy Image Image Preventive Care/Screening/Immunization Image Image	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Image: Control of the second seco	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) Image: Care Stream (Care S	
Aridays) Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs) Speech Therapy Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs) Coccupational and Physical Therapy Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs) Preventive Care/Screening/Immunization Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs)	
Mental/Behavioral Health and Substance Use Disorder Outpatient Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs) Speech Therapy Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs) Occupational and Physical Therapy Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs) Preventive Care/Screening/Immunization Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs)	
Services V V Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs) Speech Therapy V V Occupational and Physical Therapy V Imaging (CT/PET Scans, MRIs) Occupational and Physical Therapy V Imaging (CT/PET Scans, MRIs) Or V Imaging (CT/PET Scans, MRIs) Imaging (CT/PET Scans, MRIs) Or V V V Or V V Or V Imaging (CT/PET Scans, MRIs) Or V V Imaging (CT/PET Scans, MRIs) Or V V V Or V V <td></td>	
Services Ser	
Speech Therapy Image: Constraint of the cons	
Speech Therapy Image: Constraint of the cons	
Occupational and Physical Therapy Preventive Care/Screening/Immunization 100% \$0.00 100% \$0.00	
Occupational and Physical Therapy Preventive Care/Screening/Immunization 100% \$0.00 100% \$0.00	
Laboratory Outpatient and Professional Services	
Skilled Nursing Facility	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Outpatient Surgery Physician/Surgical Services	
Options for Additional Benefit Design Limits: Plan Description:	
Set a Maximum on Speciality RX Coinsurance Payments?	
Specialty Rx Coinsurance Maximum: Plan HIOS ID: 71667/MI0050005-01	
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10): AVC Version: 2026 1d	
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):	
Output	
Calculate	
Status/Error Messages: Calculation Successful.	
Actuarial Value: 58.46%	
Metal Tier: Bronze	
Additional Notes:	
Calculation Time: 0.3555 seconds	
Calculation lime: 0.3555 seconds Revised Final 2026 AV Calculator	

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	?	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	button Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit D		_	1	2 Plan Benefit				
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)			\$6,000.00							
Coinsurance (%, Insurer's Cost Share) MOOP (\$)			60.00% \$8,900.00	-						
MOOP (\$) MOOP if Separate (\$)	-		\$8,900.00	10		1				
MOOP II Separate (5)	5				-					
Click Here for Important Instructions		Tie	er 1		Î.	Т	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	
	Deductible?	Coinsurance?	different	separate		Coinsurance?	if different	separate	deduc	
Medical					IA II	IA			IA 🗌	All
Emergency Room Services	I	Z								
All Inpatient Hospital Services (inc. MH/SUD)	2	2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$40.00						
X-rays)				400.00		-				
Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient				\$80.00					Ц	
Services				\$40.00						
Imaging (CT/PET Scans, MRIs)	2	✓								
Speech Therapy				\$40.00						
speech memory										
Occupational and Physical Therapy				\$40.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	2	2								
X-rays and Diagnostic Imaging	•	•								
Skilled Nursing Facility		2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~								
Outpatient Surgery Physician/Surgical Services					L Al					
Drugs Generics			4	\$20.00						
Preferred Brand Drugs				\$40.00						
Non-Preferred Brand Drugs				\$80.00					 ▼	
Specialty Drugs (i.e. high-cost)	2			\$350.00	1 8	Ē			<u> </u>	
Options for Additional Benefit Design Limits:		-	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:		ndard (No Refer	rals)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	71667MI001002						
Set a Maximum Number of Days for Charging an IP Copay?		Ī	Issuer HIOS ID:	71667						
# Days (1-10):	8		AVC Version:	2026_1d						
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):	8	1								
Output										
Calculate Status/Error Messages:	Calculation Suco	perful								
Actuarial Value:	70.01%	essidi.								
Metal Tier:	Silver									
The second se		it-specific cost-sh	naring is applying	to x-rays in offic	e settings.					
Additional Notes:			Bin abbiliting							
Additional Holes										
Calculation Time:	0.5293 seconds									
Revised Final 2026 AV Calculator	0.0270 Seconds									

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	•	-	HSA/HRA Option	5	Tie	red Network O	ntion			
Apply Inpatient Copay per Day?			ver Contribution			Network Plan				
Apply Skilled Nursing Facility Copay per Day?				<u> </u>		Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:			Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	· · · · · · · · · · · · · · · · · · ·	£7.								
Desired Metal Tier										
besited inclusion		1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)			\$3,000.00	-						
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)		1	\$7,400.00	-	:					
MOOP if Separate (\$)		ľ								
Click Here for Important Instructions		Tie	er 1		1	т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deduc	ctible?
Medical	🗌 All	🗌 All			All	Al			All	All
Emergency Room Services	v									
All Inpatient Hospital Services (inc. MH/SUD)	2									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$40.00						
Specialist Visit				\$80.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$40.00						
Imaging (CT/PET Scans, MRIs)		2								
Speech Therapy				\$40.00						
Occupational and Physical Therapy				\$40.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		[
Laboratory Outpatient and Professional Services	2	2								
X-rays and Diagnostic Imaging	2	Image: A state of the state				Π				Π
Skilled Nursing Facility		2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•									
Outpatient Surgery Physician/Surgical Services		•								
Drugs	All	All			IA 🗌				All	All
Generics				\$20.00						
Preferred Brand Drugs				\$40.00						
Non-Preferred Brand Drugs				\$80.00					✓	
Specialty Drugs (i.e. high-cost)	✓			\$350.00					•	
Options for Additional Benefit Design Limits:		10 M	Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	UHC Silver-E St	andard (No Ref	errals)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	71667MI001002	28-04					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	71667						
# Days (1-10):			AVC Version:	2026_1d						
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):	ł.									
Output										
Calculate										
Status/Error Messages:	CSR Level of 73%	(200-250% FPL),	Calculation Succe	essful.						
Actuarial Value:	73.07%									
Metal Tier:	Silver									
	NOTE: Office-vis	it-specific cost-sh	naring is applying	to x-rays in offic	e settings.					
Additional Notes:										
Calculation Time:	0.252 seconds									
Revised Final 2026 AV Calculator										

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	?	Tiered	Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	button Amount:		2nd	Tier Utilization	6			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?		8								
Desired Metal Tier				_						
		1 Plan Benefit D		_		2 Plan Benefit				
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)			\$700.00							
Coinsurance (%, Insurer's Cost Share)			70.00%	-			8			
MOOP (\$) MOOP if Separate (\$)		ř –	\$3,300.00			1				
MOOP II Separate (5)										
Click Here for Important Instructions	<u> </u>	Tie	er 1		1	Т	ier 2	ľ	Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc	
Medical	IA 🗌	All			All	All			All	All
Emergency Room Services	v	•								
All Inpatient Hospital Services (inc. MH/SUD)	•	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$20.00						
X-rays)				- 500 ST0000						-
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$20.00						
Services	and the second se				and a distance of the					
Imaging (CT/PET Scans, MRIs)	2	2		4						
Speech Therapy				\$20.00						
Occupational and Physical Therapy				\$20.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		 ⊽	100%	50.00			100.%	30.00		
X-rays and Diagnostic Imaging	 ✓ 									
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	v	V								
Drugs		IA II			IA 🗌				Ali	All
Generics				\$10.00						
Preferred Brand Drugs				\$20.00						
Non-Preferred Brand Drugs	•			\$60.00					✓	
Specialty Drugs (i.e. high-cost)	7		100	\$250.00					V	
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	UHC Silver-D St		ferrals)				
Specialty Rx Coinsurance Maximum:		2	Plan HIOS ID:	71667MI001002	28-05					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	71667						
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		-	AVC Version:	2026_1d						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		-								
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	CSR Level of 87%	(150-200% FPL),	Calculation Succe	ssful.						
Actuarial Value:	87.04%									
Metal Tier:	Gold									
	NOTE: Office-vis	it-specific cost-sh	naring is applying	to x-rays in offic	e settings.					
Additional Notes:										
Calculation Time:	0.2695 seconds									
Revised Final 2026 AV Calculator										

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

User Inputs for Plan Parameters	_	-										
Use Integrated Medical and Drug Deductible?		HSA/HRA Options HSA/HRA Employer Contribution?				Tiered Network Option						
Apply Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day?		HSA/HRA Emplo	over Contribution:			Network Plan? Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:			Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2110	ner otmzation.						
Desired Metal Tier												
		r 1 Plan Benefit D	esign	1	Tier	2 Plan Benefit	Design					
	Medical	Drug	Combined	1	Medical	Drug	Combined					
Deductible (\$)			\$0.00	1								
Coinsurance (%, Insurer's Cost Share)			75.00%									
MOOP (\$)			\$2,200.00	1.								
MOOP if Separate (\$)												
							-			-1 -		
Click Here for Important Instructions	Subject to	Subject to	er 1 Coinsurance, if	Copay, if	Subject to	Subject to	er 2 Coinsurance,	Copay, if	Tier 1 Copay appli	Tier 2		
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduc			
Medical	All	Al			All	All I			IIA 🗌	All		
Emergency Room Services		•										
All Inpatient Hospital Services (inc. MH/SUD)		•										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$0.00								
X-rays)	_			strend of the					—			
Specialist Visit				\$10.00								
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00								
Services												
Imaging (CT/PET Scans, MRIs) Speech Therapy				\$0.00								
speech merapy				50.00								
Occupational and Physical Therapy				\$0.00								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services				********								
X-rays and Diagnostic Imaging	Ō	<u> </u>										
Skilled Nursing Facility		2										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)												
Outpatient Surgery Physician/Surgical Services												
Drugs	IA II	All			IA 🗌	Al			All	All		
Generics				\$0.00								
Preferred Brand Drugs				\$15.00								
Non-Preferred Brand Drugs				\$50.00								
Specialty Drugs (i.e. high-cost)				\$150.00								
Options for Additional Benefit Design Limits:		-13	Plan Description									
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:		tandard (No Ref	errals)						
Specialty Rx Coinsurance Maximum:		8	Plan HIOS ID:	71667MI001002	28-06							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:									
# Days (1-10): Regin Drimony Care Cart Sharing After a Set Number of Wistra		-	AVC Version:	2026_1d								
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):												
Output		-ter										
Calculate												
Status/Error Messages:	CSR Level of 94%	6 (100-150% FPL),	Calculation Succe	ssful.								
Actuarial Value:	94.11%											
Metal Tier:	Platinum											
	NOTE: Service-s	pecific cost-sharii	ng is applying for s	ervice(s) with f	ac/prof compon	ents, overridin	g outpatient in p	uts for those se	ervice(s).			
Additional Notes:												
Calculation Time:	0.2148 seconds											
Revised Final 2026 AV Calculator												

Revised Final 2026 AV Calculator

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible			HSA/HRA Option	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day		HSA/HRA Employer Contribution?			Tiered	Tiered Network Plan?				
Apply Skilled Nursing Facility Copay per Day					1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending		Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard	2						2			
Desired Metal Tier	r Silver 💌									
	Tier	1 Plan Benefit De	esign]	Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$			\$5,800.00	1	-					
Coinsurance (%, Insurer's Cost Share			60.00%							
MOOP (\$			\$10,600.00							
MOOP if Separate (\$										
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance,	Copay, if		es only after
	Deductible?	Coinsurance?	different	separate	Deductible?		if different	separate		ctible?
Medical	II All				All	All				
Emergency Room Services									<u>_</u>	
All Inpatient Hospital Services (inc. MH/SUD)	•	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$45.00						
X-rays)									—	
Specialist Visit				\$125.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$51.84						
Services				-						
Imaging (CT/PET Scans, MRIs)			53%							
Speech Therapy		2	60%							
	v	•	60%							
Occupational and Physical Therapy		_	4000/	60 00		_	4000%	40.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$25.22						
X-rays and Diagnostic Imaging			55%							
Skilled Nursing Facility		7								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
Outpatient Surgery Physician/Surgical Services	2		57%							
Drugs	All	All			Ail I	A			All	□ All
Generics				\$8.00						
Preferred Brand Drugs	2			\$100.00						
Non-Preferred Brand Drugs	2	2								
Specialty Drugs (i.e. high-cost)	- -	<u> </u>	50%							
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments	?		Name:	UHC Silver Valu	ue (No Referral	s)				
Specialty Rx Coinsurance Maximum	6		Plan HIOS ID:	71667MI001003	3-01					
Set a Maximum Number of Days for Charging an IP Copay	2		Issuer HIOS ID:	71667						
# Days (1-10)	:		AVC Version:	2026_1d						
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)	:	L								
Output										
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	66.22%									
Metal Tier:	Silver									
	NOTE: Service-sp	ecific cost-sharir	ng is applying for s	service(s) with fa	ac/prof compon	ents, overridin	g outpatient in p	its for those se	ervice(s).	
Additional Notes:										
Calculation Time:	0.2266 seconds									
Revised Final 2026 AV Calculator										

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?		1	HSA/HRA Option	s	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?			yer Contribution			Network Plan				
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization	£			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	•						2			
Desired Metal Tier	Silver 💌									
	Tie	1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		2	\$3,400.00							
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$7,800.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		TL	er 1		1	т	ier 2		Tier 1	Tier 2
click here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if		es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?			separate		ctible?
Medical	All	All			IA I				All	
Emergency Room Services	2	•								
All Inpatient Hospital Services (inc. MH/SUD)	2	2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$40.00						
Specialist Visit				\$110.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_		\$45.98		-			-	
Services				\$45.98						
Imaging (CT/PET Scans, MRIs)	✓	✓	53%							
Speech Therapy	I	2	60%							
		•	60%							
Occupational and Physical Therapy									_	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$25.22						
X-rays and Diagnostic Imaging	2	2	55%							
Skilled Nursing Facility	•	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	V								
Outpatient Surgery Physician/Surgical Services		v	57%							
Drugs	All	All I			IA 🗌	All			All	All
Generics				\$5.00						
Preferred Brand Drugs	✓			\$100.00					✓	
Non-Preferred Brand Drugs	2	•								
Specialty Drugs (i.e. high-cost)	~	•	50%							e 🗖 e
Options for Additional Benefit Design Limits:		10	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	UHC Silver-E Va		als)				
Specialty Rx Coinsurance Maximum:	_	2	Plan HIOS ID:	71667MI001003	33-04					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	71667 2026_1d						
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):										
Output	8	<u>_</u>								
Calculate										
	CSR Level of 73%	(200-250% FPL),	Calculation Succe	ssful.						
	72.07%	,								
	Silver									
		pecific cost-sharir	ng is applying for	service(s) with fa	ac/prof compor	nents, overridin	ng outpatient in p	uts for those se	rvice(s).	
Additional Notes:			an 2000a 1 0	101951	889 - Si		53 53 54		02620	

Additional Notes:

Calculation Time: Revised Final 2026 AV Calculator

0.2422 seconds

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Option	s	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?			yer Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?			S		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	•						1			
Desired Metal Tier	Gold 💌									
	Tie	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		×	\$1,250.00							
Coinsurance (%, Insurer's Cost Share)			70.00%							
MOOP (\$)			\$3,300.00							
MOOP if Separate (\$)			1							
Click Here for Important Instructions		Tic	er 1			т	er 2	Ĩ	Tier 1	Tier 2
check here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	if different	separate	deduc	
Medical	🗌 All	Al			Al	A			All	IIA 🗌
Emergency Room Services	•	✓	60%							
All Inpatient Hospital Services (inc. MH/SUD)	2	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	-	_		\$20.00		_			-	-
X-rays)				\$20.00						
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$21.71						
Services				Ş21.71						-
Imaging (CT/PET Scans, MRIs)	2	•	55%							
Speech Therapy	v	v	70%							
Operative stand Physical Theorem	~	•	70%							
Occupational and Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			100%	\$12.84			100%	50.00		
X-rays and Diagnostic Imaging			60%	\$12.04						
Skilled Nursing Facility	✓	v V	00%							
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	•								
Outpatient Surgery Physician/Surgical Services	2	•	65%							
Drugs	All	All			IA 🗌	All			All	🗌 All
Generics				\$5.00						
Preferred Brand Drugs	✓			\$65.00					✓	
Non-Preferred Brand Drugs	2	2	60%							
Specialty Drugs (i.e. high-cost)	•	~	50%							
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	UHC Silver-D Va		rals)				
Specialty Rx Coinsurance Maximum:	5	-	Plan HIOS ID:	71667MI001003	3-05					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	71667 2026_1d						
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):										
# copays (1-10): Output		1								
Calculate										
Status/Error Messages:	CSR Level of 87%	(150-200% EPI)	Calculation Succe	ssful						
Actuarial Value:	86.05%	(200 200/0175)	our canon ou con ou coe							
Metal Tier:	Gold									
		ecific cost-sharin	is applying for s	service(s) with fa	ac/prof compo	nents, overridin	e outpatient in n	uts for those ser	vice(s).	
Additional Notes:			J				0		1-1-	

Additional Notes:

Calculation Time: Revised Final 2026 AV Calculator

0.2344 seconds

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

User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible? ~ HSA/HRA Options **Tiered Network Option** HSA/HRA Employer Contribution? Apply Inpatient Copay per Day? Tiered Network Plan? Apply Skilled Nursing Facility Copay per Day? Use Separate MOOP for Medical and Drug Spending? 1st Tier Utilization Annual Contribution Amount: nd Tier Utilizatio Indicate if Plan Meets CSR or Expanded Bronze AV Standard? • Platinum 💌 Desired Metal Tier Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Medical Drug Combined Drug Combined Deductible (\$ \$0.00 Coinsurance (%, Insurer's Cost Share 85.00% MOOP (\$ \$2,400.00 MOOP if Separate (\$) Tier 1 Tier 2 Tier 1 Tier 2 Subject to Subject to Coinsurance, if Copay, if Subject to Subject to Coinsurance, Copay, if Copay applies only after Type of Benefit Deductible? Coinsurance? different Deductible? Coinsurance? if different separate deductible? separate Medical Emergency Room Services 60% п п All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and \$1.00 X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient \$15.00 \$2.20 Services Imaging (CT/PET Scans, MRIs) • 81% Speech Therapy • 85% • 85% Occupational and Physical Therapy Preventive Care/Screening/Immunization \$0.00 \$0.00 Laboratory Outpatient and Professional Services -> > \$8.32 X-rays and Diagnostic Imaging 83% Skilled Nursing Facility Outpatient Facility Fee (e.g., Ambulatory Surgery Center) • • 84% Π Outpatient Surgery Physician/Surgical Services m Drugs 1 Al Generics \$3.00 Preferred Brand Drugs Non-Preferred Brand Drugs \$40.00 60% Specialty Drugs (i.e. high-cost) 50% Options for Additional Benefit Design Limits: Plan Description: Set a Maximum on Specialty Rx Coinsurance Payments? Name: UHC Silver-C Value (No Referrals) Plan HIOS ID: 71667MI0010033-06 Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: 71667 2026_1d AVC Version: # 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): 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

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network O	otion			
Apply Inpatient Copay per Day?			ver Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:	8			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
		1 Plan Benefit D	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$)			\$2,900.00	1						
Coinsurance (%, Insurer's Cost Share)			70.00%							
MOOP (\$)		10. 	\$10,400.00	1						
MOOP if Separate (\$)										
			-		3 . 		-			
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance,	Copay, if		es only after
	Deductible?	Coinsurance?	different	separate		Coinsurance?	if different	separate		ctible?
Medical					IA	All			IIA 🗌	
Emergency Room Services	v			\$1,000.00					2	
All Inpatient Hospital Services (inc. MH/SUD)	•	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$30.00						
X-rays)				< 710 AS16400						-
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$35.98						
Services					and the second	-				-
Imaging (CT/PET Scans, MRIs)	•			\$274.04					✓	
Speech Therapy	I			\$90.00						
	•			\$90.00					•	
Occupational and Physical Therapy				-		—			-	_
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$23.06						
X-rays and Diagnostic Imaging	•			\$111.96					✓	
Skilled Nursing Facility	•	•								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$844.11						
Outpatient Surgery Physician/Surgical Services				\$452.61						
Drugs			F	0402.01	Al					
Generics			÷	\$5.00						
Preferred Brand Drugs				\$85.00						
Non-Preferred Brand Drugs		 ▼	60%	985.00						
Specialty Drugs (i.e. high-cost)		2	50%							E E
Options for Additional Benefit Design Limits:		<u> </u>	Plan Description	n:						0 10
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	UHC Silver Adv	antare (No Ref	orrals)				
Specialty Rx Coinsurance Payments:			Plan HIOS ID:	71667MI001004		errais				
Set a Maximum Number of Days for Charging an IP Copay?		-								
# Days (1-10):			AVC Version:	2026_1d						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1	Ave version.	2020_10						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		-								
Calculate										
Status/Error Messages:	Calculation Suco	essful.								
Actuarial Value:	70.05%									
Metal Tier:	Silver					and the second second				
	NOTE: Service-sp	pecific cost-sharir	ng is applying for	service(s) with fa	ac/prof compon	ents, overridin	g outpatient inp	uts for those se	ervice(s).	
Additional Notes:										
Calculation Time:	0.3281 seconds									
Revised Final 2026 AV Calculator										

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day?			ver Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	•						1			
Desired Metal Tier	Silver 💌									
	Tier	1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		·	\$2,900.00							
Coinsurance (%, Insurer's Cost Share)			70.00%	-						
MOOP (\$)		r.	\$7,600.00		-	-				
MOOP if Separate (\$)	3									
Click Here for Important Instructions	Ì	Tie	er 1		1	ті	ier 2	ľ	Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	All	All			All	A			All	🗍 All
Emergency Room Services	•			\$1,000.00					V	
All Inpatient Hospital Services (inc. MH/SUD)	V	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_			\$30.00		_				
X-rays)				<17100000000	-					
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$35.98						
Services					Ξ.					
Imaging (CT/PET Scans, MRIs)	2			\$274.04						
Speech Therapy	v			\$90.00					•	
Occupational and Physical Therapy	V			\$90.00					✓	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$23.06						
X-rays and Diagnostic Imaging	•			\$111.96					✓	
Skilled Nursing Facility		I								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$844.11					•	
Outpatient Surgery Physician/Surgical Services	•			\$452.61					V	
Drugs					IA 🗌	All			All	All
Generics				\$3.00						
Preferred Brand Drugs	7			\$85.00					•	
Non-Preferred Brand Drugs	2	✓	60%							
Specialty Drugs (i.e. high-cost)	~	•	50%							
Options for Additional Benefit Design Limits:		6	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	UHC Silver-E Ad		eferrals)				
Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay?		-	Plan HIOS ID: Issuer HIOS ID:	71667MI001004 71667	1-04					
# Days (1-10):	6		AVC Version:	2026_1d						
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):		1								
Output										
Calculate										
Status/Error Messages:		(200-250% FPL),	Calculation Succe	ssful.						
	73.48%									
	Silver									
	NOTE: Service-sp	pecific cost-sharir	ng is applying for s	ervice(s) with fa	c/prof compon	ents, overridin	g outpatient in p	uts for those ser	vice(s).	
Additional Notes:										

0.332 seconds

Calculation Time: Revised Final 2026 AV Calculator

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?		r	HSA/HRA Option	\$	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?			ver Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:			Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?		2								
Desired Metal Tier										
	and the second sec	1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)			\$1,000.00	1						
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)		19. 	\$3,200.00			X.				
MOOP if Separate (\$)										
	-				-					- 1
Click Here for Important Instructions			er 1	-			er 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		es only after ctible?
Medical	I All	All			I Al				All	
Emergency Room Services	v			\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	2	2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$15.00						
Specialist Visit				\$30.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_		100.00						
Services				\$16.28						
Imaging (CT/PET Scans, MRIs)	2			\$124.04					•	
Speech Therapy	v			\$30.00					v	
	7			\$30.00		Π			•	
Occupational and Physical Therapy				-					Ľ	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$8.32						
X-rays and Diagnostic Imaging	2			\$37.62					✓	
Skilled Nursing Facility	7	?								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$211.03					V	
Outpatient Surgery Physician/Surgical Services	•			\$120.70					✓	
Drugs		All			IIA 🗌	All			IA 🗌	All
Generics				\$3.00						
Preferred Brand Drugs	•			\$50.00					I	
Non-Preferred Brand Drugs	2	2	60%							
Specialty Drugs (i.e. high-cost)	7	7	50%							o 🗖 o
Options for Additional Benefit Design Limits:		-	Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	UHC Silver-D A		Referrals)				
Specialty Rx Coinsurance Maximum:	6		Plan HIOS ID:	71667MI001004	11-05					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	71667 2026_1d						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):		1		80943 9 4 0453						
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?	L									
# Copays (1-10):										
Output	8	<u>_</u>								
Calculate										
	CSR Level of 87%	(150-200% FPL),	Calculation Succe	ssful.						
	87.15%									
	Gold									
		pecific cost-sharir	ng is applying for	service(s) with fa	ac/prof compor	nents, overridin	g outpatient in p	uts for those se	ervice(s).	
Additional Notes:			81 33398 E				63 - 13 - 14 M			

0.2891 seconds

Calculation Time: 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? ~ HSA/HRA Options **Tiered Network Option** HSA/HRA Employer Contribution? Apply Inpatient Copay per Day? Tiered Network Plan? Apply Skilled Nursing Facility Copay per Day? Use Separate MOOP for Medical and Drug Spending? 1st Tier Utilization Annual Contribution Amount: nd Tier Utilizatio Indicate if Plan Meets CSR or Expanded Bronze AV Standard? • Platinum 💌 Desired Metal Tier Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Medical Drug Combined Drug Combined Deductible (\$ \$150.00 Coinsurance (%, Insurer's Cost Share 95.00% MOOP (\$ \$1,900.00 MOOP if Separate (\$) Tier 1 Tier 2 Tier 1 Tier 2 Subject to Subject to Coinsurance, if Copay, if Subject to Subject to Coinsurance, Copay, if Copay applies only after Type of Benefit Deductible? Coinsurance? different Deductible? Coinsurance? if different separate deductible? separate Medical Emergency Room Services \$150.00 п п • All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and \$5.00 X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient \$10.00 \$5.43 Services Imaging (CT/PET Scans, MRIs) \$39.62 Speech Therapy • \$10.00 • ~ • \$10.00 Occupational and Physical Therapy Preventive Care/Screening/Immunization \$0.00 \$0.00 Laboratory Outpatient and Professional Services \$4.61 X-rays and Diagnostic Imaging \$18.11 Skilled Nursing Facility Outpatient Facility Fee (e.g., Ambulatory Surgery Center) • \$57.21 • \$36.21 Π Outpatient Surgery Physician/Surgical Services m Drugs \$1.00 Generics Preferred Brand Drugs Non-Preferred Brand Drugs \$30.00 60% Specialty Drugs (i.e. high-cost) 50% Options for Additional Benefit Design Limits: Plan Description: Set a Maximum on Specialty Rx Coinsurance Payments? Name: UHC Silver-C Advantage (No Referrals) Plan HIOS ID: 71667MI0010041-06 Set a Maximum Number of Days for Charging an IP Copay? Issuer HIOS ID: 71667 2026_1d AVC Version: # 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): Output Calculate Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful. Actuarial Value: 94.03% 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:

Revised Final 2026 AV Calculator

0.332 seconds

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

User Insuite for Dise Decembers										
User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible?	•	r	HSA/HRA Option		Tie	ered Network O	ntion			
Apply Inpatient Copay per Day?			yer Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		HSA/HKA Emplo	yercontribution			Tier Utilization:				
		Annual Contrib	bution Amount:							
Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2/10	Tier Utilization:	6			
Desired Metal Tier		A Dire Dere fit De			71	2 plan para fit	Deather			
		1 Plan Benefit De		-		2 Plan Benefit				
D = 1 - +1+1 - (A)	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)			\$2,900.00							
Coinsurance (%, Insurer's Cost Share)			70.00%	-						
MOOP (\$) MOOP if Separate (\$)		r	\$10,400.00	8		1				
MOOP II Separate (5)										
Click Here for Important Instructions		Tie	er 1		1	Т	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?			separate	deduc	
Medical					All	A			All I	
Emergency Room Services	2			\$1,000.00						
All Inpatient Hospital Services (inc. MH/SUD)	2	2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	~~~~~~									
X-rays)				\$30.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				anananan fanananananan persentata						
Services				\$35.98						
Imaging (CT/PET Scans, MRIs)				\$274.04						
Speech Therapy	2			\$90.00					2	
Occupational and Physical Therapy	V			\$90.00					☑	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$23.06						
X-rays and Diagnostic Imaging	- -			\$111.96					<u> </u>	
Skilled Nursing Facility	2	2								
	•								•	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	and the state of the second second			\$844.11						
Outpatient Surgery Physician/Surgical Services	Y			\$452.61					V	
Drugs	All	Al	- -		IA 🗌	Al				All
Generics				\$5.00						
Preferred Brand Drugs	✓			\$85.00					✓	
Non-Preferred Brand Drugs	2	2	60%							
Specialty Drugs (i.e. high-cost)	V	✓	50%							
Options for Additional Benefit Design Limits:		-	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	UHC Silver Adva		al + Vision, No F	eferrals)			
Specialty Rx Coinsurance Maximum:	in and the second se		Plan HIOS ID:	71667MI005000	1-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	71667						
# Days (1-10):	(AVC Version:	2026_1d						
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):										
Output Calculate										
	Calculation Suco	occful								
	70.05%	essiui.								
	Silver									
		ecific cost-sharin	g is applying for	service(s) with fa	c/prof compor	ents overridin	goutnatient in n	its for those se	envice(s)	
Additional Notes:		seeme cost-sildilli	P is applying 101 :	service(s) within	or pror compor	icina, overhum	8 outputient hipt	101 01036 36		
Additional Notes:										
Coloribation Times	0.0050									
	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		-					1			
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	?		Network Plan? ier Utilization:				
Apply Skilled Nursing Facility Copay per Day? Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	Contraction of the second s				2nd 1	ier Utilization:				
Desired Metal Tier										
Desired Metal Her	the second second	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$)			\$2,900.00	-						
Coinsurance (%, Insurer's Cost Share)			70.00%							
MOOP (\$)			\$7,600.00							
MOOP if Separate (\$)										
			0 882		i i					
Click Here for Important Instructions	Subject to	Tie Subject to	coinsurance, it		Subject to	Subject to	er 2 Coinsurance,	C	Tier 1 Copay applie	Tier 2
Type of Benefit	Deductible?	Coinsurance?	different	f Copay, if separate		Coinsurance?	if different	Copay, if separate	copay applie deduc	
Medical			unrerent	separate	All	Comsurance:	In different	separate		
Emergency Room Services				\$1,000.00						
All Inpatient Hospital Services (inc. MH/SUD)		2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	~~~~~~~~									
X-rays)				\$30.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$35.98						
Services				-						
Imaging (CT/PET Scans, MRIs)	•			\$274.04					7	
Speech Therapy				\$90.00					2	
Occupational and Physical Therapy				\$90.00					✓	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			10070	\$23.06			10070	90.00		
X-rays and Diagnostic Imaging	2			\$111.96					 Image: A start of the start of	<u> </u>
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$844.11					•	
				\$452.61					<u> </u>	
Outpatient Surgery Physician/Surgical Services Drugs				\$452.61						
Generics			8	\$3.00						
Preferred Brand Drugs				\$85.00		- H				
Non-Preferred Brand Drugs			60%	985.00						
Specialty Drugs (i.e. high-cost)	2	2	50%			H				
Options for Additional Benefit Design Limits:		1.7776.0	Plan Descriptio	n:	1					
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:]	Name: Plan HIOS ID:	UHC Silver-E Ac 71667MI005000	dvantage+ (Den	tal + Vision, No	Referrals)			
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	71667	1-04					
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		-	AVC Version:	2026_1d						
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		-								
Segin Primary care Deductible/Consurance After a set Number of Copays?	L									
# Copays (1-10):										
Output	2	- 10 C								
Calculate										
	CSR Level of 73%	(200-250% FPL),	Calculation Succe	essful.						
	73.48%									
Metal Tier:	Silver									
	NOTE: Service-s	pecific cost-sharin	g is applying for	service(s) with fa	ic/prof compon	ents, overridin	g outpatient in p	uts for those se	rvice(s).	
Additional Notes:										

Calculation Time: Revised Final 2026 AV Calculator

0.3008 seconds

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

User Inputs for Plan Parameters		r			_			í		
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			ered Network O				
Apply Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day?		HSA/HRA Emplo	oyer Contribution	?		Network Plan? Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	ibution Amount:			Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2110	ner ounzation				
Desired Metal Tier	Gold 💌									
besited wetar the	and the second	1 Plan Benefit D	esign		Tier	r 2 Plan Benefit	Design			
, ,	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)			\$1,000.00	1						
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$3,200.00							
MOOP if Separate (\$)										
					-					
Click Here for Important Instructions			er 1		0.11.01		ier 2	o	Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applie deduc	
Medical	All	□ All			All	All		•	IA 🗌	🔲 All
Emergency Room Services	•			\$250.00					✓	
All Inpatient Hospital Services (inc. MH/SUD)	2	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00						
X-rays)				0.1.0002000						
Specialist Visit				\$30.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$16.28						
Services	2			\$124.04						
Imaging (CT/PET Scans, MRIs) Speech Therapy	V V			\$30.00					 ✓ 	
зреесптиетару										
Occupational and Physical Therapy	V			\$30.00					☑	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$8.32						
X-rays and Diagnostic Imaging	•			\$37.62					✓	
Skilled Nursing Facility	v	2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$21 <mark>1.</mark> 03						
Outpatient Surgery Physician/Surgical Services	•			\$120.70						
Drugs	All	All III			IA 🗌				All	All
Generics				\$3.00						
Preferred Brand Drugs	•			\$50.00					✓	
Non-Preferred Brand Drugs	v	2	60%							
Specialty Drugs (i.e. high-cost)	2	✓	50%							
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?		1 [°]	Plan Description Name:		dvantage+ (De	ntal + Vision, N	Referrals)			
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	71667MI005000			o nerenais)			
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID: AVC Version:	71667 2026_1d						
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):										
Output		-								
Calculate										
		(150-200% FPL),	Calculation Succe	esstul.						
	87.15% Gold									
	7.0378	necific cost-sharin	ng is applying for	service(s) with f	ac/prof.compo	nents overridir	outnatient inn	uts for those se	envice(s)	
Additional Notes:	ter service s	cente cost-sildin	- P is abbiying for	service(s) with h	as, pror compo		P oatharieur liib	ats for mose se		
Coloriation Theory	0.0101.0000									

Calculation Time: Revised Final 2026 AV Calculator 0.3164 seconds

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Option	IS	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?			ver Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:	1			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	•									
Desired Metal Tier	Platinum 💌									
		r 1 Plan Benefit D	esign			2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$150.00							
Coinsurance (%, Insurer's Cost Share)			95.00%	_						
MOOP (\$)		T.	\$1,900.00			1				
MOOP if Separate (\$)							I			
Click Here for Important Instructions		Tie	er 1		Î	ті	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, it	f Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	s only after
туре от венени	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deduct	tible?
Medical	All	IIA 🗌			IA 🗌	All			IIA []	All 🗌
Emergency Room Services	v			\$150.00						
All Inpatient Hospital Services (inc. MH/SUD)	•	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$5.00						
X-rays)				120400040						
Specialist Visit				\$10.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$5.43						
Services				620 C2						
Imaging (CT/PET Scans, MRIs) Speech Therapy	✓			\$39.62 \$10.00	•••				V V	
speech merapy										
Occupational and Physical Therapy	~			\$10.00					✓	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$4.61						
X-rays and Diagnostic Imaging	2			\$18.11					2	
Skilled Nursing Facility	2	<u> </u>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<u>v</u>			\$57.21						
Outpatient Surgery Physician/Surgical Services	v			\$36.21						
Drugs				\$50.21	Lian I					
Generics			÷	\$1.00						
Preferred Brand Drugs				\$30.00		Ē			2	
Non-Preferred Brand Drugs			60%	<i></i>						
Specialty Drugs (i.e. high-cost)	v	2	50%			Ē				
Options for Additional Benefit Design Limits:			Plan Descriptio	n:	3 3					
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:		dvantage+ (Der	ntal + Vision, No	Referrals)			
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	71667MI005000						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	71667						
# Days (1-10):			AVC Version:	2026_1d						
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):										
Output		- M								
Calculate Status/Error Messages:	CSP Lovel of 049	6 (100-150% FPL),	Calculation Succes	reful						
Actuarial Value:	94.03%	(100-130% FPL),	calculation succe	essidi.						
Metal Tier:	Platinum									
		pecific cost-sharir	is applying for	service(s) with fa	ac/prof compor	nents, overridin	g outpatient in n	uts for those se	rvice(s).	
Additional Notes:			-0 0 0 0 0 0 0 0		- , pror compor					
Calculation Time:	0.2969 seconds									
calculation mile:	0.2309 seconds									

Revised Final 2026 AV Calculator

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	¢	Tio	red Network O	ntion			
Apply Inpatient Copay per Day?			yer Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						lier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:			lier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
	and the second s	Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$)			\$5,800.00	1		0				
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$10,600.00							
MOOP if Separate (\$)				-						
					18		25		-	
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if		es only after
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate		ctible?
Medical	All	All			All	A			IIA 🗌	All
Emergency Room Services	✓	✓								
All Inpatient Hospital Services (inc. MH/SUD)	•	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$45.00						
X-rays)										
Specialist Visit				\$125.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$51.84						
Services					-					
Imaging (CT/PET Scans, MRIs)	2	✓	53%							
Speech Therapy	2	v	60%							
	~	V	60%							
Occupational and Physical Therapy	_	_		4				A		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00	_	
Laboratory Outpatient and Professional Services				\$25.22						
X-rays and Diagnostic Imaging		2	55%							
Skilled Nursing Facility		V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•									
Outpatient Surgery Physician/Surgical Services		•	57%							
Drugs	All	All			All	A			All	□ All
Generics				\$8.00						
Preferred Brand Drugs	✓			\$100.00					•	
Non-Preferred Brand Drugs		2								
Specialty Drugs (i.e. high-cost)	✓	•	50%							
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?	· 🗆		Name:	UHC Silver Valu	ue+ (Dental + Vi	sion, No Refer	als)			
Specialty Rx Coinsurance Maximum:	6		Plan HIOS ID:	71667MI005000	4-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	71667						
# Days (1-10):	6		AVC Version:	2026_1d						
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):										
Output										
Calculate										
Status/Error Messages:	Calculation Succes	ssful.								
Actuarial Value:	66.22%									
Metal Tier:	Silver				1 1	oran telephone and		1. (
	NOTE: Service-spe	ecific cost-sharin	g is applying for s	service(s) with fa	ic/prof compon	ents, overridin	g outpatient inpu	its for those sei	rvice(s).	
Additional Notes:										
Calculation Time:	0.2891 seconds									
Revised Final 2026 AV Calculator										

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?		r	HSA/HRA Option	s	Tie	ered Network Op	tion			
Apply Inpatient Copay per Day			ver Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day					1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard										
Desired Metal Tier										
		r 1 Plan Benefit D	esign		Tier	r 2 Plan Benefit D	lesign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		19. August	\$3,400.00			* *				
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$7,800.00							
MOOP if Separate (\$										
Click Here for Important Instructions		Tie	er 1		1	Th	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if		ies only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	if different	separate		ctible?
Medical	All	All I			Al	Al			All	All
Emergency Room Services	✓	✓								
All Inpatient Hospital Services (inc. MH/SUD)	•	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$40.00						
X-rays)										
Specialist Visit				\$110.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$45.98						
Services				÷						
Imaging (CT/PET Scans, MRIs)			53%							
Speech Therapy		2	60%							
Oppurational and Division There are	V	•	60%							
Occupational and Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			100%	\$25.22			100%	\$0.00		
X-rays and Diagnostic Imaging			55%	<i>\$</i> 23.22		—				
Skilled Nursing Facility			3578							
The second second were used about the second s										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•									
Outpatient Surgery Physician/Surgical Services	V	•	57%							
Drugs	All	Al			IA 🗌	Al			All	All
Generics				\$5.00						
Preferred Brand Drugs	•			\$100.00					•	
Non-Preferred Brand Drugs	2	2								
Specialty Drugs (i.e. high-cost)	~	✓	50%							
Options for Additional Benefit Design Limits:		- C	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:			Vision, No Refe	rrals)			
Specialty Rx Coinsurance Maximum		2	Plan HIOS ID:	71667MI005000	04-04					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	71667						
# Days (1-10): Beg in Primary Care Cost-Sharing After a Set Number of Visits?		-	AVC Version:	2026_1d						
# Visits (1-10)										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10)										
Output		-201								
Calculate										
Status/Error Messages:		6 (200-250% FPL),	Calculation Succe	essful.						
Actuarial Value:	72.07%									
Metal Tier:	Silver									
	NOTE: Service-s	pecific cost-sharir	ng is applying for	service(s) with fa	ac/prof compor	nents, overriding	outpatient inp	uts for those se	ervice(s).	
Additional Notes:										
Calculation Time:	0.2969 seconds									

Calculation Time: Revised Final 2026 AV Calculator 0.2969 seconds

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

User Inputs for Plan Parameters	•	r	use high a st			10 1 1 0				
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network O				
Apply Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day?		HSA/HKA Emplo	over contribution			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:			Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?		2.			2110	ner ottnization.				
Desired Metal Tier	() () () () () () () () () ()									
		r 1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,250.00		-					
Coinsurance (%, Insurer's Cost Share)			70.00%							
MOOP (\$)			\$3,300.00			19 1				
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1		T	т	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if		es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate		ctible?
Medical	🗌 Ali	Al			IA 🗌	A			IIA 🗌	🗌 All
Emergency Room Services		•	60%							
All Inpatient Hospital Services (inc. MH/SUD)	•	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$20.00						
X-rays)				<						
Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00						
Services				\$21.71						
Imaging (CT/PET Scans, MRIs)			55%							
Speech Therapy	U V		70%							
opecaninemp										
Occupational and Physical Therapy		☑	70%							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$12.84						
X-rays and Diagnostic Imaging	•	2	60%							
Skilled Nursing Facility	✓	₹								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑									
Outpatient Surgery Physician/Surgical Services	V	•	65%							
Drugs	All		- 		IA 🗌	All				IIA 🗌
Generics				\$5.00						
Preferred Brand Drugs	2			\$65.00					2	
Non-Preferred Brand Drugs	v	✓	60%							
Specialty Drugs (i.e. high-cost) Options for Additional Benefit Design Limits:	•	v	50%						L	6 L 3
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Plan Description Name:		alue+ (Dental +	Vicion No Pof	orrale)			
Specialty Rx Coinsurance Payments:			Plan HIOS ID:	71667MI005000		vision, no ner	Entraisy			
Set a Maximum Number of Days for Charging an IP Copay?		8	Issuer HIOS ID:	71667						
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		-	AVC Version:	2026_1d						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output										
Calculate										
		6 (150-200% FPL),	Calculation Succe	esstul.						
	86.05% Gold									
		pecific cost-sharir	ag is applying for	convico/s) with f	ac/prof.compor	ants overridin	a outpatient in n	uts for those co	nvice(s)	
Additional Notes:		pecane cost-sildili	P is approxime for	service(s) within	act pror compor	ienta, overnum	P ourbanent linb	ats for those se		
Additional Notes.										
Calculation Time:	0.2969 seconds									

Calculation Time: Revised Final 2026 AV Calculator 0.2969 seconds

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Options		Tie	red Network Opti	on			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		to an a locartal			1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrit	bution Amount:		2nd	Tier Utilization:	2			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	•						2			
Desired Metal Tier	Platinum 💌									
	Tie	1 Plan Benefit De	esign		Tier	2 Plan Benefit De	sign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$0.00							
Coinsurance (%, Insurer's Cost Share)			85.00%							
MOOP (\$)			\$2,400.00							
MOOP if Separate (\$)										
							-			
Click Here for Important Instructions	Subject to	Tie Subject to	coinsurance, if	Copay, if	Subject to	Tier Subject to C	2 Coinsurance,	Copay, if	Tier 1 Copay applie	Tier 2
Type of Benefit	Deductible?	Coinsurance?	different	separate			if different	separate	deduc	
Medical	Ali				All	Al			IA 🗌	All
Emergency Room Services		✓	60%							
All Inpatient Hospital Services (inc. MH/SUD)		•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$1.00						
X-rays)				100000000	_				—	
Specialist Visit				\$15.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$2.20						
Services					and the second second					
Imaging (CT/PET Scans, MRIs)			81%							
Speech Therapy		2	85%							
Occupational and Physical Therapy		•	85%							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$8.32						
X-rays and Diagnostic Imaging		<u> </u>	83%							
Skilled Nursing Facility		2								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		•								
Outpatient Surgery Physician/Surgical Services			84%							
Drugs					IA I					IIA 🗌
Generics				\$3.00						
Preferred Brand Drugs				\$40.00					Ō	
Non-Preferred Brand Drugs		2	60%							
Specialty Drugs (i.e. high-cost)		•	50%							
Options for Additional Benefit Design Limits:		-51	Plan Description:	· · · · · · · · · · · · · · · · · · ·						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	UHC Silver-C Va	alue+ (Dental +	Vision, No Referr	als)			
Specialty Rx Coinsurance Maximum:	5		Plan HIOS ID:	71667MI005000	04-06					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	71667						
# Days (1-10):			AVC Version:	2026_1d						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output Calculate		-01								
Status/Error Messages:	CSR Level of 94%	(100-150% FPL). 0	Calculation Succes	sful.						
	93.01%	· · · · · · · · · · · · · · · · · · ·		61920-193 ⁷						
	Platinum									
		ecific cost-sharin	g is applying for se	ervice(s) with fa	ac/prof compon	ents, overriding o	utpatient in pu	uts for those se	rvice(s).	
Additional Notes:			- 1407 -		850					
Calculation Time:	0.2695 seconds									

Revised Final 2026 AV Calculator

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?			yer Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st 7	Tier Utilization	2			
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd T	ier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver 💌									
	Tier 1	Plan Benefit De	esign			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	11						
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1		1	Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, it	f Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay appli	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	if different	separate		ctible?
Medical	Al	All			All	A			All	All
Emergency Room Services	v	•	60%							
All Inpatient Hospital Services (inc. MH/SUD)	•	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_	_		\$40.00	_				_	_
X-rays)				\$40.00						
Specialist Visit				\$80.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient		_		\$40.00						
Services	a new problem to be a server as a serve			Ş40.00	-					
Imaging (CT/PET Scans, MRIs)		•								
Speech Therapy				\$40.00						
				\$40.00						
Occupational and Physical Therapy				-					_	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00	_	
Laboratory Outpatient and Professional Services		2								
X-rays and Diagnostic Imaging		2								
Skilled Nursing Facility	V	v								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•									
Outpatient Surgery Physician/Surgical Services	2	•								
Drugs	All	All			IA	Al			All	All
Generics			-	\$20.00						
Preferred Brand Drugs				\$40.00						
Non-Preferred Brand Drugs	v			\$80.00					•	
Specialty Drugs (i.e. high-cost)	~			\$350.00					Y	
Options for Additional Benefit Design Limits:			Plan Descriptio							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:		tandard (No Ref	errals) (Off-Exc	change Only)			
Specialty Rx Coinsurance Maximum:	0		Plan HIOS ID:	71667MI001004	15-00					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2026_1d						
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): Output	3									
Calculate										
Status/Error Messages:	Calculation Succes	ful								
	70.01%									
	Silver									
	NOTE: Office-visit-	specific cost-sh	aring is applying	to x-rays in offic	e settings.					
Additional Notes:			o							
	0.7773 seconds									
Revised Final 2026 AV Calculator										

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	¢	Tio	red Network O	ntion			
Apply Inpatient Copay per Day?			yer Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:			Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2110	Tiel othization.				
Desired Metal Tier										
Desired Metal Her		Plan Benefit De	osian		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	Wedical	Didg	\$5,800.00	-	Wieurcar	Drug	combined			
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$10,600.00	-						
MOOP (3) MOOP if Separate (\$)			\$10,000.00			1				
MOOP II Separate (5)										
Click Here for Important Instructions		Tie	er 1		1	Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if		ies only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate		ctible?
Medical	I All				All				IA []	□ All
Emergency Room Services	2	2	60%							
All Inpatient Hospital Services (inc. MH/SUD)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				an an an an an gran an an an an an an						
X-rays)				\$45.00						
Specialist Visit				\$125.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient					••••••••••••••••••••••••••••••••••••••					
Services				\$51.84						
Imaging (CT/PET Scans, MRIs)	•	•	53%							
Speech Therapy			60%							
speed merapy										
Occupational and Physical Therapy	•	•	60%							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			20070	\$25.22			10070			
X-rays and Diagnostic Imaging	2	2	55%	VLUTLL						
Skilled Nursing Facility	I I	2	55%							
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
Outpatient Surgery Physician/Surgical Services	V	•	57%							
Drugs		IIA 🗌			IA 🗌	Al			IIA 🗌	All
Generics				\$8.00						
Preferred Brand Drugs	•			\$100.00					•	
Non-Preferred Brand Drugs	•	•								
Specialty Drugs (i.e. high-cost)	✓	•	50%							
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	UHC Silver-X Va	alue (No Referr	als) (Off-Exchai	nge Only)			
Specialty Rx Coinsurance Maximum:	6		Plan HIOS ID:	71667MI001004	6-00					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	71667						
# Days (1-10):			AVC Version:	2026_1d						
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):										
Output										
Calculate										
	Calculation Succes	ssful.								
	66.22%									
	Silver			In the state of the state of the state		COLUMN INSTRUMENTS				
	NOTE: Service-spe	ecific cost-sharin	ng is applying for	service(s) with fa	ac/prof compon	ents, overridin	g outpatient inpu	uts for those se	rvice(s).	
Additional Notes:										
	0.2969 seconds									
Revised Final 2026 AV Calculator										

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Option	ie.	Tie	red Network O	ntion			
Apply Inpatient Copay per Day?			yer Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		HSA/HKA Emplo	yer contribution	· 🗆		Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:			Tier Utilization:	8 8			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2110	ner otmzation.				
Desired Metal Tier	-									
Desired Metal Her	1.500.00	1 Plan Benefit D	actan		Tion	2 Plan Benefit	Design			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)		Drug	\$2,900.00	-	wedical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)			70.00%							
Coinsurance (%, insurer's Cost Share) MOOP (\$)						ļ				
MOOP (5) MOOP if Separate (\$)		r	\$10,400.00	23						
MOOP IT Separate (5)	0				-		1			
Click Here for Important Instructions		Tie	er 1		Ĩ	T	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	f Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deduct	
Medical	All	Al	unrerent	saparate	All	All	in annun unter	separate	All	A
Emergency Room Services				\$1,005.00						
All Inpatient Hospital Services (inc. MH/SUD)	2			91,005.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$30.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	<u>L</u>			9100.00						
Services				\$35.98						
Imaging (CT/PET Scans, MRIs)	2			\$274.04					•	
Speech Therapy				\$90.00						
эреесі петару				\$30.00						
Occupational and Physical Therapy	•			\$90.00					⊻	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			100%	\$23.06			100%	30.00		
				\$111.96						
X-rays and Diagnostic Imaging				\$111.96						
Skilled Nursing Facility	7	Ľ			_					L
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$844.11						
Outpatient Surgery Physician/Surgical Services	v			\$452.61					2	
Drugs				ÇIDLIDI	LI Al					
Generics			5	\$5.00						
Preferred Brand Drugs				\$85.00						
Non-Preferred Brand Drugs		2	60%	<i></i>						
Specialty Drugs (i.e. high-cost)	I	2	50%		1 8					E I
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	UHC Silver-X Ac	vantage (No R	eferrals) (Off-F	vchange Only)			
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	71667MI001004		cicilians) (on c	indinge onij)			
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2026 1d						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Ave version.	2020_10						
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):										
Output	8									
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.05%									
Metal Tier:	Silver									
	NOTE: Service-sp	ecific cost-sharir	g is applying for	service(s) with fa	c/prof compor	ents, overridin	g outpatient inpu	uts for those se	rvice(s).	
Additional Notes:			83 303082 3 5	1000	889 - 34		13 14		07875	
Calculation Time:	0.3359 seconds									
Revised Final 2026 AV Calculator	0.0000000000000000000000000000000000000									

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Appual Contri	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annuar contin	button Anibunt.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit D		-		2 Plan Benefit				
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)			\$2,000.00							
Coinsurance (%, Insurer's Cost Share) MOOP (\$)			75.00% \$8,200.00	-						
MOOP (5) MOOP if Separate (\$)			\$8,200.00			1				
MOOP II Separate (5)	-									
Click Here for Important Instructions		Tie	er 1		1	Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deduc	tible?
Medical	All	All I			All	All			All	All 🗍
Emergency Room Services	✓	✓								
All Inpatient Hospital Services (inc. MH/SUD)	•	•								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$30.00						
X-rays)				<	_	-			_	
Specialist Visit				\$60.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00						
Services										
Imaging (CT/PET Scans, MRIs)				\$30.00						
Speech Therapy				\$50.00						
Occupational and Physical Therapy				\$30.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		2		*****						
X-rays and Diagnostic Imaging	2	2				Π				
Skilled Nursing Facility		2								
	•								219.9	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	•	•								
Drugs	IA 🗌	All IIA			Ail 🗌	All			All	All
Generics				\$15.00						
Preferred Brand Drugs				\$30.00						
Non-Preferred Brand Drugs	<u> </u>			\$60.00						
Specialty Drugs (i.e. high-cost)				\$250.00						
Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payments?		1	Plan Description Name:		dard (No Referr					
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	71667MI001002		als)				
Set a Maximum Number of Days for Charging an IP Copay?		-	Issuer HIOS ID:	71667	20-01					
#Days (1-10):			AVC Version:	2026_1d						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Are reision	1010_10						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):	1									
Output										
Calculate										
Status/Error Messages:	Calculation Suco	essful.								
Actuarial Value:	78.04%									
Metal Tier:	Gold									
	NOTE: Office-vis	it-specific cost-sh	naring is applying	to x-rays in offic	e settings.					
Additional Notes:										
Calculation Time:	0.293 seconds									
Revised Final 2026 AV Calculator										

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

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible	, 🗆	T	HSA/HRA Options	i.	Tio	red Network O	ntion			
Apply Inpatient Copay per Day		HSA/HBA Emplo	over Contribution?			Network Plan?				
Apply Skilled Nursing Facility Copay per Day		HSA/INA Emplo	syci contribution.			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending		Annual Contri	ibution Amount:			Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard		6			2110	Tiel othization.				
Desired Metal Tie										
besited metal field		r 1 Plan Benefit D	lesign	1	Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined	1	Medical	Drug	Combined			
Deductible (\$	\$0.00	\$500.00	8	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-			
Coinsurance (%, Insurer's Cost Share	55.00%	55.00%								
MOOP (\$		00.00								
MOOP if Separate (\$										
Click Here for Important Instructions		Ti	er 1		Î	Tİ	er 2	Ĩ	Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deduct	ible?
Medical	IA 🗌				All .	All			II AI	🗌 All
Emergency Room Services				\$600.00						
All Inpatient Hospital Services (inc. MH/SUD)				\$2,000.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$20.00						
X-rays)										
Specialist Visit				\$75.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$24.70						
Imaging (CT/PET Scans, MRIs)				\$522.13						
Speech Therapy				\$75.00						
special merupy										
Occupational and Physical Therapy				\$75.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$15.22						
X-rays and Diagnostic Imaging				\$83.36						
Skilled Nursing Facility				\$2,000.00						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$558.08						
Outpatient Surgery Physician/Surgical Services				\$191.39						
Drugs				1	Al					All
Generics			2	\$3.00						
Preferred Brand Drugs				\$30.00						
Non-Preferred Brand Drugs	•	2								
Specialty Drugs (i.e. high-cost)	•	•	50%							
Options for Additional Benefit Design Limits:			Plan Description:	:						
Set a Maximum on Specialty Rx Coinsurance Payments			Name:	UHC Gold Copa		ferrals)				
Specialty Rx Coinsurance Maximum		-		71667MI001004	2-01					
Set a Maximum Number of Days for Charging an IP Copay			Issuer HIOS ID: AVC Version:	2026_1d						
# Days (1-10) Begin Primary Care Cost-Sharing After a Set Number of Visits		-	Ave version:	2020_10						
# Visits (1-10)		_								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays										
# Copays (1-10)		1.								
Output Calculate										
Status/Error Messages:	Calculation Succ	ossful								
Actuarial Value:	80.88%									
Metal Tier:	Gold									
		pecific cost-shari	ng is applying for s	ervice(s) with fa	c/prof compon	ents, overridin	g outpatient in p	uts for those ser	vice(s).	
Additional Notes:			J , , ,	, ,		,				
Calculation Time:	0.2969 seconds									
Revised Final 2026 AV Calculator										

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		1	HSA/HRA Options	s	Tie	red Network O	ption				
Apply Inpatient Copay per Day		HSA/HRA Emplo	ver Contribution	? 🗆	Tiered Network Plan?						
Apply Skilled Nursing Facility Copay per Day	2	S			1st	Tier Utilization:					
Use Separate MOOP for Medical and Drug Spending		Annual Contri	bution Amount:		2nd	Tier Utilization:	S				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard											
Desired Metal Tie	Gold 💌										
	Tie	1 Plan Benefit D	esign	1	Tier	2 Plan Benefit	Design				
	Medical	Drug	Combined	1	Medical	Drug	Combined				
Deductible (\$		and the second second	\$2,500.00	1			2				
Coinsurance (%, Insurer's Cost Share			70.00%								
MOOP (\$			\$8,900.00	2							
MOOP if Separate (\$											
Click Here for Important Instructions			er 1				ier 2		Tier 1	Tier 2	
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance,	Copay, if	Copay appli		
	Deductible?	Coinsurance?	different	separate	Deductible?		if different	separate		tible?	
Medical	II All	All			Al	All			IIA II	All	
Emergency Room Services		v									
All Inpatient Hospital Services (inc. MH/SUD)		•									
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00							
X-rays)					-				—	-	
Specialist Visit				\$60.00							
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$27.99							
Services											
Imaging (CT/PET Scans, MRIs)				\$324.04					.		
Speech Therapy				\$50.00							
Occupational and Physical Therapy				\$50.00							
Preventive Care/Screening/Immunization			100%	<u> </u>			100%	\$0.00			
Laboratory Outpatient and Professional Services			100%	\$0.00 \$15.22			100%	\$0.00			
				\$83.36							
X-rays and Diagnostic Imaging Skilled Nursing Facility				383.30							
Skilled Norsing Facility											
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$558.08					•		
Outpatient Surgery Physician/Surgical Services	•			\$181.05					•		
Drugs	All	All			Al	A			All	All	
Generics			R	\$5.00							
Preferred Brand Drugs				\$50.00							
Non-Preferred Brand Drugs	2	<u> </u>									
Specialty Drugs (i.e. high-cost)	<u> </u>	~	60%								
Options for Additional Benefit Design Limits:			Plan Description	1:							
Set a Maximum on Specialty Rx Coinsurance Payments	? 🗆		Name:	UHC Gold Adva	ntage (No Refe	rrals)					
Specialty Rx Coinsurance Maximum	<i>6</i>		Plan HIOS ID:	71667MI001004	8-01						
Set a Maximum Number of Days for Charging an IP Copay	2	Ĩ	Issuer HIOS ID:	71667							
# Days (1-10)	:		AVC Version:	2026_1d							
Begin Primary Care Cost-Sharing After a Set Number of Visits	· 🗆										
# Visits (1-10)											
Begin Primary Care Deductible/Coinsurance After a Set Number o											
Copays											
# Copays (1-10)	:										
Output											
Calculate											
Status/Error Messages:	Calculation Succ	essful.									
Actuarial Value:	76.01%										
Metal Tier:	Gold										
	NOTE: Service-s	pecific cost-sharir	ng is applying for s	service(s) with fa	ic/prof compon	ents, overridin	g outpatient in p	its for those se	rvice(s).		
Additional Notes:											
Calculation Time:	0.3164 seconds										
Revised Final 2026 AV Calculator											

Revised Final 2026 AV Calculator

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

User Innuts for Disconnetors										
User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible?	•		HSA/HRA Option	ie.	Tie	red Network O	ntion			
Apply Inpatient Copay per Day?			yer Contribution			Network Plan?				
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold 💌									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		**	\$2,500.00							
Coinsurance (%, Insurer's Cost Share)			70.00%	_						
MOOP (\$)		P	\$8,900.00							
MOOP if Separate (\$)							1			
Click Here for Important Instructions		Tie	ər 1		T	ті	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	f Copay, if	Subject to	Subject to	Coinsurance,	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	if different	separate	deduc	
Medical	All	IIA 🗌			All	All			IA 🗌	All
Emergency Room Services	✓	•								
All Inpatient Hospital Services (inc. MH/SUD)	2	2								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00						
X-rays)				0.502.052000						
Specialist Visit				\$60.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$27.99						
Services					-					
Imaging (CT/PET Scans, MRIs)		<u> </u>		\$324.04					2	
Speech Therapy				\$50.00						
Occurrent and Display Theorem				\$50.00						
Occupational and Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			100%	\$15.22			100%	ŞU.UU		
X-rays and Diagnostic Imaging				\$83.36						
Skilled Nursing Facility				203.30						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$558.08					2	
Outpatient Surgery Physician/Surgical Services	✓			\$181.05					2	
Drugs					Al	Al			All	All
Generics				\$5.00						
Preferred Brand Drugs				\$50.00						
Non-Preferred Brand Drugs	•	2								
Specialty Drugs (i.e. high-cost)	~	•	60%							
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:		antage+ (Dental	+ Vision, No Re	ferrals)			
Specialty Rx Coinsurance Maximum:		3	Plan HIOS ID:	71667MI005000	06-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):	_	-	AVC Version:	2026_1d						
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?	L									
# Copays (1-10):										
Output	2	1								
Calculate										
Status/Error Messages:	Calculation Succe	essf <mark>ul.</mark>								
Actuarial Value:	76.01%									
Metal Tier:	Gold									
	NOTE: Service-sp	ecific cost-sharir	ng is applying for	service(s) with fa	ac/prof compor	nents, overridin	g outpatient in p	uts for those se	rvice(s).	
Additional Notes:										
	0.3164 seconds									
Revised Final 2026 AV Calculator										