UNITEDHEALTH GROUP

2024 Creditable Coverage

Detailed Instructions for Using the Tool

Version 1

8/21/2023

Optum

This document provides detailed instructions on how to input plan design parameters into UnitedHealthcare's creditable coverage tool. Instructions are applicable for 2024v1.

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

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Plan Design Parameters

Introduction

The following pages describe in detail how to enter a plan design in the Creditable Coverage Tool. Each section also contains instructions for uncommon plan designs (see "Special Considerations").

The following plan design elements are <u>required inputs</u>:

✓ In-network Deductible

✓ In-network Out-of-Pocket Maximum

✓ In-network Copays and/or Coinsurance

✓ Preventive Drug List (Core or Expanded, if applicable)

✓ Employer contribution for HRA plans

The following plan design elements are <u>not required</u>:

☒ Mail-order copays

☒ Specialty copays

☒ Per regulatory guidance, Employer contributions for HSA plans cannot be taken into account

☒ Out-of-Network benefits

☒ Medical only plan deductible (non-integrated plans)

Enable Macros

Upon opening the workbook, you may see a prompt at the top of the file, asking you to "Enable Content." You will need to click on **Enable Content** **prior to entering any plan information**. Not doing so may result in Input Validation errors. Note: If you do not see the security warning pictured below, macros should already be enabled.

Step 1 & 2: Initial Information

Enter the number of plans you want to test. This can be anywhere from 1-50 plans.

Step 1	Choose number of plans
Step 2	Select PDF output path
Step 3	Enter in-network plan designs
Step 4	Display Results

Number of plans: 2

PDF Output Location:

Browse…

Click the "Browse" button to find the folder where you want to save any PDF outputs.

Step 1	Choose number of plans
Step 2	Select PDF output path
Step 3	Enter in-network plan designs
Step 4	Display Results

Number of plans: 2

PDF Output Location:

Browse…

Step 3: Group Information

Enter the group name, plan description, and effective date of each plan. There is a 20-character limit for Group Name and Plan Description. If you are testing a plan that has an effective date before 1/1/2024, please email the creditable.coverage@optum.com mailbox. This tool will not handle plans before that effective date.

Group Information	Group Name	Yuumy Food Co
	Plan Description	PPO
	Effective Date	1/1/2024

Indicate if you would like the tool to save a PDF of the specific plan design, with the result.

PDF of Result?	Choose output path with Browse button.	Yes

Step 3: Plan Design

Indicate the number of Rx tiers in the prescription drug plan design. There are 4 options:
- 2 tiers
- 3 tiers
- 4 tiers
- 5 tiers

Indicate whether the deductible applies to all tiers or specific tiers only. There are 3 options:
- All tiers (Default assumption)
- Tier 2+ (i.e. deductible does not apply to Tier 1 drugs)
- Tier 3+ (i.e. deductible does not apply to Tier 1 and Tier 2 drugs)

If prescription drugs are not required to meet a deductible, select *All tiers (Default assumption)*

Step 3: Deductible

Indicate whether the plan has an Rx deductible. There are 3 options:

- No Rx Deductible
- Rx Only (i.e. separate Rx deductible)
- Combined with medical (i.e. deductible is shared between Medical and Rx plans).

Does the plan have an Rx Ded?	Rx Only ▾
Embedded or Non-Embedded	No Rx Deductible
	Rx Only
Individual Deductible ($)	Combined with Medical
Family Deductible ($)	$300

If you select *No Rx Deductible*, the remaining inputs in the Deductible section will auto-populate as follows:

	Does the plan have an Rx Ded?	No Rx Deductible
Deductible ($)	Embedded or Non-Embedded	NA
	Individual Deductible ($)	NA
	Family Deductible ($)	NA

If *Rx Only* or *Combined with Medical* is selected, you must enter required inputs for the remaining fields.

Deductible ($)	Does the plan have an Rx Ded?	Rx Only
	Embedded or Non-Embedded	Embedded
	Individual Deductible ($)	$500
	Family Deductible ($)	$1,000

Embedded or Non-Embedded: Indicate whether the deductible is embedded or non-embedded.

Deductible($): Valid input is a number greater than or equal to $0 or NA (see special considerations). If the deductible is combined with Medical, enter the combined Med/Rx deductible. Otherwise, enter the separate Rx deductible.

Special Considerations for Deductible:

A. INDIVIDUAL OR FAMILY ONLY PLANS

If your plan is an Individual Only or Family Only plan (i.e. only an Individual or Family can enroll in the plan)

- Choose *Rx Only* or *Combined with Medical*
- Enter "NA" for Family Deductible ($) or Individual Deductible ($), respectively

Example: Individual Only Plan

Deductible ($)	Does the plan have an Rx Ded?	Combined with Medical
	Embedded or Non-Embedded	Non-Embedded
	Individual Deductible ($)	$1,500
	Family Deductible ($)	NA

Example: Family Only Plan

Deductible ($)	Does the plan have an Rx Ded?	Combined with Medical
	Embedded or Non-Embedded	Non-Embedded
	Individual Deductible ($)	NA
	Family Deductible ($)	$3,000

B. INDIVIDUAL OR FAMILY TIER DOES NOT HAVE A DEDUCTIBLE

If your plan has an individual deductible, but no family deductible,

- Choose *Rx Only* or *Combined with Medical*
- Enter $0 for family deductible (and vice versa).

Example: Plan with Individual Deductible, no Family Deductible

Deductible ($)	Does the plan have an Rx Ded?	Rx Only
	Embedded or Non-Embedded	Non-Embedded
	Individual Deductible ($)	$125
	Family Deductible ($)	$0

Example: Plan with Family Deductible, no Individual Deductible

Deductible ($)	Does the plan have an Rx Ded?	Rx Only
	Embedded or Non-Embedded	Non-Embedded
	Individual Deductible ($)	$0
	Family Deductible ($)	$250

Step 3: Out-of-Pocket Maximum

Indicate whether the plan has an Out-of-Pocket maximum (OOP). There are 3 options:

- No OOP Maximum
- Rx Only (i.e. separate Rx OOP)
- Combined with medical (i.e. OOP is shared between Medical and Rx plans).

Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	No OOP Max
	Embedded or Non-Embedded	No OOP Max / Rx Only / Combined with Medical
	Individual ($)	
	Family ($)	NA

If you select *No OOP Max*, the remaining inputs in the OOP section will auto-populate as follows:

Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	No OOP Max
	Embedded or Non-Embedded	NA
	Individual ($)	NA
	Family ($)	NA

If *Rx Only* or *Combined with Medical* is selected, you must enter required inputs for the remaining fields.

Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	Combined with Medical
	Embedded or Non-Embedded	Embedded
	Individual ($)	$4,000
	Family ($)	$8,000

Embedded or Non-Embedded: Indicate whether the OOP is embedded or non-embedded.

OOP($): Valid input is a number greater than or equal to $0 or NA (see special considerations). If the OOP is combined with Medical, enter the combined Med/Rx OOP. Otherwise, enter the separate Rx OOP.

Special Considerations for OOP Maximum:

A. INDIVIDUAL OR FAMILY ONLY PLANS

If your plan is an Individual Only or Family Only plan (i.e. only an Individual or Family can enroll in the plan)
- Choose *Rx Only* or *Combined with Medical*
- Enter "NA" for Family OOP ($) or Individual OOP ($), respectively

Example: Individual Only Plan

	Does the plan have an Rx Ded?	Combined with Medical
Deductible ($)	Embedded or Non-Embedded	Non-Embedded
	Individual Deductible ($)	$1,500
	Family Deductible ($)	NA
Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	Combined with Medical
	Embedded or Non-Embedded	Non-Embedded
	Individual ($)	$3,000
	Family ($)	NA

Example: Family Only Plan

	Does the plan have an Rx Ded?	Combined with Medical
Deductible ($)	Embedded or Non-Embedded	Non-Embedded
	Individual Deductible ($)	$3,000
	Family Deductible ($)	NA
Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	Combined with Medical
	Embedded or Non-Embedded	Non-Embedded
	Individual ($)	NA
	Family ($)	$6,000

B. PLAN DOES NOT HAVE OOP MAXIMUM

This situation is very uncommon, since effective 1/1/2016, most non-grandfathered plans are subject to out-of-pocket limits under ACA. If you have confirmed your plan does in fact have no OOP maximum, please select "No OOP Max" and the remaining fields with auto-populate with "NA":

	Does the Rx plan have an OOP Max?	No OOP Max
Out-of-Pocket Max ($)	Embedded or Non-Embedded	NA
	Individual ($)	NA
	Family ($)	NA

C. Embedded/Non-Embedded Option is Different for Deductible and OOP

It is possible that to have different embedded/non-embedded option for the deductible and OOP. For example, a plan may have a Non-embedded deductible, and Embedded OOP. Inputs will be highlighted. The user may run the plan design after confirming the input.

Deductible ($)	Does the plan have an Rx Ded?	Combined with Medical
	Embedded or Non-Embedded	Non-Embedded
	Individual Deductible ($)	$4,000
	Family Deductible ($)	$8,000
Out-of-Pocket Max ($)	Does the Rx plan have an OOP Max?	Combined with Medical
	Embedded or Non-Embedded	Embedded
	Individual ($)	$6,400
	Family ($)	$13,000

Step 3: Copays and Coinsurance

UHC Plans may have separate cost sharing for Retail drugs and Specialty drugs. Specialty drug cost sharing is not considered.

Copay

If your plan has *Retail* copays,

- Enter a value greater than 1.0

For example, a 3-tier plan (as selected in Step 2.0) with retail Rx copays of $20/$40/$60 should be entered as

Retail Rx Member Copay($) / Coins.(%)	Tier 1	$20
	Tier 2	$40
	Tier 3	$60

Coinsurance

Enter Member cost share (not the plan's cost share)

Entering a coinsurance amount greater than 50% will prompt a warning, asking you to confirm your entry

If your plan has *Retail* coinsurance,

- Enter a value **less than** 1.0. For example, for 25% coinsurance, enter 0.25.

For example, a 3-tier plan (as selected in Step 2.0) with retail coinsurance of 25% for all tiers should be entered as

Retail Rx Member Copay($) / Coins.(%)	Tier 1	25%
	Tier 2	25%
	Tier 3	25%

Step 3: Preventive Drugs

This section relates specifically to preventive drugs.

Preventive Drug List

The Preventive Drug List indicates which medications are considered "Preventive" for cost-sharing purposes. High deductible health plans may have a Core or Expanded preventive drug list. If the plan does not have a Core or Expanded preventive drug list, select "No - Standard" or "Don't Know".

For more information, please see http://pharweb.uhc.com/programs/preventative.html (please note this link is only accessible through UHC Intranet. External parties, please contact your UHC account representative).

Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
Health Reimbursement Account (HRA)	Is this plan an HRA? Employer contribution to HRA (if applicable)	Don't Know No - Standard Core - Buy up Expanded - Buy up

→ High Deductible Health Plans may be supplemented with a CORE or EXPANDED preventive drug list.

Preventive Rx Copay/Coinsurance (Core/Expanded only)

If you indicate that the plan has a Core – Buy up or Expanded – Buy up Preventive Drug List, you will be prompted to enter the preventive copays and/or coinsurance.

Preventive copay/coinsurance same as Retail (non-preventive)

Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	Core - Buy up
Preventive Rx ($)/(%)	Tier 1	$20
	Tier 2	$40
	Tier 3	$60
	Tier 4	NA
	Tier 5	NA

No Preventive copay/coinsurance

Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	Core - Buy up
Preventive Rx ($)/(%)	Tier 1	$0
	Tier 2	$0
	Tier 3	$0
	Tier 4	NA
	Tier 5	NA

Custom Preventive copay/coinsurance (can be manually entered)

| Preventive Rx ($)/(%)	Tier 1	$20
	Tier 2	50%
	Tier 3	50%
	Tier 4	NA
	Tier 5	NA

Step 3: HRA Plans

HRA Plans

For HRA plans, you will be required to enter the employer contribution amount to the HRA (please note that for HSA plans, Employer contribution to HSA is not considered). If you need to use the "Additional Comments" section to describe the employer contribution, please enter "see comments" for the required input.

| Health Reimbursement Account (HRA)	Is this plan an HRA?	Yes
	Employer contribution to HRA (if applicable)	See comments

Additional Comments	

The tool will test HRA plans without considering the Employer contribution. If the plan *PASSES*, no further testing is required.

Health Reimbursement Account (HRA)	Is this plan an HRA?	Yes
	Employer contribution to HRA (if applicable)	See Comments

Pass
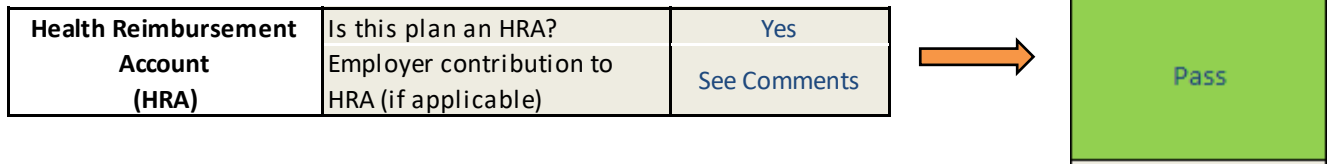
If the plan *FAILS*, you will be prompted to send the plan to Optum for custom testing. Optum will complete a custom test and include the HRA employer contribution.

Health Reimbursement Account (HRA)	Is this plan an HRA?	Yes
	Employer contribution to HRA (if applicable)	See Comments

Custom Test Required
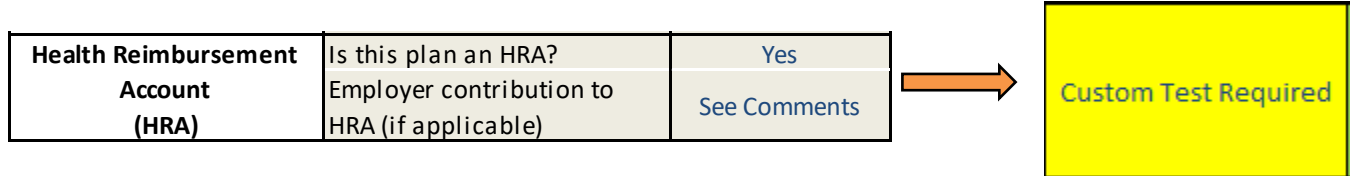
Step 4: Display Results

The PDF Output File Name row shows the naming convention of the pdf file, which is PlanNumber_GroupName_PlanDescription.pdf.

PDF Output File Name	1_ABC_DEF.pdf

Once all inputs have been entered, click the display results button.

Display Creditability Results
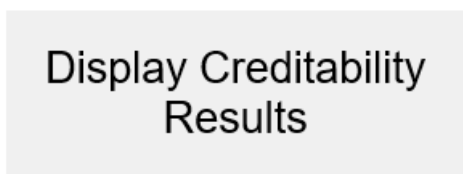
If the plan passes/fails, you are all set. If the plan shows "Custom Test Required", please send the pdf generated of that plan to creditable.coverage@optum.com.

If there is an error regarding the inputs you have entered, the validation errors row will appear with the number of errors. The cells containing the errors will be orange and display a note with instructions.

Creditability Determination	Pass/Fail/Custom/Validate	
Validation Errors		1
Additional Comments		Check notes on orange cells. Validate inputs and run again.

Tier 1	$5		$20
Tier 2			Required input.
Tier 3	$75		
Tier 4	NA		

Once you have fixed the error, please rerun. **Note:** This reruns all plans, and therefore will create the pdfs of all plans that you chose originally again.