

State: District of Columbia **Filing Company:** Optimum Choice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
 - HMO
Product Name: DCSG-OCI-2015.01
Project Name/Number: /

Filing at a Glance

Company: Optimum Choice, Inc.
 Product Name: DCSG-OCI-2015.01
 State: District of Columbia
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
 Sub-TOI: HOrg02G.004F Small Group Only - HMO
 Filing Type: Rate
 Date Submitted: 06/13/2014
 SERFF Tr Num: UHLC-129589647
 SERFF Status: Assigned
 State Tr Num:
 State Status:
 Co Tr Num:

 Implementation: 01/01/2015
 Date Requested:
 Author(s): Bonnie Barboza, Esther Drew, Nibesh Paudel, Matthew Madia, David Harris
 Reviewer(s): Colin Johnson (primary)
 Disposition Date:
 Disposition Status:
 Implementation Date:

 State Filing Description:

State: District of Columbia **Filing Company:** Optimum Choice, Inc.
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General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type:	Overall Rate Impact:
Filing Status Changed: 06/13/2014	
State Status Changed:	Deemer Date:
Created By: Matthew Madia	Submitted By: Matthew Madia
Corresponding Filing Tracking Number:	
PPACA: Non-Grandfathered Immed Mkt Reforms	
PPACA Notes: null	
Exchange Intentions:	This filing includes plans that will be sold both on and off the exchange.

Filing Description:
DCSG-OCI-2015.01

Company and Contact

Filing Contact Information

Matthew Madia, Associate Actuarial Analyst matthew_r_madia@uhc.com
 185 Asylum Street 860-702-5097 [Phone]
 Hartford, CT 06103

Filing Company Information

Optimum Choice, Inc.	CoCode: 96940	State of Domicile: Maryland
4 Taft Court	Group Code: 707	Company Type: HMO
Rockville, MD 20850	Group Name:	State ID Number: 96940
(301) 294-1578 ext. [Phone]	FEIN Number: 52-1518174	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

UHLC-129589647

State Tracking #:

Company Tracking #:

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Rate Information

Rate data applies to filing.

Filing Method: Review and Approval
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: -10.000%
Effective Date of Last Rate Revision: 07/01/2014
Filing Method of Last Filing: Review and Approval

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Optimum Choice, Inc.	Decrease	-8.000%	-8.000%	\$-828,570	171	\$10,422,266	-8.000%	-8.000%

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Filing Company: Optimum Choice, Inc.

Rate Review Detail

COMPANY:

Company Name: Optimum Choice, Inc.
 HHS Issuer Id: 75753

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
HMO	001	75753DC	1331

Trend Factors: The proposed annual trend factor is 7.9%

FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms: POL.OCI.15.SB.DC, EXB2NTC.OCI.15.SB.DC, COC.OCI.15.SB.DC, PL1.SBN.OCI.NET.15.SB.DC, PL2.SBN.OCI.NET.15.SB.DC, PL3.SBN.OCI.NET.15.SB.DC, PL4.SBN.OCI.NET.15.SB.DC, PL5.SBN.OCI.NET.15.SB.DC, PL6.SBN.OCI.NET.15.SB.DC, GO1.SBN.OCI.NET.15.SB.DC, GO3.SBN.OCI.NET.15.SB.DC, GO7.SBN.OCI.NET.15.SB.DC, GO8.SBN.OCI.NET.15.SB.DC, GO9.SBN.OCI.NET.15.SB.DC, GO10.SBN.OCI.NET.15.SB.DC, GO11.SBN.OCI.NET.15.SB.DC, SL1.SBN.OCI.NET.15.SB.DC, SL2.SBN.OCI.NET.15.SB.DC, SL3.SBN.OCI.NET.15.SB.DC, SL4.SBN.OCI.NET.15.SB.DC, SL5.SBN.OCI.NET.15.SB.DC, SL9.SBN.OCI.NET.15.SB.DC, SL10.SBN.OCI.NET.15.SB.DC, SL11.SBN.OCI.NET.15.SB.DC, BR1.SBN.OCI.NET.15.SB.DC, BR2.SBN.OCI.NET.15.SB.DC, BR3.SBN.OCI.NET.15.SB.DC, BR4.SBN.OCI.NET.15.SB.DC, RID.PDS.NET.OCI.15.DC, RID.PVC.NET.OCI.15.DC, RDR.RX.NET.OCI.15.DC.SB, 152550.RDR.RXSBN.NET.OCI.15.DC.SB, 104075.RDR.RXSBN.NET.OCI.15.DC.SB

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other
 Member Months: 21,183
 Benefit Change: Decrease
 Percent Change Requested: Min: -8.0 Max: -8.0 Avg: -8.0

PRIOR RATE:

Total Earned Premium: 10,422,266.00
 Total Incurred Claims: 5,476,946.00
 Annual \$: Min: 134.76 Max: 1,329.70 Avg: 492.01

REQUESTED RATE:

Projected Earned Premium: 10,351,598.00

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- HMO

Product Name: DCSG-OCI-2015.01

Project Name/Number: /

Projected Incurred Claims: 7,711,941.00

Annual \$: Min: 124.05 Max: 1,223.99 Avg: 488.67

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Filing Company: Optimum Choice, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: DCSG-OCI-2015.01

Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DCSG OCI Rate Exhibits	POL.OCI.15.SB.DC, EXB2NTC.OCI.15.SB.DC, COC.OCI.15.SB.DC, PL1.SBN.OCI.NET.15.SB.DC, PL2.SBN.OCI.NET.15.SB.DC, PL3.SBN.OCI.NET.15.SB.DC, PL4.SBN.OCI.NET.15.SB.DC, PL5.SBN.OCI.NET.15.SB.DC, PL6.SBN.OCI.NET.15.SB.DC, GO1.SBN.OCI.NET.15.SB.DC, GO3.SBN.OCI.NET.15.SB.DC, GO7.SBN.OCI.NET.15.SB.DC, GO8.SBN.OCI.NET.15.SB.DC, GO9.SBN.OCI.NET.15.SB.DC, GO10.SBN.OCI.NET.15.SB.D C, GO11.SBN.OCI.NET.15.SB.D C, SL1.SBN.OCI.NET.15.SB.DC, SL2.SBN.OCI.NET.15.SB.DC, SL3.SBN.OCI.NET.15.SB.DC, SL4.SBN.OCI.NET.15.SB.DC, SL5.SBN.OCI.NET.15.SB.DC, SL9.SBN.OCI.NET.15.SB.DC, SL10.SBN.OCI.NET.15.SB.DC , SL11.SBN.OCI.NET.15.SB.DC , BR1.SBN.OCI.NET.15.SB.DC, BR2.SBN.OCI.NET.15.SB.DC, BR3.SBN.OCI.NET.15.SB.DC, BR4.SBN.OCI.NET.15.SB.DC, RID.PDS.NET.OCI.15.DC, RID.PVC.NET.OCI.15.DC, RDR.RX.NET.OCI.15.DC.SB, 152550.RDR.RXSBN.NET.OCI .15.DC.SB, 104075.RDR.RXSBN.NET.OCI .15.DC.SB	Revised	Previous State Filing Number: UHLC-129435839 Percent Rate Change Request:	DC-SG-OCI-Exhibits 2015-01 (2014-06- 13).pdf,

Rate Factors

(1) Index Rate: \$405.67

(2) Benefit Plan Ratios

HMO Plans								
Product	2015 Plan Name		2014 Plan Name		Rx	Metal Level	Actuarial Value	Plan Ratio
	Medical		Medical					
	Exchange		Exchange					
	Off	On	Off	On				
HMO	626	62L	C4N	VM9	ZV	Platinum	88.3%	0.99388
HMO	64C	63C	EY3	V75	ZU	Platinum	90.7%	1.04884
HMO	644	634	E45	V87	YM	Platinum	88.5%	1.01178
HMO	646	636	E49	V89	ZR	Platinum	88.5%	1.00604
HMO	648	638	E5P	V9E	ZU	Platinum	91.9%	1.07083
HMO	64A	63A	EYY	V73	ZV	Platinum	89.0%	1.00865
HMO-HSA	62R	62A	DW8	VZW	YM	Gold	78.4%	0.74919
HMO-HSA	62S	62B	DW6	VZY	YM	Gold	78.0%	0.83578
HMO	64Q	63Q	E0T	V8T	YM	Gold	78.3%	0.83721
HMO	64E	63E	EY9	V77	YM	Gold	80.9%	0.87754
HMO	64I	63I	EZY	V8L	ZS	Gold	78.7%	0.83563
HMO	64S	63S	E02	V8V	YM	Gold	81.1%	0.89180
HMO-HSA	62N	616	DX1	VZR	YM	Silver	70.2%	0.65230
HMO-HSA	62T	62C	DX8	VZ1	YM	Silver	70.4%	0.66141
HMO-HSA	62U	62D	DYG	VZ2	YM	Silver	71.0%	0.66498
HMO-HSA	62V	62E	DYR	VZ5	YM	Silver	69.1%	0.64229
HMO	64U	63U	E08	V8X	ZT	Silver	70.8%	0.74509
HMO	642	632	E3Y	V85	ZT	Silver	70.5%	0.74756
HMO	64V	63V	E2I	V8Y	ZT	Silver	70.5%	0.74994
HMO-HSA	62O	617	-	-	YM	Bronze	60.9%	0.54976
HMO-HSA	62P	618	-	-	YM	Bronze	61.5%	0.55422
HMO-HSA	62Q	619	-	-	YM	Bronze	59.3%	0.61851
HMO-HSA	FZQ	FZL	-	-	YM	Bronze	61.9%	0.57522
HMO-HSA	FZP	FZK	-	-	YM	Gold	78.0%	0.77109
HMO-HSA	FZO	FY9	-	-	YM	Silver	69.8%	0.67489

(3) Trend Factors

<u>Effective Quarter</u>	<u>Factor</u>
1st Quarter, 2015	1.000
2nd Quarter, 2015	1.019
3rd Quarter, 2015	1.039
4th Quarter, 2015	1.059

(4) Age Factors

<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
0-20	0.654	35	0.876	50	1.431
21	0.727	36	0.896	51	1.487
22	0.727	37	0.916	52	1.545
23	0.727	38	0.927	53	1.605
24	0.727	39	0.938	54	1.668
25	0.727	40	0.975	55	1.733
26	0.727	41	1.013	56	1.801
27	0.727	42	1.053	57	1.871
28	0.744	43	1.094	58	1.944
29	0.760	44	1.137	59	2.020
30	0.779	45	1.181	60	2.099
31	0.799	46	1.227	61	2.181
32	0.817	47	1.275	62	2.181
33	0.836	48	1.325	63	2.181
34	0.856	49	1.377	64 & older	2.181

Rate Changes - Index Rates, Benefit Plan Ratios and Trend Factors (from Exhibit 1)

Product	2015 Plan Name		2014 Plan Name		Rx	Current - 4th Quarter 2014 Rate				Proposed - 1st Quarter 2015 Rate			% Rate Change 4Q2014 to 1Q2015
	Off	On	Off	On		Index Rate (a)	Plan Ratio (b)	Trend Rate (c)	4Q2014 Rate = (a x b x c)	Index Rate (e)	Plan Ratio (f)	1Q2015 Rate = (e x f)	
	HMO	626	62L	C4N		VM9	ZV	\$458.28	0.86024	1.079	\$425.38	\$405.67	
HMO	64C	63C	EY3	V75	ZU	\$458.28	0.90780	1.079	\$448.89	\$405.67	1.04884	\$425.48	-5.2%
HMO	644	634	E45	V87	YM	\$458.28	0.87573	1.079	\$433.03	\$405.67	1.01178	\$410.45	-5.2%
HMO	646	636	E49	V89	ZR	\$458.28	0.87076	1.079	\$430.58	\$405.67	1.00604	\$408.12	-5.2%
HMO	648	638	E5P	V9E	ZU	\$458.28	0.92684	1.079	\$458.31	\$405.67	1.07083	\$434.40	-5.2%
HMO	64A	63A	EYY	V73	ZV	\$458.28	0.87301	1.079	\$431.69	\$405.67	1.00865	\$409.18	-5.2%
HMO-HSA	62R	62A	DW8	VZW	YM	\$458.28	0.64845	1.079	\$320.65	\$405.67	0.74919	\$303.92	-5.2%
HMO-HSA	62S	62B	DW6	VZY	YM	\$458.28	0.72340	1.079	\$357.71	\$405.67	0.83578	\$339.05	-5.2%
HMO	64Q	63Q	E0T	V8T	YM	\$458.28	0.72463	1.079	\$358.32	\$405.67	0.83721	\$339.63	-5.2%
HMO	64E	63E	EY9	V77	YM	\$458.28	0.75954	1.079	\$375.58	\$405.67	0.87754	\$355.99	-5.2%
HMO	64I	63I	EZY	V8L	ZS	\$458.28	0.72326	1.079	\$357.64	\$405.67	0.83563	\$338.99	-5.2%
HMO	64S	63S	E02	V8V	YM	\$458.28	0.77188	1.079	\$381.68	\$405.67	0.89180	\$361.78	-5.2%
HMO-HSA	62N	616	DX1	VZR	YM	\$458.28	0.56457	1.079	\$279.17	\$405.67	0.65230	\$264.62	-5.2%
HMO-HSA	62T	62C	DX8	VZ1	YM	\$458.28	0.57246	1.079	\$283.07	\$405.67	0.66141	\$268.31	-5.2%
HMO-HSA	62U	62D	DYG	VZ2	YM	\$458.28	0.57555	1.079	\$284.60	\$405.67	0.66498	\$269.76	-5.2%
HMO-HSA	62V	62E	DYR	VZ5	YM	\$458.28	0.55591	1.079	\$274.89	\$405.67	0.64229	\$260.56	-5.2%
HMO	64U	63U	E08	V8X	ZT	\$458.28	0.64489	1.079	\$318.89	\$405.67	0.74509	\$302.26	-5.2%
HMO	64Z	63Z	E3Y	V85	ZT	\$458.28	0.64704	1.079	\$319.95	\$405.67	0.74756	\$303.26	-5.2%
HMO	64V	63V	E2I	V8Y	ZT	\$458.28	0.64910	1.079	\$320.97	\$405.67	0.74994	\$304.23	-5.2%

Development of Plan Rates & Benefit Plan Ratios to Index Rate

Exhibit 3b

Index Rate: \$405.67 (i)

HMO Plans													
Product	2015 Plan Name		2014 Plan Name		Rx	Metal Level	Actuarial Value	Medical Net to Allowed (a)	Medical Base Rate (b)	Rx Net to Allowed (c)	Rx Base Rate (d)	Med + Rx Rate e = (a x b) + (c x d)	Benefit Plan Ratio = e / i
	Medical		Medical										
	Exchange		Exchange										
	Off	On	Off	On									
HMO	626	62L	C4N	VM9	ZV	Platinum	88.3%	0.8328	\$401.91	0.5009	\$136.71	\$403.19	0.99388
HMO	64C	63C	EY3	V75	ZU	Platinum	90.7%	0.8798	\$401.91	0.5258	\$136.71	\$425.48	1.04884
HMO	644	634	E45	V87	YM	Platinum	88.5%	0.8559	\$401.91	0.4861	\$136.71	\$410.45	1.01178
HMO	646	636	E49	V89	ZR	Platinum	88.5%	0.8583	\$401.91	0.4620	\$136.71	\$408.12	1.00604
HMO	648	638	E5P	V9E	ZU	Platinum	91.9%	0.9020	\$401.91	0.5258	\$136.71	\$434.40	1.07083
HMO	64A	63A	EYY	V73	ZV	Platinum	89.0%	0.8477	\$401.91	0.5009	\$136.71	\$409.18	1.00865
HMO-HSA	62R	62A	DW8	VZW	YM	Gold	78.4%	0.7562	\$401.91	0.0000	\$136.71	\$303.92	0.74919
HMO-HSA	62S	62B	DW6	VZY	YM	Gold	78.0%	0.8436	\$401.91	0.0000	\$136.71	\$339.05	0.83578
HMO	64Q	63Q	E0T	V8T	YM	Gold	78.3%	0.6797	\$401.91	0.4861	\$136.71	\$339.63	0.83721
HMO	64E	63E	EY9	V77	YM	Gold	80.9%	0.7204	\$401.91	0.4861	\$136.71	\$355.99	0.87754
HMO	64I	63I	EZY	V8L	ZS	Gold	78.7%	0.6932	\$401.91	0.4417	\$136.71	\$338.99	0.83563
HMO	64S	63S	E02	V8V	YM	Gold	81.1%	0.7348	\$401.91	0.4861	\$136.71	\$361.78	0.89180
HMO-HSA	62N	616	DX1	VZR	YM	Silver	70.2%	0.6584	\$401.91	0.0000	\$136.71	\$264.62	0.65230
HMO-HSA	62T	62C	DX8	VZ1	YM	Silver	70.4%	0.6676	\$401.91	0.0000	\$136.71	\$268.32	0.66141
HMO-HSA	62U	62D	DYG	VZ2	YM	Silver	71.0%	0.6712	\$401.91	0.0000	\$136.71	\$269.76	0.66498
HMO-HSA	62V	62E	DYR	VZ5	YM	Silver	69.1%	0.6483	\$401.91	0.0000	\$136.71	\$260.56	0.64229
HMO	64U	63U	E08	V8X	ZT	Silver	70.8%	0.6079	\$401.91	0.4238	\$136.71	\$302.26	0.74509
HMO	642	632	E3Y	V85	ZT	Silver	70.5%	0.6104	\$401.91	0.4238	\$136.71	\$303.26	0.74756
HMO	64V	63V	E2I	V8Y	ZT	Silver	70.5%	0.6128	\$401.91	0.4238	\$136.71	\$304.23	0.74994
HMO-HSA	62O	617	-	-	YM	Bronze	60.9%	0.5549	\$401.91	0.0000	\$136.71	\$223.02	0.54976
HMO-HSA	62P	618	-	-	YM	Bronze	61.5%	0.5594	\$401.91	0.0000	\$136.71	\$224.83	0.55422
HMO-HSA	62Q	619	-	-	YM	Bronze	59.3%	0.6243	\$401.91	0.0000	\$136.71	\$250.91	0.61851
HMO-HSA	FZQ	FZL	-	-	YM	Bronze	61.9%	0.5806	\$401.91	0.0000	\$136.71	\$233.35	0.57522
HMO-HSA	FZP	FZK	-	-	YM	Gold	78.0%	0.7783	\$401.91	0.0000	\$136.71	\$312.81	0.77109
HMO-HSA	FZO	FY9	-	-	YM	Silver	69.8%	0.6812	\$401.91	0.0000	\$136.71	\$273.78	0.67489

Formula & Example

Exhibit 4

Rate Calculation Formula

Monthly premium =

- Index Rate
- x Plan Ratio
- x Trend factor for plan effective or renewal date
- x Sum of member age factors for the group

Rating Example

Benefit Plan: EPO plan 63S with Rx YM

Effective Date: 1/1/15

Census:

	Member Ages				Age Factors			
	EE Age	Spouse Age	Child #1	Child #2	EE	Spouse	Child #1	Child #2
EE #1	43	41	10	15	1.094	1.013	0.654	0.654
EE #2	35	36	5	9	0.876	0.896	0.654	0.654
EE #3	53	55	19		1.605	1.733	0.654	

Total Members: 11

Sum of Age Factors: 10.487

Rate Calculation

	Rating Factor	Exhibit 1 Location
\$405.67	Index Rate	(1)
0.89180	Plan Ratio (63S)	(2)
1.000	Trend Factor (1Q15)	(3)
10.487	Group Age Factor	(4)
<u>\$3,793.95</u>		
Total Monthly Premium		

Member Months, Earned Premium & Incurred Claim Experience - OCI

Month	<u>Members</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Claim PMPM</u>	<u>Loss Ratio</u>
Jan-13	1,625	801,873	377,927	232.57	47.1%
Feb-13	934	581,897	292,495	313.16	50.3%
Mar-13	1,176	593,549	196,039	166.70	33.0%
Apr-13	1,208	627,831	388,842	321.89	61.9%
May-13	1,165	486,051	296,820	254.78	61.1%
Jun-13	1,385	734,235	307,808	222.24	41.9%
Jul-13	1,523	783,970	430,415	282.61	54.9%
Aug-13	2,356	1,132,497	697,552	296.07	61.6%
Sep-13	2,392	1,210,102	683,667	285.81	56.5%
Oct-13	2,065	812,580	497,509	240.92	61.2%
Nov-13	2,280	1,144,436	361,338	158.48	31.6%
Dec-13	3,074	1,513,246	946,534	307.92	62.5%
Total	21,183	10,422,266	5,476,946	258.55	52.6%

Explanation, Support & Development of PPACA Fees

The Patient Protection and Affordable Care Act (PPACA) includes several taxes and fees which will increase health insurance costs and need to be reflected in premium.

Insurer Fee. This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$11.3B in 2015 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on net written health insurance premiums in the prior year, with certain exclusions. The Oliver Wyman report "Simulation of the Impact of the Annual Fees on Insurers Using 2012 Data", dated September 3, 2013, estimates that the denominator premiums to which this fee will be applied will be \$578.679 billion. The fee must then be grossed up for federal income tax, since the member fee is not a tax deductible expense. As a % of premium, the needed fee is $\$11.3\text{B Insurer Fee} / \$578.679 \text{ Net Industry Premiums} / 65\% \text{ FIT} = 3.0\%$. Premium market share for United Healthcare is expected to be lower in 2014 compared to 2013. The impact of this is an additional 0.3%. As a % of premium, the total needed fee is 3.3%.

Reinsurance Assessment. This is a temporary fee that applies to all commercial groups (both fully insured and self-funded) from 2014 to 2016 for the purpose of funding the reinsurance pool for high cost claimants in the individual market during this three year transitional period. The total baseline amounts to be collected to fund this pool are \$12B in 2014, \$8B in 2015, and \$5B in 2016, and individual states can add to this baseline. Each insurance carrier will be assessed on a per capita basis. HHS has proposed a \$3.67 pmpm assessment for 2015, or an estimated 0.7% of DC small group premiums.

The total needed PPACA fee is 4.0% (3.3% for Insurer Fee, plus 0.7% for Reinsurance Assessment).

The below details the calculation of the Insurer Fee and Reinsurance Assessment.

Calculation of 2015 Fees Impact

Insurer Fee Impact Calculation

Insurer Fee in 2015 (Billions)	\$11.3
<hr/>	
Projected 2014 Health Insurance Premiums (Billions)*	\$578.679
<hr/>	
Insurer Fee as % of Health Insurance Premiums	1.95%
<hr/>	
Gross Up by Federal Income Tax (35%)	3.0%
<hr/>	
Impact of Lower Expected 2014 United Healthcare Premium Market Share (vs. 2013):	0.3%
<hr/>	
Total Insurer Fee %	3.3%

*from Oliver Wyman Study published on September 3, 2013

Reinsurance Assessment Impact Calculation

Reinsurance Assessment Per Member Per Month - HHS Proposed	\$3.67
<hr/>	
Reinsurance Fee as a Percent of Premium	0.7%

DC Small Group - Development of Underwriting Loss Ratio

Total for UHIC and OCI

Experience 1/1/13-14

1a. Member Months	127,295
1b. Incurred Claims	\$36,863,359
1c. Claim PMPM (1b/1a)	\$289.59
1d. Earned Premium	\$58,347,827
1e. Premium PMPM (1d/1a)	\$458.37
1f. Loss Ratio (1c/1e)	63.2%
2a. Claim trend	1.172
From center of experience period: 7/1/13	
to average center of 1/1/15 pricing period: 7/1/15, 8/1/15, 9/1/15	
(25 months at 7.9 % annual rate)	
2b. Claim cost subtotal (1c x 2a)	\$339.30
2c. Addition EHB cost not in experience period (+1.6%)	\$5.43
2d. Total Claim Cost (2b + 2c)	\$344.72
2e. Admin, Profit & Taxes	\$118.05
2f. Needed revenue PMPM (2d + 2e)	\$462.78
2g. Risk Adjustment (1.2% Payer)	\$5.65
2h. Market Risk Adjustment (+ 0.5%)	\$2.35
2i. Needed Revenue PMPM 1/1/15 eff (2f + 2g +2h)	\$470.78
3a. Proposed DCSG Total 1Q15 Medical Base Rate*	\$434.39
3b. Current Average Med Plan Rel	0.8515
3c. Proposed DCSG Total 1Q15 Rx Base Rate*	\$136.71
3d. Current Average Rx Plan Rel	0.4769
3e. Current Average Age Factor	1.082
3f. Current premium PMPM for 1/1/15 effective date	
(3a x 3b + 3c x 3d) x 3e	\$470.78
4. Estimated Underwriting Loss Ratio (2d/2f)	74.5%

*Member month weighted average of medical and Rx base rates by license



Healthcare Economics

DC 2-50 PRICING TREND DEVELOPMENT

DC SMALL GROUP PRICING TREND BY COMPONENT									
Component Summary	Notes:	<u>Inpatient</u>	<u>Outpatient</u>	<u>Professional</u>	<u>Other</u>	<u>Capitation</u>	<u>Total Medical</u>	<u>Retail Pharmacy</u>	<u>Weighted Aggregate</u>
Utilization / Service Mix	[1], [2]	-1.0%	2.8%	1.3%	8.6%	0.0%	1.6%	5.8%	2.2%
Unit Cost	[3]	5.3%	5.4%	3.5%	4.4%	4.8%	4.7%	4.8%	4.7%
Demographic Change	[5]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Benefit Leveraging	[4]	0.1%	0.5%	0.9%	1.4%	0.1%	0.6%	1.8%	0.8%
<u>Margin</u>		<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>
Total Proposed Pricing Trend	[6]	4.4%	8.9%	5.8%	15.0%	4.9%	7.0%	12.8%	7.9%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intensity of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

SERFF Tracking #:

UHLC-129589647

State Tracking #:

Company Tracking #:

State: District of Columbia **Filing Company:** Optimum Choice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: DCSG-OCI-2015.01
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	DC-SG-OCI-Part III-2015-01 (2014-06-13).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC-SG-OCI-ActMemo-2015-01 (2014-06-13).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC-SG-OCI-Part III-2015-01 (2014-06-13).pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC-SG-OCI-Cover-2015-01 (2014-06-13).pdf
Item Status:	
Status Date:	

SERFF Tracking #:

UHLC-129589647

State Tracking #:

Company Tracking #:

State: District of Columbia **Filing Company:** Optimum Choice, Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: DCSG-OCI-2015.01
Project Name/Number: /

Bypassed - Item:	DISB Actuarial Memorandum Dataset
Bypass Reason:	N/A. Not listed in the 2015 DC HBX Carrier Reference Manual Rate Filing requirements.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	XML version was too large to attach. Please let me know if you would like this version.
Attachment(s):	DCSG OCI 2015.01 Unified_Rate_Review_Template (06-13-14).xlsm DCSG OCI 2015.01 Unified_Rate_Review_Template (06-13-14).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Input Template
Comments:	
Attachment(s):	DCSG-AVInputTemplate-2015-01 (2014-06-13).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Summary
Comments:	
Attachment(s):	DC-SG-OCI-ConsumerSummary-2015-01 (2014-06-13).pdf
Item Status:	
Status Date:	

SERFF Tracking #:

UHLC-129589647

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Optimum Choice, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

DCSG-OCI-2015.01

Project Name/Number:

/

Attachment DCSG OCI 2015.01 Unified_Rate_Review_Template (06-13-14).xlsm is not a PDF document and cannot be reproduced here.

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For Optimum Choice, Inc.

District of Columbia Rate Review

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Company Identifying Information:

- **Company Legal Name:** Optimum Choice, Inc.
- **State:** District of Columbia
- **HIOS Issuer ID:** 75753
- **Market:** Small Group
- **Effective Date:** 1/1/2015

Company Contact Information:

- **Primary Contact Name:** Boris Gerber
- **Primary Contact Telephone Number:** 860-702-5540
- **Primary Contact Email Address:** boris_gerber@uhc.com

Proposed Rate Increase: UnitedHealthcare is filing for the first time rates for 2015. We are proposing to set our 1st quarter 2015 rates 5.2% lower than our current 4th quarter 2014 rates. In addition, we are filing for quarterly trend increases as follows: 2Q15 +1.9%, 3Q15 +2.0%, 4Q15 +1.9%. These quarterly trend increases are equivalent to an annual 7.9% trend rate.

Experience Period Premiums and Claims:

- **Paid Through Date:** The experience period is 1/1/2013 to 12/31/2013 paid through 2/28/2014.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. Optimum Choice, Inc. anticipates paying \$971,564 in MLR rebates for 2013 premiums.
- **Allowed and Incurred Claims Incurred During the Experience Period:** Incurred claims were developed by first starting with actual claims paid through 2/28/14 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e. catastrophic claims, pended claims, etc.) to calculate the final

IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
 - 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** A 0.5% increase is included in the URRT to reflect the adjustment for overall changes to the small group marketplace in 2014.
- **Changes in Benefits:** 1.6% included in the URRT is the estimate of the cost of adding Essential Health Benefits developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The DC specified age factors are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development:

- **Source and Appropriateness of Experience Data Used:** The fully credible experience period source data used to develop manual rates is the combined actual experience on allowed with UnitedHealthcare Insurance Company and Optimum Choice, Inc.

Credibility of Experience: We have set our rate levels based on the combined experience of UnitedHealthcare Insurance Company and Optimum Choice, Inc., which we regard to be credible.

Paid to Allowed Ratio: The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 1.2% risk payer in total for our two licenses.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** This item is for the Individual and Combined Markets. Our rates are only for small groups within the combined DC market.

Non-Benefit Expenses and Risk Margin: The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the two small group licenses. Except for the addition of PPACA fees, they are actual 2012 year average expenses that are expected to continue in the future.

% of Premium	Expense Category
8.1%	Admin Expenses
7.3%	Profit & Risk Load
<u>10.1%</u>	Taxes & Fees
25.5%	Total

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 83.2%.

Index Rate:

DC Small Group Total					
2015 Effective Dates	1Q15	2Q15	3Q15	4Q15	Total Single Risk Pool
Member Months	31,340	24,466	32,579	38,910	127,295
Allowed Claims PMPM 1/13-14	\$330.37	\$330.37	\$330.37	\$330.37	\$330.37
Benefit Increase (EHB)	1.6%	1.6%	1.6%	1.6%	1.6%
Annual Trend Rate	7.9%	7.9%	7.9%	7.9%	7.9%
Months of Trend	25	28	31	34	
Projected Allowed Claims	393.27	400.82	408.51	416.35	
2015 Index Rate	\$405.67				
Effective Date for Part I	1/1/2015				

Index Rate and Market Adjusted:

The experience period index rate is same as the allowed amount reported in URRT Part I. The table below illustrates the Index Rate and the Market Adjusted Index Rate calculation for the projection period.

Plan Adjusted Index Rate:

Plan Adjusted Index Rates are provided in URRT Part I. The adjustments that have been applied to the development of the Plan Adjusted Index Rates include:

Provider Network: these adjustment factors are developed based on the underlining provider network features, contract terms, utilization and cost patterns due to the network features.

Actuarial Value and Cost Sharing: These values are developed with the method identified in the sections below and applied to each plan accordingly.

Distribution and Administrative Cost: This adjustment is developed based on the method described in the "Non-Benefit Expense and Profit & Risk" section. The same adjustment has been applied to all plans to develop the Plan Adjusted Index Rate.

The formula to develop the Plan Adjusted Index Rate is as below:

Plan Adjusted Index Rate= (Market Adjusted Index Rate X (1+ Provider Network Savings) X Actuarial Value and Cost Sharing)/(1- Distribution and Administrative Cost).

Index Rate To Consumer Rate for Sample Plans

Plan Name	OCI 62LZV
2015 Effective Dates	1Q15
Experience Period Index Rate (DC Total)	\$330.37
Benefit Increase (EHB)	1.6%
Annual Trend Rate	7.9%
Projected Index Rate (DC Total)	\$405.67
Risk Adjustment	-\$5.65
Reinsurance Assessment	-\$3.67
Market Adjusted Index Rate	\$414.99
Provider Network Savings	1.000
Benefit Extra EHB	1.000
Actuarial Value and Cost Sharing	0.79053
Distribution and Administrative Cost	24.8%
Plan Adjusted Index Rate	\$436.25
Calibration	
Age Factor Calibration	1.082
Area Factor Calibration	1.000
Tobacco Factro Calibration	1.000
Age 21 Age Factor	0.727
Calibrated Plan Adjusted Index Rate	\$293.12
Actual Consumer Rate (Age 21)	\$293.12

Calibration:

Member weighted average age factor and geographic factor have been developed to calibrate the Plan Adjusted Index Rate.

Age Curve Calibration is calculated as member weighted average age rating factors (based on DC Age Scale) in experience period. The factor is calculated to be: 1.082. The weighted average age, rounded to a whole number, is 42.

Geographic Factor Calibration is calculated as member weighted average rating area factors (based ACR compliant rating area setting) in experience period. The factor is calculated to be: 1.000

Tobacco usage is not a rating factor that has been adopted by UnitedHealthcare. So, the tobacco calibration is not applicable.

The 21 year old age factor of the DC Age Scale, .727, is applied in the calibration.

The calibration factors are applied uniformly to all plans.

Calibrated Plan Adjusted Index Rate

Consumer Adjusted Premium Rate is developed with the formula below:

Consumer Adjusted Premium Rate = Plan Adjusted Index Rate x 1/ Age Curve Calibration X 1/
Geographic Factor Calibration X Age 21 Age Factor

Member level plan premium rate information is provided in Rate Data Template.

AV Metal Values: The below actuarial certification describes the methodology and the AV calculator input values used for the plan design features that do not fit into the parameters of the AV calculator.

The AV metal value was calculated using the Federal AV calculator. For the benefit designs that cannot be directly coded in the Federal AV calculator, claim distribution information provided in the Federal AV calculator has been used to convert the benefit design in to equivalent benefit designs that can be coded in the Federal AV calculator.

Certification for AV Calculator

Estimation of fit of plan design into the parameters of AV calculator

Metallic Plan (e)	Medical Copays After Deductible									OP Copay		Rx Effective Coinsurance Estimation				Methodology
	ER Copays	All Inpatient Hospital Services (inc.MHSA)	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Specialist Visit	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	Imaging (CT/PET Scans, MRIs)	Rehabilitative Speech Therapy	Rehabilitative Occupational and Rehabilitative Physical Therapy	Skilled Nursing Facility	Free Standing	Hospital Setting	Generics	Preferred Brand Drugs	Non-Preferred Brand Drugs	Specialty Drugs (i.e. high-cost)	
										Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)					
Bronze 1	-	-	-	-	-	-	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, b, e	
Bronze 2	-	-	-	-	-	-	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, b, e	
Bronze 3	-	-	-	-	-	-	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, b, e	
Bronze-4	88.59%	97.35%	78.00%	76.25%	67.43%	66.14%	73.53%	48.20%	97.35%	-	91.79%	70.08%	74.08%	69.67%	96.64%	a, b, c, d, e
Silver 1	-	-	-	-	-	-	-	-	-	54.09% (c)	-	-	74.21%	71.01%	96.59%	a, b, c, d, e
Silver 2	-	-	-	-	-	-	-	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, b, e
Silver 3	-	-	-	-	-	-	-	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, b, e
Silver 4	-	-	-	-	-	-	-	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, b, e
Silver 5	-	-	-	-	-	-	-	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, b, e
Silver 7	-	-	-	-	-	-	-	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, b, c, d, e
Silver 8	-	-	-	-	-	-	-	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, b, c, d, e
Silver 9	-	-	-	-	-	-	-	-	-	72.12% (c)	-	-	74.21%	71.01%	96.59%	a, b, c, d, e
Silver 10	-	-	-	-	-	-	-	-	-	81.13% (c)	-	-	74.21%	71.01%	96.59%	a, b, c, d, e
Silver-11	92.78%	97.40%	81.58%	89.95%	59.14%	64.52%	77.10%	55.13%	97.40%	-	91.79%	-	74.21%	71.01%	96.59%	a, b, c, d, e
Gold 1	-	-	-	-	-	-	-	-	-	-	-	71.01%	75.58%	73.62%	96.51%	a, b, e
Gold 2	-	-	-	-	-	-	-	-	-	64.29% (c)	-	-	-	-	96.51%	b, c, d, e
Gold 3	-	-	-	-	-	-	-	-	-	73.43% (c)	-	71.01%	75.58%	73.62%	96.51%	a, b, c, d, e
Gold 4	-	-	-	-	-	-	-	-	-	72.12% (c)	-	71.01%	75.58%	73.62%	96.51%	a, b, c, d, e
Gold 5	-	-	-	-	-	-	-	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, b, c, d, e
Gold 6	-	-	-	-	-	-	-	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, b, c, d, e
Gold 7	86.72% (a)	-	-	-	-	-	-	-	-	-	-	71.01%	75.58%	73.62%	96.51%	a, b, d, e
Gold 8	-	-	-	-	-	63.47% (a)	-	-	-	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 9	-	-	-	-	-	63.47% (a)	-	-	-	-	82.61% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 10	-	-	-	-	-	63.47% (a)	-	-	-	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e
Gold-11	94.69%	98.67%	92.57%	87.61%	83.64%	83.64%	91.08%	81.15%	98.67%	-	95.07%	71.01%	75.58%	73.62%	96.51%	a, b, c, d, e
Gold-12	-	-	-	-	-	62.50%	-	-	-	-	76.06%	-	-	-	95.80%	a, b, c, d, e
Gold-13	-	-	-	-	-	63.47% (a)	-	-	-	-	91.79% (c)	-	-	-	95.82%	a, b, c, d, e
Platinum 1	-	-	-	-	-	63.47% (a)	-	-	-	-	91.79% (c)	-	-	-	95.82%	a, b, c, d, e
Platinum 2	-	-	-	-	-	-	-	-	-	95.07% (c)	90.15% (c)	71.89%	77.39%	73.88%	95.82%	a, b, c, d, e
Platinum 3	-	-	-	-	-	-	-	-	-	-	-	57.94%	85.87%	82.58%	95.82%	a, b, c, d, e
Platinum 4	-	-	-	-	-	-	-	-	-	-	95.07% (c)	-	-	-	95.82%	b, c, d, e
Platinum 5	-	-	-	-	-	-	-	-	-	96.72% (c)	90.15% (c)	57.94%	85.87%	82.58%	95.82%	a, b, c, d, e
Platinum 6	-	-	-	-	-	-	-	-	-	97.54% (c)	95.07% (c)	-	-	-	95.82%	a, b, c, d, e
Platinum 11	-	98.58%	-	-	-	76.80%	-	-	98.58%	-	95.07%	-	-	-	95.82%	a, b, c, d, e

Methodology

a) From Row 50 of AV Calculator's Users Guide: "If 'Subject to Deductible' is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.

b) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective co-insurance factor.

c) Actuarial Value is the blend of Free-Standing and Hospital setting run, where Free Standing and Hospital Setting utilization are 45% and 55%, respectively.

d) Specialty Rx: Multiple cost sharing levels are combined into a composite level using HHS tool unit cost to different tiers.

e) See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name and schedule of benefits form number.

Certification

For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.

Boris P. Gerber

Boris P. Gerber, FSA, MAAA

AV Pricing Values: Benefit plan 638.ZU is the fixed reference plan selected as the basis for the AV Pricing Values for the plans being filed for. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Benefit Plan V9F.ZU is the fixed reference plan selected as the basis for terminated plans. 100% of the AV Pricing Value is attributable to the cost-sharing design of the terminated plans.

New plans are priced through the proprietary UnitedHealthcare pricing model. This model uses UHC fully-insured national small-group claim experience that were in force for all of calendar-year 2008 and is fully-credible. Current claim data is then projected to the pricing period based on national projections of utilization, unit cost, and sloping. These projections are done at the service category (inpatient, outpatient, etc.) level.

At this point, benefit design parameters such as deductibles, copays, coinsurance, etc. are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity.

In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

Membership Projections: Membership is projected to continue at the current December, 2013 level.

Terminated Products: HMP (HMO product with Out-Of-Network coverage).

Plan Type: Not applicable.

Warning Alerts: Warning alerts occur because all of the current plans will be terminated during the projection period.

Worksheet- 2

Row 80 & 82: Warning alert occurs because of uncertainty of where the actual membership distribution in 2015 will be as a group may buy-up or buy-down in order to meet the AV metal level requirement.

Reliance: Not applicable.

Actuarial Certification:

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that 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.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135. Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable to individuals in the actuarial value calculation.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. 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.

Sincerely,

Boris P. Gerber

Boris P. Gerber, FSA, MAAA

Actuary, UnitedHealthcare

185 Asylum Street, CT039-16B

Hartford, CT 06103

Phone 860-702-5540 Fax 860-702-5016

Date: 6/13/2014

Actuarial Memorandum
Optimum Choice, Inc.
DC Small Group Rate Filing

June 13, 2014

This rate filing presents proposed premium rates effective January 1, 2015 through December 31, 2015 for medical and Rx benefit plans to be sold by the Optimum Choice, Inc. to small group employers (employers with 50 or fewer eligible employees).

The filing has been prepared as required by the “Reasonable Health Insurance Ratemaking and Health Care Reform Act of 2010”, as well as current ACA rules and more recent guidance from the DC Department of Insurance. This rate filing should not be used for any other purposes. Within that context, there are no limitations or constraints on the use or applicability of the rating items discussed herein. The intended user of this filing is the DC Department of Insurance.

The benefit plans and rates are for non-grandfathered employers, and are for both on and off-exchange. The proposed rates and rate factors are in Exhibit 1, which also displays the metal level and actuarial value of each benefit plan. Benefit plan descriptions are in Exhibit 2.

These sixty nine 2014 benefit plans are being terminated and are not included in this rate filing (on-Exchange medical plan name only and Rx plan name listed): VZW/A0, VZY/A0, V79/A0, V79/YM, V8N/C0, V8N/ZT, V8T/A0, V77/A0, V8L/B0, V8V/A0, V8R/A0, V8R/ZR, V8P/A0, V8P/ZS, VZR/ZX, VZ1/ZX, VZ2/ZX, VZ5/ZX, V8X/ZY, V81/D0, V83/ZT, V83/ZY, V85/ZY, V8Y/ZY, V81/ZZ, VZT/ZX, VZU/ZX, VZV/ZX, VM8/ZV, V74/ZV, V76/ZU, V88/YM, V9D/ZR, V9F/ZU, VZX/A0, VZX/YM, VZZ/A0, VZZ/YM, V8K/YM, V8O/C0, V8O/ZT, V8U/A0, V8U/YM, V78/YM, V78/A0, V8K/A0, V8M/B0, V8M/ZS, V8W/A0, V8W/YM, V8S/A0, V8S/ZR, V8Q/A0, V8Q/ZS, VZS/YM, VZS/ZX, VZ3/YM, VZ3/ZX, VZ4/YM, VZ4/ZX, VZ6/YM, VZ6/ZX, V82/D0, V84/ZT, V8Z/ZT, V8Z/ZY, V86/ZT, V86/ZY and V82/ZZ. We will only be offering in-network only HMO plans in 2015.

Six new HMO benefit plans are being added in 2015 and are included in this rate filing (both off/on Exchange medical plan names listed): 62O/617, 62P/618, 62Q/619, FZQ/FZL, FZP/FZK, and FZO/FY9.

Purpose of Filing. UnitedHealthcare is filing for the first time rates for 2015. We are proposing to set our 1st quarter 2015 rates 5.2% lower than our current 4th quarter 2014 rates. In addition, we are filing for quarterly trend increases as follows: 2Q15 +1.9%, 3Q15 +2.0%, 4Q15 +1.9%. These quarterly trend increases are equivalent to an annual 7.9% trend rate. Please see Exhibit 3 for detail on the rate changes.

A. Description of Benefits. Benefit plan descriptions are in Exhibit 2.

B. Issue Age Range. All ages.

C. Marketing Method. The products will be offered on the exchange, and also marketed through independent brokers and consultants.

D. Premium Basis. Member level rating.

E. Nature of Rate Change and Proposed Rate/Methodology Change. Lowering previously approved rates by 5.2%. No change to the rating methodology.

F. For Each Change, Indication if New or Modified. Lowering previously approved rates by 5.2%.

G. For Each Change, Comparison to Status Quo. Lowering previously approved rates by 5.2%.

H. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology. Lowering previously approved rates by 5.2%.

I. Annual Rate Change for DC Policyholders. The annual rate changes by 2015 quarter of renewal are as follows:

<u>Qtr</u>	<u>Rate Impact</u>	<u># of Contracts</u>	<u># of Members</u>
1Q15	-8.0%	19	150
2Q15	-8.6%	32	245
3Q15	+1.0%	45	446
4Q15	+0.4%	75	794

The minimum rate change is -8.6% (for 1st quarter renewals), the maximum rate change is +1.0% (for 3rd quarter renewals), the average rate change is -1.6%.

These rate changes assume the groups retain the same benefit plan. Aging is not included, although typically groups replace older retiring employees with new younger employees.

J. Base Period Experience. The base period experience represents all of UnitedHealthcare Insurance Company (UHIC) and Optimum Choice, Inc. (OCI) individual and small group business in the DC market. Note: UHIC and OCI do not market and have no Individual experience in DC. The base period claims experience is for 1/1/2013 through 12/31/2013 dates of service, for claims paid through February, 2014. The estimate included for claims incurred but not paid is \$63,627 for Optimum Choice, Inc. No adjustments have been made for large group pooling.

K. Projected Base Period Experience. All claims in the base period are believed to be for essential health benefits. The cost of additional required essential health benefits in 2015 is described in the next section “L. Manual Rate Development”. The assumptions used to develop the requested trend increases are shown in Exhibit T. In addition to unit cost and utilization, deductible (or benefit) leveraging is utilized in the trend estimate. These factors are not utilized in the trend determination: future/new benefits and/or mandates, risk profile changes, aging of population, increased portion of pool from conversion policies, and changes in gender and other demographic characteristics. No adjustments have been made to the underlying demographics of the population expected to be insured. Adjustments for projected changes in the average morbidity of the population expected to be insured in 2014 are described in the next section “L. Manual Rate Development”. No adjustments have been made for projected changes in average cost sharing in force.

L. Manual Rate Development. The base experience is shown in Exhibit A.

We are proposing to set our 1st quarter 2015 rates 5.2% lower than our current 4th quarter 2014 rates, and then apply quarterly trend increases in each of the last three quarters of 2015, using an annual 7.9% trend rate. The assumptions used to develop the requested trend increases are shown in Exhibit T. At UnitedHealthcare, we have a team of actuaries whose responsibilities include

developing forward-looking trend projections and monitoring historical performance in relation to trend. We rely on this team to provide guidance on trends appropriate for DC rate development. Our analysis, please see Exhibit C, indicates that these rates will yield a 74.5% underwriting loss ratio (claims divided by premium which includes PPACA fees).

Included in the analysis on Exhibit D is a factor labeled risk adjustment. Based on the study by a national actuarial consulting firm for a market-majority of carriers in the state, the UnitedHealthcare book of business has a relatively lower risk score than the statewide average. This analysis estimates that we will be a 1.2% risk payer.

Also included in Exhibit C is a 0.5% market dropout adjustment, our estimate of the increase in claim costs due to overall changes to the small group marketplace from “pre-ACA 2013” to 2015.

PPACA Fees: The assumptions used to develop the PPACA fee requirements are shown in Exhibit B.

Exchange Assessment Fee: The 1% assessment on health insurance premiums to fund the exchanges is included in the “taxes, licenses, other regulatory fees” in Exhibit C.

Essential Health Benefits: The additional benefits in our plans from the “pre-ACA 2013” base period experience to 2015 are as follows:

- Pediatric dental and vision.
- Mental health parity.
- Habilitative services and applied behavior analysis (ABA).
- Temporomandibular joint disorder (TMJ).
- DME and prosthetics: from \$2500 limit to unlimited.
- Increases in visit limits:
 - Physical therapy: from 20 to unlimited.
 - Occupational therapy: from 20 to unlimited.
 - Speech therapy: from 20 to unlimited.
 - Pulmonary rehabilitation: from 20 to unlimited.
 - Office spinal manipulation: from 20 to unlimited.
 - Home health service: from 60 to 90.

The estimated cost of these additional essential health benefits is +1.6%. This is the additional cost that is already built into the 2014 rates, so no additional rate change from 2014 is required.

New Benefit Plan Pricing: The new 2015 benefit plans are priced consistently with the continuing 2014 benefit plans, with rates different only by the estimated value of the benefit differences. The medical plan price relativities were developed using our pricing model ARC (Actuarial Relativity Calculator). The ARC model is based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan into ARC. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed using our Rx Pricing model: this model, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

We are resetting our 1st quarter 2015 trend factor to 1.000, and moving the 10% “3rd quarter 2014” rate reduction from the benefit plan ratios to the starting base rates. Exhibit 3 demonstrates that the

net of these changes is a 5.2% decrease from the current 4th quarter 2014 rates to the proposed 1st quarter 2015 rates. There are no changes to the age factors.

M. Credibility. The combined DC experience on our two small group licenses is assumed to be credible.

N. Projected Index Rate. The index rate presented in the Unified Rate Review Template represents the average allowed claim cost per member per month for coverage of essential health benefits for the small group market, prior to adjustment for payments and charges under the risk adjustment and transitional reinsurance programs, as defined by 45 CFR 156.80(d). Allowed claims were used as the basis for developing the index rate.

O. Market-wide Adjustments to the Index Rate. Market-wide risk adjustments are described in the above section “L. Manual Rate Development”.

P. Plan Level Adjustments to the Index Rate. The medical plan price relativities were developed using our pricing model ARC (Actuarial Relativity Calculator). The ARC model is based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan into ARC. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed using our Rx Pricing model: this model, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

Q. Non-Benefit Expenses. The expenses assumed in the development of the proposed rates are as follows. These are the total average expenses for the two small group licenses. Except for the addition of PPACA fees and the 1% Exchange assessment fee, they are actual 2013 year average expenses that are expected to continue in the future.

<u>% of Premium</u>	<u>Expense Category</u>
3.1%	General administrative expenses
0.5%	Sales and marketing
3.4%	Commissions and broker fees
6.0%	Premium taxes and other taxes, licenses and fees (does not include FIT)
1.1%	Quality improvement and fraud detection
4.0%	Federal income taxes
<u>7.4%</u>	<u>Profit</u>
25.5%	Total

R. Filed Loss Ratio. The anticipated traditional loss ratio (incurred claims divided by premium which includes PPACA fees) is 74.5%. The anticipated Federal MLR is 83.0% 83.2%. The estimated Federal MLR adjustments are as follows:

10.1%	Taxes, regulatory fees and assessments
-0.6%	GAAP Medical reclass to MLR SG&A
1.0%	QI/HIT Medical costs added

S. Actuarial Certification.

I, Boris P. Gerber, an Actuary at UnitedHealthcare, am a FSA and MAAA. I satisfy the 2013 continuing professional development requirements of the Academy and therefore am qualified to issue this 2014 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing. I have worked on pricing group medical insurance for over 35 years. There are no known cautions with regard to risk or uncertainty in the items discussed in this rate filing. There are no conflicts of interest with regards to my production of this rate filing.

I certify that the projected index rate is in compliance with 45 CFR 156.80(d)(1) and developed in compliance with applicable ASOPs.

I certify that 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.

I certify that the AV Calculator was used to determine the AV Metal Values. For plans designs that did not fit into the AV Calculator, included in the Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135.

I certify that the rates are reasonable in relation to the benefits provided, and are not excessive, deficient nor unfairly discriminatory.

I certify that the rates comply with all applicable District of Columbia and Federal laws and regulations.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in this submitted actuarial memorandum. 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.

Sincerely,



Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

Date: June 13, 2014

T. District of Columbia Loss Ratio Analysis.

- i. Evaluation Period: 1/1/2013 – 12/31/2013
- ii. Earned Premiums: See Exhibit A.
- iii. Claims: See Exhibit A.
- iv. Number of Claims: Not available.
- v. Loss Development Factors: See Exhibit C.
- vi. Loss Ratio Demonstrations: See Exhibit C.
- vii. Permissible Loss Ratio: 80% Federal MLR.

- viii. Credibility Analysis: We believe our DC experience is credible.
ix. Determination of Overall Annual Rate Change: See section "L. Manual Rate Development".

U. District of Columbia and Countrywide Experience.

- i. Earned Premium: See Exhibit A.
ii. Number of policyholders: As of December, 2013: 171 group policyholders.
iii. History of Rate Changes (with SERFF tracking numbers):

10/1/14: +2.6%	UHLC-129435839
7/1/14: -7.7%	UHLC-129435839
4/1/14: +2.6%	UHLC-129121318

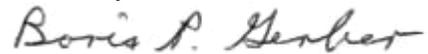
List of exhibits included in rate filing:

- Exhibit 1: Rates and rate factors.
Exhibit 2: Benefit plan descriptions.
Exhibit 3: Rate factor changes.
Exhibit 3b: Development of plan rates & benefit plan ratios to index rate.
Exhibit 4: Rating example.
Exhibit A: Member months, earned premium & incurred claim experience.
Exhibit B: Explanation, support & development of PPACA fees.
Exhibit C: Development of underwriting loss ratio.
Exhibit T: Trend assumptions and development.

Please keep these rates confidential to the extent allowed by DC law.

If you have questions, or need any further information, please do not hesitate to contact me.

Sincerely,



Boris P. Gerber, FSA, MAAA
Actuary
UnitedHealthcare

Federal Rate Filing Justification Part III
Actuarial Memorandum & Certification
For Optimum Choice, Inc.

District of Columbia Rate Review

Purpose: The purpose of this actuarial memorandum is to provide information relevant to the Part I Health Uniform Rate Review Template (HURRT).

Company Identifying Information:

- **Company Legal Name:** Optimum Choice, Inc.
- **State:** District of Columbia
- **HIOS Issuer ID:** 75753
- **Market:** Small Group
- **Effective Date:** 1/1/2015

Company Contact Information:

- **Primary Contact Name:** Boris Gerber
- **Primary Contact Telephone Number:** 860-702-5540
- **Primary Contact Email Address:** boris_gerber@uhc.com

Proposed Rate Increase: UnitedHealthcare is filing for the first time rates for 2015. We are proposing to set our 1st quarter 2015 rates 5.2% lower than our current 4th quarter 2014 rates. In addition, we are filing for quarterly trend increases as follows: 2Q15 +1.9%, 3Q15 +2.0%, 4Q15 +1.9%. These quarterly trend increases are equivalent to an annual 7.9% trend rate.

Experience Period Premiums and Claims:

- **Paid Through Date:** The experience period is 1/1/2013 to 12/31/2013 paid through 2/28/2014.
- **Premiums (net of MLR Rebate) in Experience Period:** Earned premiums for the experience period are given in Part I. The earned premiums are the sum total of the actual premiums in the experience period for each small group policy. Optimum Choice, Inc. anticipates paying \$971,564 in MLR rebates for 2013 premiums.
- **Allowed and Incurred Claims Incurred During the Experience Period:** Incurred claims were developed by first starting with actual claims paid through 2/28/14 by incurred date. To these paid claims estimates of incurred but not paid were added. Here is a description of the reserve methodology:

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various business unit, location, and line of business levels. The assignment of the paid claims into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard completion factors based on historical claim experience. The Claims Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e. catastrophic claims, pended claims, etc.) to calculate the final

IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process include:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
 - 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
- Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

Benefit Categories: Claims were assigned to benefit categories by our claim department using standard industry definitions of services.

Projection Factors:

- **Changes in the Morbidity of the Population Insured:** A 0.5% increase is included in the URRT to reflect the adjustment for overall changes to the small group marketplace in 2014.
- **Changes in Benefits:** 1.6% included in the URRT is the estimate of the cost of adding Essential Health Benefits developed using UnitedHealthcare national experience. No other benefit changes are assumed.
- **Changes in Demographics:** No changes in demographics are assumed. The DC specified age factors are used in rating.
- **Trend Factors:** United Healthcare Medical Expense Forecasting Process Overview & Considerations:

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, benefit leveraging, and business mix identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected net of business mix (employer mix, benefit mix, demographic mix, etc.). Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Business mix changes that influence medical cost trends are also reviewed and projected, with appropriate input from sales and underwriting staff. These factors include changing mix of employer groups, mix of benefits, and demographic changes. For the purposes of developing premium pricing trend projections, the component of trend attributable to business mix is excluded.

Credibility Manual Rate Development:

- **Source and Appropriateness of Experience Data Used:** The fully credible experience period source data used to develop manual rates is the combined actual experience on allowed with UnitedHealthcare Insurance Company and Optimum Choice, Inc.

Credibility of Experience: We have set our rate levels based on the combined experience of UnitedHealthcare Insurance Company and Optimum Choice, Inc., which we regard to be credible.

Paid to Allowed Ratio: The paid to allowed average factor for the projection period is based on the actual paid to allowed in the experience period.

Risk Adjustment and Reinsurance:

- **Projected Risk Adjustments (PMPMs):** Based on an analysis done in conjunction with Wakely Consulting Group, based on an analysis of just the small employer market in DC, we estimate that we will be a 1.2% risk payer in total for our two licenses.
- **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium:** This item is for the Individual and Combined Markets. Our rates are only for small groups within the combined DC market.

Non-Benefit Expenses and Risk Margin: The expenses assumed in the development of the proposed rates are as follows: The administrative expenses are the total average expenses for the two small group licenses. Except for the addition of PPACA fees, they are actual 2012 year average expenses that are expected to continue in the future.

% of Premium	Expense Category
8.1%	Admin Expenses
7.3%	Profit & Risk Load
<u>10.1%</u>	Taxes & Fees
25.5%	Total

Projected Loss Ratio: The projected loss ratio using federally prescribed MLR methodology is 83.2%.

Index Rate:

DC Small Group Total					
2015 Effective Dates	1Q15	2Q15	3Q15	4Q15	Total Single Risk Pool
Member Months	31,340	24,466	32,579	38,910	127,295
Allowed Claims PMPM 1/13-14	\$330.37	\$330.37	\$330.37	\$330.37	\$330.37
Benefit Increase (EHB)	1.6%	1.6%	1.6%	1.6%	1.6%
Annual Trend Rate	7.9%	7.9%	7.9%	7.9%	7.9%
Months of Trend	25	28	31	34	
Projected Allowed Claims	393.27	400.82	408.51	416.35	
2015 Index Rate	\$405.67				
Effective Date for Part I	1/1/2015				

Index Rate and Market Adjusted:

The experience period index rate is same as the allowed amount reported in URRT Part I. The table below illustrates the Index Rate and the Market Adjusted Index Rate calculation for the projection period.

Plan Adjusted Index Rate:

Plan Adjusted Index Rates are provided in URRT Part I. The adjustments that have been applied to the development of the Plan Adjusted Index Rates include:

Provider Network: these adjustment factors are developed based on the underlining provider network features, contract terms, utilization and cost patterns due to the network features.

Actuarial Value and Cost Sharing: These values are developed with the method identified in the sections below and applied to each plan accordingly.

Distribution and Administrative Cost: This adjustment is developed based on the method described in the "Non-Benefit Expense and Profit & Risk" section. The same adjustment has been applied to all plans to develop the Plan Adjusted Index Rate.

The formula to develop the Plan Adjusted Index Rate is as below:

Plan Adjusted Index Rate= (Market Adjusted Index Rate X (1+ Provider Network Savings) X Actuarial Value and Cost Sharing)/(1- Distribution and Administrative Cost).

Index Rate To Consumer Rate for Sample Plans

Plan Name	OCI 62LZV
2015 Effective Dates	1Q15
Experience Period Index Rate (DC Total)	\$330.37
Benefit Increase (EHB)	1.6%
Annual Trend Rate	7.9%
Projected Index Rate (DC Total)	\$405.67
Risk Adjustment	-\$5.65
Reinsurance Assessment	-\$3.67
Market Adjusted Index Rate	\$414.99
Provider Network Savings	1.000
Benefit Extra EHB	1.000
Actuarial Value and Cost Sharing	0.79053
Distribution and Administrative Cost	24.8%
Plan Adjusted Index Rate	\$436.25
Calibration	
Age Factor Calibration	1.082
Area Factor Calibration	1.000
Tobacco Factro Calibration	1.000
Age 21 Age Factor	0.727
Calibrated Plan Adjusted Index Rate	\$293.12
Actual Consumer Rate (Age 21)	\$293.12

Calibration:

Member weighted average age factor and geographic factor have been developed to calibrate the Plan Adjusted Index Rate.

Age Curve Calibration is calculated as member weighted average age rating factors (based on DC Age Scale) in experience period. The factor is calculated to be: 1.082. The weighted average age, rounded to a whole number, is 42.

Geographic Factor Calibration is calculated as member weighted average rating area factors (based ACR compliant rating area setting) in experience period. The factor is calculated to be: 1.000

Tobacco usage is not a rating factor that has been adopted by UnitedHealthcare. So, the tobacco calibration is not applicable.

The 21 year old age factor of the DC Age Scale, .727, is applied in the calibration.

The calibration factors are applied uniformly to all plans.

Calibrated Plan Adjusted Index Rate

Consumer Adjusted Premium Rate is developed with the formula below:

Consumer Adjusted Premium Rate = Plan Adjusted Index Rate x 1/ Age Curve Calibration X 1/
Geographic Factor Calibration X Age 21 Age Factor

Member level plan premium rate information is provided in Rate Data Template.

AV Metal Values: The below actuarial certification describes the methodology and the AV calculator input values used for the plan design features that do not fit into the parameters of the AV calculator.

The AV metal value was calculated using the Federal AV calculator. For the benefit designs that cannot be directly coded in the Federal AV calculator, claim distribution information provided in the Federal AV calculator has been used to convert the benefit design in to equivalent benefit designs that can be coded in the Federal AV calculator.

Certification for AV Calculator

Estimation of fit of plan design into the parameters of AV calculator

Metallic Plan (e)	Medical Copays After Deductible									OP Copay		Rx Effective Coinsurance Estimation				Methodology
	ER Copays	All Inpatient Hospital Services (inc.MHSA)	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Specialist Visit	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	Imaging (CT/PET Scans, MRIs)	Rehabilitative Speech Therapy	Rehabilitative Occupational and Rehabilitative Physical Therapy	Skilled Nursing Facility	Free Standing	Hospital Setting	Generics	Preferred Brand Drugs	Non-Preferred Brand Drugs	Specialty Drugs (i.e. high-cost)	
										Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)					
Bronze 1	-	-	-	-	-	-	-	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, b, e
Bronze 2	-	-	-	-	-	-	-	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, b, e
Bronze 3	-	-	-	-	-	-	-	-	-	-	-	70.08%	74.08%	69.67%	96.64%	a, b, e
Bronze-4	88.59%	97.35%	78.00%	76.25%	67.43%	66.14%	73.53%	48.20%	97.35%	-	91.79%	70.08%	74.08%	69.67%	96.64%	a, b, c, d, e
Silver 1	-	-	-	-	-	-	-	-	-	54.09% (c)	-	-	74.21%	71.01%	96.59%	a, b, c, d, e
Silver 2	-	-	-	-	-	-	-	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, b, e
Silver 3	-	-	-	-	-	-	-	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, b, e
Silver 4	-	-	-	-	-	-	-	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, b, e
Silver 5	-	-	-	-	-	-	-	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, b, e
Silver 7	-	-	-	-	-	-	-	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, b, c, d, e
Silver 8	-	-	-	-	-	-	-	-	-	63.1% (c)	-	-	74.21%	71.01%	96.59%	a, b, c, d, e
Silver 9	-	-	-	-	-	-	-	-	-	72.12% (c)	-	-	74.21%	71.01%	96.59%	a, b, c, d, e
Silver 10	-	-	-	-	-	-	-	-	-	81.13% (c)	-	-	74.21%	71.01%	96.59%	a, b, c, d, e
Silver-11	92.78%	97.40%	81.58%	89.95%	59.14%	64.52%	77.10%	55.13%	97.40%	-	91.79%	-	74.21%	71.01%	96.59%	a, b, c, d, e
Gold 1	-	-	-	-	-	-	-	-	-	-	-	71.01%	75.58%	73.62%	96.51%	a, b, e
Gold 2	-	-	-	-	-	-	-	-	-	64.29% (c)	-	-	-	-	96.51%	b, c, d, e
Gold 3	-	-	-	-	-	-	-	-	-	73.43% (c)	-	71.01%	75.58%	73.62%	96.51%	a, b, c, d, e
Gold 4	-	-	-	-	-	-	-	-	-	72.12% (c)	-	71.01%	75.58%	73.62%	96.51%	a, b, c, d, e
Gold 5	-	-	-	-	-	-	-	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, b, c, d, e
Gold 6	-	-	-	-	-	-	-	-	-	85.57% (c)	-	71.01%	75.58%	73.62%	96.51%	a, b, c, d, e
Gold 7	86.72% (a)	-	-	-	-	-	-	-	-	-	-	71.01%	75.58%	73.62%	96.51%	a, b, d, e
Gold 8	-	-	-	-	-	63.47% (a)	-	-	-	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 9	-	-	-	-	-	63.47% (a)	-	-	-	-	82.61% (c)	-	-	-	96.51%	a, b, c, d, e
Gold 10	-	-	-	-	-	63.47% (a)	-	-	-	-	73.43% (c)	-	-	-	96.51%	a, b, c, d, e
Gold-11	94.69%	98.67%	92.57%	87.61%	83.64%	83.64%	91.08%	81.15%	98.67%	-	95.07%	71.01%	75.58%	73.62%	96.51%	a, b, c, d, e
Gold-12	-	-	-	-	-	62.50%	-	-	-	-	76.06%	-	-	-	95.80%	a, b, c, d, e
Gold-13	-	-	-	-	-	63.47% (a)	-	-	-	-	91.79% (c)	-	-	-	95.82%	a, b, c, d, e
Platinum 1	-	-	-	-	-	63.47% (a)	-	-	-	-	91.79% (c)	-	-	-	95.82%	a, b, c, d, e
Platinum 2	-	-	-	-	-	-	-	-	-	95.07% (c)	90.15% (c)	71.89%	77.39%	73.88%	95.82%	a, b, c, d, e
Platinum 3	-	-	-	-	-	-	-	-	-	-	-	57.94%	85.87%	82.58%	95.82%	a, b, c, d, e
Platinum 4	-	-	-	-	-	-	-	-	-	-	95.07% (c)	-	-	-	95.82%	b, c, d, e
Platinum 5	-	-	-	-	-	-	-	-	-	96.72% (c)	90.15% (c)	57.94%	85.87%	82.58%	95.82%	a, b, c, d, e
Platinum 6	-	-	-	-	-	-	-	-	-	97.54% (c)	95.07% (c)	-	-	-	95.82%	a, b, c, d, e
Platinum 11	-	98.58%	-	-	-	76.80%	-	-	98.58%	-	95.07%	-	-	-	95.82%	a, b, c, d, e

Methodology

a) From Row 50 of AV Calculator's Users Guide: "If 'Subject to Deductible' is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.

b) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective co-insurance factor.

c) Actuarial Value is the blend of Free-Standing and Hospital setting run, where Free Standing and Hospital Setting utilization are 45% and 55%, respectively.

d) Specialty Rx: Multiple cost sharing levels are combined into a composite level using HHS tool unit cost to different tiers.

e) See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name and schedule of benefits form number.

Certification

For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.

Boris P. Gerber

Boris P. Gerber, FSA, MAAA

AV Pricing Values: Benefit plan 638.ZU is the fixed reference plan selected as the basis for the AV Pricing Values for the plans being filed for. 100% of the AV Pricing Value is attributable to the cost-sharing design of the plans.

Benefit Plan V9F.ZU is the fixed reference plan selected as the basis for terminated plans. 100% of the AV Pricing Value is attributable to the cost-sharing design of the terminated plans.

New plans are priced through the proprietary UnitedHealthcare pricing model. This model uses UHC fully-insured national small-group claim experience that were in force for all of calendar-year 2008 and is fully-credible. Current claim data is then projected to the pricing period based on national projections of utilization, unit cost, and sloping. These projections are done at the service category (inpatient, outpatient, etc.) level.

At this point, benefit design parameters such as deductibles, copays, coinsurance, etc. are applied to the claim distributions of the matching service category. This cost-sharing is applied, and the values of each service category are summed to come up with the overall benefit value. This overall benefit value is then compared to a base benefit design to calculate the plan relativity.

In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

Membership Projections: Membership is projected to continue at the current December, 2013 level.

Terminated Products: HMP (HMO product with Out-Of-Network coverage).

Plan Type: Not applicable.

Warning Alerts: Warning alerts occur because all of the current plans will be terminated during the projection period.

Worksheet- 2

Row 80 & 82: Warning alert occurs because of uncertainty of where the actual membership distribution in 2015 will be as a group may buy-up or buy-down in order to meet the AV metal level requirement.

Reliance: Not applicable.

Actuarial Certification:

I, Boris P. Gerber am an actuary of UnitedHealthcare and a member of the American Academy of Actuaries.

I certify that the projected index rate is:

- a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- b. Developed in compliance with the applicable Actuarial Standards of Practice,
- c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- d. Neither excessive nor deficient.

I certify that 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.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template. For plans designs that did not fit into the AV Calculator, included in this Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required by 45 CFR Part 156, §156.135. Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable to individuals in the actuarial value calculation.

I qualify my opinion to state that the Part I Unified Rate Review Template does not demonstrate the process used by UnitedHealthcare to develop the rates. This process is described in detail in my state submitted actuarial memorandum. 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.

Sincerely,

Boris P. Gerber

Boris P. Gerber, FSA, MAAA

Actuary, UnitedHealthcare

185 Asylum Street, CT039-16B

Hartford, CT 06103

Phone 860-702-5540 Fax 860-702-5016

Date: 6/13/2014



185 Asylum Street, CT039-16B
Hartford, CT 06103
Phone 860-702-5540 Fax 860-702-5016
E-Mail: boris_gerber@uhc.com

June 13, 2014

Efren Tanhehco, Actuary
DC Department of Insurance & Securities Regulation
810 First Street, NE Suite 701
Washington, DC 20002

Re: Optimum Choice, Inc.
Small Group (2-50) Rate Filing

Dear Mr. Tanhehco:

This rate filing presents proposed premium rates effective January 1, 2014 through December 31, 2014 for medical and Rx benefit plans to be sold by the Optimum Choice, Inc. to small group employers. The benefit plans and rates are for non-grandfathered employers, and are for both on and off-exchange.

- A. Company Name: Optimum Choice, Inc.
- B. NAIC Company Code: 96940
- C. Marketing Name of Products: HMO
- D. Date Filing Submitted: 6/13/2014
- E. Proposed Effective Date: 1/1/2015
- F. Type of Product: Medical and prescription drug HMO
- G. Market: Small group
- H. Scope and Purpose of Filing: 2015 rates for small group plans meeting the requirements of the Patient Protection and Affordable Care Act (PPACA).
- I. Initial Filing or Rate Change: Rate change to previously filed and approved rates.
- J. Overall Premium Impact of Filing on DC Policyholders: A 5.2% rate reduction.
- K. Contact Information: Boris Gerber, 860-702-5540, boris_gerber@uhc.com.

If you have any questions, please do not hesitate to call.

Sincerely,

Boris P. Gerber, FSA, MAAA
Actuary, UnitedHealthcare

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y	
1	Unified Rate Review v2.0.2																							
2																								
3	Company Legal Name:	Optimum Choice, Inc.	State:	DC																				
4	HIOS Issuer ID:	75753	Market:	Small Group																				
5	Effective Date of Rate Change(s):	1/1/2015																						
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:	1/1/2013	to	12/31/2013																				
13		Experience Period																						
14	Premiums (net of MLR Rebate) in Experience Period:	Aggregate Amount	PMPM	% of Prem																				
15		\$9,450,703	\$446.15	100.00%																				
16	Incurred Claims in Experience Period	\$5,476,946	258.55	57.95%																				
17	Allowed Claims:	\$6,071,032	286.60	64.24%																				
18	Index Rate of Experience Period		\$287.00																					
19	Experience Period Member Months	21,183																						
20	Section II: Allowed Claims, PMPM basis																							
21		Experience Period	Projection Period:	1/1/2015	to	12/31/2015	Mid-point to Mid-point, Experience to Projection:																24	months
22		on Actual Experience Allowed	Adj't. from Experience to Projection Period	Annualized Trend Factors				Projections, before credibility Adjustment					Credibility Manual											
23	Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM									
24	Inpatient Hospital	Days	134.28	\$4,353.78	\$48.72	1.000	1.016	1.053	0.990	131.60	\$4,904.75	\$53.79	142.95	\$3,700.00	\$44.08									
25	Outpatient Hospital	Services	2,134.75	525.88	93.55	1.000	1.016	1.054	1.028	2,255.97	593.56	111.59	5040.37	234.50	98.50									
26	Professional	Services	6,582.50	159.19	87.32	1.000	1.016	1.035	1.013	6,754.76	173.26	97.53	9128.88	139.84	106.38									
27	Other Medical	Services	624.14	181.41	9.44	1.000	1.016	1.044	1.086	736.11	200.89	12.32	564.93	204.18	9.61									
28	Capitation	Benefit Period	12,000.00	0.99	0.99	1.000	1.016	1.048	1.000	12,000.00	1.10	1.10	12000.00	4.86	4.86									
29	Prescription Drug	Prescriptions	4,710.49	118.67	46.58	1.000	1.016	1.048	1.058	5,272.75	132.42	58.19	6950.74	115.58	66.95									
30	Total				\$286.60							\$334.52			\$330.37									
31																								
32	Section III: Projected Experience:																							
33																								
34																								
35																								
36																								
37																								
38																								
39																								
40																								
41																								
42																								
43																								
44																								
45																								
46																								
47																								
48																								
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

Optimum Choice, Inc.
 75753
 1/1/2015

State: DC
 Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Product ID:																				
Metal	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold														
AV Metal Value	0.882	0.907	0.885	0.885	0.919	0.890	0.784	0.781	0.781	0.780	0.795	0.783	0.791	0.788	0.791	0.778	0.789	0.783	0.814	0.809	
AV Pricing Value	0.909	0.960	0.926	0.921	0.980	0.689	0.686	0.768	0.765	0.791	0.783	0.773	0.778	0.775	0.775	0.775	0.775	0.766	0.765	0.824	
Plan Type:	HMO																				
Plan Name	VM6.ZV	V75.ZV	V87.YM	V88.ZR	V9E.ZV	V73.ZV	V2W.A0	V2W.YM	V2Y.A0	V2Y.YM	V79.A0	V79.YM	V8N.C0	V8N.ZT	V8T.A0	V8T.YM	V77.A0	V77.YM	V8L.B0	V8L.ZS	
Plan ID (Standard Component ID)	75753DC0010001	75753DC0010029	75753DC0010056	75753DC0010057	75753DC0010058	75753DC0010028	75753DC0010008	75753DC0010007	75753DC0010010	75753DC0010009	75753DC0010033	75753DC0010032	75753DC0010037	75753DC0010036	75753DC0010043	75753DC0010042	75753DC0010031	75753DC0010030	75753DC0010035	75753DC0010034	75753DC0010045
Exchange Plan?	Yes																				
Historical Rate Increase - Calendar Year - 1																					
Historical Rate Increase - Calendar Year 0																					
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cumulative Rate Change % (over 12 mos prior)	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%	-1.60%
Prod/Per Rate Change % (over Expir. Period)	#DIV/0!																				
Product Threshold Rate Increase %																					

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID)	Total	75753DC0010001	75753DC0010029	75753DC0010056	75753DC0010057	75753DC0010058	75753DC0010028	75753DC0010008	75753DC0010007	75753DC0010010	75753DC0010009	75753DC0010033	75753DC0010032	75753DC0010037	75753DC0010036	75753DC0010043	75753DC0010042	75753DC0010031	75753DC0010030	75753DC0010035	75753DC0010034	75753DC0010045
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Average Current Rate PMPM	\$233.28	\$301.51	\$318.18	\$306.94	\$305.20	\$324.85	\$305.99	\$228.32	\$227.28	\$254.59	\$253.55	\$262.28	\$259.48	\$256.30	\$258.07	\$256.78	\$253.98	\$269.01	\$266.21	\$255.64	\$253.50	\$273.34
Projected Member Months	21,200	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Section III: Experience Period Information

Plan ID (Standard Component ID)	Total	75753DC0010001	75753DC0010029	75753DC0010056	75753DC0010057	75753DC0010058	75753DC0010028	75753DC0010008	75753DC0010007	75753DC0010010	75753DC0010009	75753DC0010033	75753DC0010032	75753DC0010037	75753DC0010036	75753DC0010043	75753DC0010042	75753DC0010031	75753DC0010030	75753DC0010035	75753DC0010034	75753DC0010045
Average Rate PMPM	#DIV/0!																					
Member Months	0																					
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!																					
state mandated benefits portion of TP that are other than EHB	#DIV/0!																					
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$0																					
EHB Percent of TAC, [see instructions]	#DIV/0!																					
state mandated benefits portion of TAC that are other than EHB	#DIV/0!																					
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	\$0																					
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred Claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00																					
Net Amt of Risk Adj	\$0.00																					
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID)	Total	75753DC0010001	75753DC0010029	75753DC0010056	75753DC0010057	75753DC0010058	75753DC0010028	75753DC0010008	75753DC0010007	75753DC0010010	75753DC0010009	75753DC0010033	75753DC0010032	75753DC0010037	75753DC0010036	75753DC0010043	75753DC0010042	75753DC0010031	75753DC0010030	75753DC0010035	75753DC0010034	75753DC0010045
Plan Adjusted Index Rate	\$233.28	\$293.32	\$309.33	\$298.40	\$296.70	\$315.81	\$297.47	\$221.97	\$220.95	\$247.50	\$246.45	\$254.98	\$252.26	\$248.17	\$249.89	\$248.64	\$246.91	\$261.53	\$258.81	\$248.52	\$246.44	\$265.74
Member Months	21,200	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Premium (TP)	\$4,945,480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$7,009,088	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$58,239	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0																		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Platinum 1					
Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$250.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	100.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$250.00	pg 3	
	Deductible (\$) (Drug)	G10	\$0.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	100.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pgs 9, 10 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	63.47%	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	91.79%	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$15.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$30.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$30.00	pgs 9, 10 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	63.47%	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$15.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$15.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$10.00	pg 7
		Preferred Brand Drugs, Coinsurance, if different	D39		
		Preferred Brand Drugs, Copay, if separate	E39	\$40.00	pg 7
		Non-Preferred Brand Drugs, Coinsurance, if different	D40		
		Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	pg 7
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10.00	pg 7
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39	\$40.00	pg 7
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	pg 7
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.51%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support Rx benefit with coinsurance and per script max, so company's pharmacy data was used to blend Rx tiered benefits and to estimate effective co-insurance factor.			
	b) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insura					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Platinum 1					
Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$250.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	100.00%	pgs 6-13	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if differ	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pgs 9, 10 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate		I21			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if differ		H22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22			
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$10.00	pg 7

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	pg 7
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	pg 7
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Platinum 2					
Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	80.0%	N/A	
	2nd Tier Utilization	H5	20.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	pg 3	
	Deductible (\$) (Drug)	C10	\$50.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	100.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$0.00	pg 3	
	Deductible (\$) (Drug)	G10	\$50.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	100.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$250.00	pg 6-7	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$500.00	pg 9,10, 13	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	pg 9,10, 13	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$500.00	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	90.15%	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18	\$250.00	pg 6-7
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19	\$500.00	pg 9,10, 13
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$15.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$30.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$30.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$300.00	pg 9,10, 13	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$15.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$15.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34	\$500.00	pg 13	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	71.89%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	77.39%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.88%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.82%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2		Generics, Coinsurance, if different	H38	71.89%	pg 7
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39	77.39%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	73.88%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	I40			
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	95.82%	pg 7		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48	3	
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:				
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: UHLC-129586288, UHLC-129589647				
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.				
Form Number(s) of Plan: Platinum 2				
Free Standing				
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options				
Annual Contribution Amount	E4		N/A	
Narrow Network Options				
1st Tier Utilization	H4	80.0%	N/A	
2nd Tier Utilization	H5	20.0%	N/A	
Plan Benefit Design				
Tier 1	Deductible (\$ (Medical))	B10	\$0.00	pg 3
	Deductible (\$ (Drug))	C10	\$50.00	pg 4
	Deductible (\$ (Combined))	D10		
	Coinsurance (% (Insurer's Cost Share) (Medical))	B11	100.00%	pgs 6-13
	Coinsurance (% (Insurer's Cost Share) (Drug))	C11	100.00%	pg 7
	Coinsurance (% (Insurer's Cost Share) (Combined))	D11		
	OOP Maximum (\$)	B12	\$3,000.00	pg 4
OOP Maximum if Separate (\$ (Medical))	B13			
OOP Maximum if Separate (\$ (Drug))	C13			
Tier 2	Deductible (\$ (Medical))	F10	\$0.00	pg 3
	Deductible (\$ (Drug))	G10	\$50.00	pg 4
	Deductible (\$ (Combined))	H10		
	Coinsurance (% (Insurer's Cost Share) (Medical))	F11	100.00%	pgs 6-13
	Coinsurance (% (Insurer's Cost Share) (Drug))	G11	100.00%	pg 7
	Coinsurance (% (Insurer's Cost Share) (Combined))	H11		
	OOP Maximum (\$)	F12	\$3,000.00	pg 4
OOP Maximum if Separate (\$ (Medical))	F13			
OOP Maximum if Separate (\$ (Drug))	G13			
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$250.00	pg 6-7
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$500.00	pg 9,10, 13
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	pg 11
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$30.00	pg 11
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pgs 9, 10, 13
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150.00	pg 9,10, 13
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	pg 12
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	pg 12
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$500.00	pg 13
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	95.07% (uncheck ded)	pg 13
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18	\$250.00	pg 6-7
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19	\$500.00	pg 9,10, 13
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20	\$15.00	pg 11
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21	\$30.00	pg 11
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22	\$30.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$150.00	pg 9,10, 13
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27	\$15.00	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$15.00	pg 12
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34	\$500.00	pg 13
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		pg 13
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38	71.89%	pg 7
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39	77.39%	pg 7
	Preferred Brand Drugs, Copay, if separate	E39		
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.88%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.82%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
Tier 2	Generics, Coinsurance, if different	H38	71.89%	pg 7
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39	77.39%	pg 7
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	73.88%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	95.82%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
Options for Additional Benefit Design Limits				
Specialty Rx Coinsurance Maximum	B46			
Maximum Number of Days for Charging an IP Copay	B48	3		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) <u>From Row 50 of AV Calculator's Users Guide:</u> "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Platinum 3					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$250.00	pg 3	
	Deductible (\$) (Drug)	C10	\$50.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	90.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$2,500.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$250.00	pg 3	
	Deductible (\$) (Drug)	G10	\$50.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	90.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$2,500.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$10.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$20.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$20.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$10.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$10.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	57.84%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	85.87%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	82.58%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.82%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate		E41			
Tier 2		Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
Non-Preferred Brand Drugs, Copay, if separate	I40				
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41				

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Note: From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Platinum 4					
Hospital Setting					
Input Name		Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
Annual Contribution Amount		E4		N/A	
Narrow Network Options					
1st Tier Utilization		H4	73.0%	N/A	
2nd Tier Utilization		H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	100.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$5,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$0.00	pg 3	
	Deductible (\$) (Drug)	G10	\$0.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	100.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$5,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$150.00	pg 6-7	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150.00	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	95.07% (no ded)	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18	\$150.00	pg 6-7
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$15.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$30.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$30.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$150.00	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$15.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$15.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$15.00	pg 7
		Preferred Brand Drugs, Coinsurance, if different	D39		
		Preferred Brand Drugs, Copay, if separate	E39	\$25.00	pg 7
		Non-Preferred Brand Drugs, Coinsurance, if different	D40		
		Non-Preferred Brand Drugs, Copay, if separate	E40	\$50.00	pg 7
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.82%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2		Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$15.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39	\$25.00	pg 7	
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$50.00	pg 7	
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	95.82%	pg 7		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support Rx benefit with coinsurance and per script max, so company's pharmacy data was used to blend Rx tiered benefits and to estimate effective co-insurance factor.			
	b) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking							
SERFF Filing #: UHLC-129586288, UHLC-129589647							
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.							
Form Number(s) of Plan: Platinum 4							
Free Standing							
Input Name			Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options							
Annual Contribution Amount			E4		N/A		
Narrow Network Options							
1st Tier Utilization			H4		N/A		
2nd Tier Utilization			H5		N/A		
Plan Benefit Design							
Tier 1	Deductible (\$) (Medical)			B10	\$0.00	pg 3	
	Deductible (\$) (Drug)			C10	\$0.00	pg 4	
	Deductible (\$) (Combined)			D10			
	Coinsurance (% Insurer's Cost Share) (Medical)			B11	100.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)			C11	100.00%	pg 7	
	Coinsurance (% Insurer's Cost Share) (Combined)			D11			
Tier 2	OOP Maximum (\$)			B12	\$5,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)			B13			
	OOP Maximum if Separate (\$) (Drug)			C13			
	Deductible (\$) (Medical)			F10			
	Deductible (\$) (Drug)			G10			
	Deductible (\$) (Combined)			H10			
Tier 1	Coinsurance (% Insurer's Cost Share) (Medical)			F11			
	Coinsurance (% Insurer's Cost Share) (Drug)			G11			
	Coinsurance (% Insurer's Cost Share) (Combined)			H11			
	OOP Maximum (\$)			F12			
	OOP Maximum if Separate (\$) (Medical)			F13			
	OOP Maximum if Separate (\$) (Drug)			G13			
Medical Benefits							
Tier 1	Emergency Room Services, Coinsurance, if different			D18			
	Emergency Room Services, Copay, if separate			E18	\$150.00	pg 6-7	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different			D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate			E19	\$0.00		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different			D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate			E20	\$15.00	pg 11	
	Specialist Visit, Coinsurance, if different			D21			
	Specialist Visit, Copay, if separate			E21	\$30.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different			D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate			E22	\$30.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different			D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate			E24	\$150.00	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different			D27			
	Rehabilitative Speech Therapy, Copay, if separate			E27	\$15.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different			D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate			E28	\$15.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different			D32			
	Laboratory Outpatient and Professional Services, Copay, if separate			E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different			D33			
	X-rays and Diagnostic Imaging, Copay, if separate			E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different			D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate			E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different			D35		pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate			E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different			D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate			E36			
	Tier 2	Emergency Room Services, Coinsurance, if different			H18		
		Emergency Room Services, Copay, if separate			I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different			H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate			I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different			H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate			I20		
		Specialist Visit, Coinsurance, if different			H21		
Specialist Visit, Copay, if separate			I21				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different			H22				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate			I22				
Imaging (CT/PET Scans, MRIs), Coinsurance, if different			H24				
Imaging (CT/PET Scans, MRIs), Copay, if separate			I24				
Rehabilitative Speech Therapy, Coinsurance, if different			H27				
Rehabilitative Speech Therapy, Copay, if separate			I27				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different			H28				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate			I28				
Laboratory Outpatient and Professional Services, Coinsurance, if different			H32				
Laboratory Outpatient and Professional Services, Copay, if separate			I32				
X-rays and Diagnostic Imaging, Coinsurance, if different			H33				
X-rays and Diagnostic Imaging, Copay, if separate			I33				
Skilled Nursing Facility, Coinsurance, if different			H34				
Skilled Nursing Facility, Copay, if separate			I34				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different			H35				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate			I35				
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different			H36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate			I36				
Drug Benefits							
Tier 1		Generics, Coinsurance, if different			D38		
		Generics, Copay, if separate			E38	\$15.00	pg 7
		Preferred Brand Drugs, Coinsurance, if different			D39		
		Preferred Brand Drugs, Copay, if separate			E39	\$25.00	pg 7
		Non-Preferred Brand Drugs, Coinsurance, if different			D40		
		Non-Preferred Brand Drugs, Copay, if separate			E40	\$50.00	pg 7
Tier 2	Specialty Drugs (i.e. high-cost), Coinsurance, if different			D41	95.82%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate			E41			
	Generics, Coinsurance, if different			H38			
	Generics, Copay, if separate			I38			
	Preferred Brand Drugs, Coinsurance, if different			H39			
	Preferred Brand Drugs, Copay, if separate			I39			
Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different			H40			
	Non-Preferred Brand Drugs, Copay, if separate			I40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different			H41			
	Specialty Drugs (i.e. high-cost), Copay, if separate			I41			
	Options for Additional Benefit Design Limits						

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
NOTE Actuarial Value Calculator does not support Rx benefit with coinsurance and per script max, so company's pharmacy data was used to blend Rx tiered benefits and to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Platinum 5					
Free Standing					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4	73.0%	N/A		
2nd Tier Utilization	H5	27.0%	N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	pg 3	
	Deductible (\$) (Drug)	C10	\$50.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	100.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	OOP Maximum if Separate (\$) (Combined)	D13			
Tier 2	Deductible (\$) (Medical)	F10	\$0.00	pg 3	
	Deductible (\$) (Drug)	G10	\$50.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	100.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	OOP Maximum if Separate (\$) (Combined)	H13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	150	pg 6-7	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$60.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$60.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$100.00	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	96.72%	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18	\$150.00	pg 6-7
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$60.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$60.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$100.00	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$20.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$20.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	57.84%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	85.87%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	82.58%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.80%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
		Tier 2	Generics, Coinsurance, if different	H38	57.84%
	Generics, Copay, if separate		I38		
Preferred Brand Drugs, Coinsurance, if different	H39		85.87%	pg 7	
Preferred Brand Drugs, Copay, if separate	I39				
Non-Preferred Brand Drugs, Coinsurance, if different	H40		82.58%	pg 7	
Non-Preferred Brand Drugs, Copay, if separate	I40				
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		95.80%	pg 7	
Specialty Drugs (i.e. high-cost), Copay, if separate	I41				
Options for Additional Benefit Design Limits					

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288, UHLC-129589647			
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.			
Form Number(s) of Plan: Platinum 5			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4		N/A
Narrow Network Options			
1st Tier Utilization	H4	73.0%	N/A
2nd Tier Utilization	H5	27.0%	N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10	\$0.00	pg 3
Deductible (\$) (Drug)	C10	\$50.00	pg 4
Deductible (\$) (Combined)	D10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	100.00%	pgs 6-13
Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7
Coinsurance (%) (Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$3,000.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10	\$0.00	pg 3
Deductible (\$) (Drug)	G10	\$50.00	pg 4
Deductible (\$) (Combined)	H10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	100.00%	pgs 6-13
Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7
Coinsurance (%) (Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12	\$3,000.00	pg 4
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18	\$150.00	pg 6-7
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	\$60.00	pg 11
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$60.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	pg 9
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	90.15%	pg 13
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18	\$150.00	pg 6-7
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	pg 11
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21	\$60.00	pg 11
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$60.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	\$300.00	pg 9
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27	\$20.00	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	\$20.00	pg 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38	57.84%	pg 7
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39	85.87%	pg 7
Preferred Brand Drugs, Copay, if separate	E39		
Non-Preferred Brand Drugs, Coinsurance, if different	D40	82.58%	pg 7
Non-Preferred Brand Drugs, Copay, if separate	E40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.80%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2			
Generics, Coinsurance, if different	H38	57.84%	pg 7
Generics, Copay, if separate	I38		
Preferred Brand Drugs, Coinsurance, if different	H39	85.87%	pg 7
Preferred Brand Drugs, Copay, if separate	I39		
Non-Preferred Brand Drugs, Coinsurance, if different	H40	82.58%	pg 7
Non-Preferred Brand Drugs, Copay, if separate	I40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	95.80%	pg 7

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
	b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288, UHLC-129589647			
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.			
Form Number(s) of Plan: Platinum 6			
Free Standing			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4		N/A
Narrow Network Options			
1st Tier Utilization	H4	73.0%	N/A
2nd Tier Utilization	H5	27.0%	N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10	\$0.00	pg 3
Deductible (\$) (Drug)	C10	\$0.00	pg 4
Deductible (\$) (Combined)	D10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	100.00%	pgs 6-13
Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7
Coinsurance (%) (Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$3,000.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10	\$0.00	pg 3
Deductible (\$) (Drug)	G10	\$0.00	pg 4
Deductible (\$) (Combined)	H10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	100.00%	pgs 6-13
Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7
Coinsurance (%) (Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12	\$3,000.00	pg 4
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18	\$150.00	pg 6-7
All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	\$40.00	pg 11
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$75.00	pg 9
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35	97.54%	pg 13
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18	\$150.00	pg 6-7
All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	pg 11
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21	\$40.00	pg 11
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$40.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	\$75.00	pg 9
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27	\$20.00	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	\$20.00	pg 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38		
Generics, Copay, if separate	E38	\$15.00	pg 7
Preferred Brand Drugs, Coinsurance, if different	D39		
Preferred Brand Drugs, Copay, if separate	E39	\$25.00	pg 7
Non-Preferred Brand Drugs, Coinsurance, if different	D40		
Non-Preferred Brand Drugs, Copay, if separate	E40	\$50.00	pg 7
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38	\$15.00	pg 7
Preferred Brand Drugs, Coinsurance, if different	H39		
Preferred Brand Drugs, Copay, if separate	I39	\$25.00	pg 7
Non-Preferred Brand Drugs, Coinsurance, if different	H40		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$50.00	pg 7
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	95.82%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) Actuarial Value Calculator does not support Rx benefit with coinsurance and per script max, so company's pharmacy data was used to blend Rx tiered benefits and to estimate effective co-insurance factor.			
	b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Platinum 6					
Hospital Setting					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4	73.0%	N/A		
2nd Tier Utilization	H5	27.0%	N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	100.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$0.00	pg 3	
	Deductible (\$) (Drug)	G10	\$0.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	100.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$150.00	pg 6-7	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$40.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150.00	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	95.07%	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18	\$150.00	pg 6-7
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$40.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$40.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$150.00	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$20.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$20.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$15.00	pg 7
		Preferred Brand Drugs, Coinsurance, if different	D39		
		Preferred Brand Drugs, Copay, if separate	E39	\$25.00	pg 7
		Non-Preferred Brand Drugs, Coinsurance, if different	D40		
		Non-Preferred Brand Drugs, Copay, if separate	E40	\$50.00	pg 7
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.82%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2		Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$15.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39	\$25.00	pg 7	
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$50.00	pg 7	
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	95.82%	pg 7		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
	b) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Platinum 11					
Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4	\$600.00	N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	1000.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$2,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$1,000.00	pg 3	
	Deductible (\$) (Drug)	G10	\$0.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	1000.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$2,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	100	pg 6-7	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	0.9858	pgs 9, 10, 13	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$40.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	76.80%	pg 9	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	98.6%	pg 13	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	95.07%	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18	100	pg 6-7
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19	0.9858	pgs 9, 10, 13
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$40.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$40.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24	76.80%	pg 9	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$20.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$20.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34	0.9858	pg 13	
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	71.89%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	77.39%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.88%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.80%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2		Generics, Coinsurance, if different	H38	71.9%	pg 7
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39	77.4%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	73.9%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	I40			

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	95.8%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
b) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Platinum 11					
Free Standing					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4	\$250.00	N/A		
Narrow Network Options					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	1000.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$2,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	OOP Maximum if Separate (\$) (Combined)	D13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	OOP Maximum if Separate (\$) (Combined)	H13			
Medical Benefits					
Emergency Room Services, Coinsurance, if different	D18				
Emergency Room Services, Copay, if separate	E18	\$100.00	pg 6-7		
All Inpatient Hospital Services (inc. MSHA), Coinsurance, if different	D19	98.58%	pgs 9, 10, 13		
All Inpatient Hospital Services (inc. MSHA), Copay, if separate	E19				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11		
Specialist Visit, Coinsurance, if different	D21				
Specialist Visit, Copay, if separate	E21	\$40.00	pg 11		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pgs 9, 10, 13		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24				
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24				
Rehabilitative Speech Therapy, Coinsurance, if different	D27				
Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12		
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32				
Laboratory Outpatient and Professional Services, Copay, if separate	E32				
X-rays and Diagnostic Imaging, Coinsurance, if different	D33				
X-rays and Diagnostic Imaging, Copay, if separate	E33				
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	98.58%	pg 13		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35				
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36				
Tier 1	Emergency Room Services, Coinsurance, if different	H18			
	Emergency Room Services, Copay, if separate	I18			
	All Inpatient Hospital Services (inc. MSHA), Coinsurance, if different	H19			
	All Inpatient Hospital Services (inc. MSHA), Copay, if separate	I19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20			
	Specialist Visit, Coinsurance, if different	H21			
	Specialist Visit, Copay, if separate	I21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22			
Tier 2	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24			
	Rehabilitative Speech Therapy, Coinsurance, if different	H27			
	Rehabilitative Speech Therapy, Copay, if separate	I27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32			
	Laboratory Outpatient and Professional Services, Copay, if separate	I32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33			
	X-rays and Diagnostic Imaging, Copay, if separate	I33			
Tier 1	Skilled Nursing Facility, Coinsurance, if different	H34			
	Skilled Nursing Facility, Copay, if separate	I34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36			
	Drug Benefits				
	Generics, Coinsurance, if different	D38	71.89%	pg 7	
	Generics, Copay, if separate	E38			
	Preferred Brand Drugs, Coinsurance, if different	D39	77.39%	pg 7	
Preferred Brand Drugs, Copay, if separate	E39				
Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.88%	pg 7		
Non-Preferred Brand Drugs, Copay, if separate	E40				
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.80%	pg 7		
Specialty Drugs (i.e. high-cost), Copay, if separate	E41				
Tier 2	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41			
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
	Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46			
Maximum Number of Days for Charging an IP Copay	B48				
Number of Visits Before Beginning Primary Care Cost-Sharing	B50				
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52				
Notes:					
* From Row 40 of AV Calculator's Users Guide: "If 'Subject to Deductible' is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.					

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Platinum 11					
Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4	\$250.00	N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	1000.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$2,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$1,000.00	pg 3	
	Deductible (\$) (Drug)	G10	\$0.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	1000.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$2,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	100	pg 6-7	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	0.9858	pgs 9, 10, 13	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$40.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	76.80%		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	0.9858	pg 13	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	95.07%	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18	100	pg 6-7
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19	0.9858	pgs 9, 10, 13
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$40.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$40.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$20.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$20.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34	0.9858	pg 13	
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	71.9%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	77.4%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.9%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.8%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2		Generics, Coinsurance, if different	H38	71.9%	pg 7
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39	77.4%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	73.9%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	I40			

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	95.8%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
b) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288			
Company Name: UnitedHealthcare Insurance Company			
Form Number(s) of Plan: Platinum 11			
Free Standing			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4	\$600.00	N/A
Narrow Network Options			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
Plan Benefit Design			
Deductible (\$) (Medical)	B10	\$1,000.00	pg 3
Deductible (\$) (Drug)	C10	\$0.00	pg 4
Deductible (\$) (Combined)	D10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	1000.00%	pgs 6-13
Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7
Coinsurance (%) (Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$2,000.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	F11		
Coinsurance (%) (Insurer's Cost Share) (Drug)	G11		
Coinsurance (%) (Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18	\$100.00	pg 6-7
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	0.9858	pgs 9, 10, 13
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	\$40.00	pg 11
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	0.9858	pg 13
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 1			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Generics, Coinsurance, if different	D38	71.89%	pg 7
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39	77.39%	pg 7
Preferred Brand Drugs, Copay, if separate	E39		
Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.88%	pg 7
Non-Preferred Brand Drugs, Copay, if separate	E40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.80%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 1			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38		
Preferred Brand Drugs, Coinsurance, if different	H39		
Preferred Brand Drugs, Copay, if separate	I39		
Non-Preferred Brand Drugs, Coinsurance, if different	H40		
Non-Preferred Brand Drugs, Copay, if separate	I40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Tier 2			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38		
Preferred Brand Drugs, Coinsurance, if different	H39		
Preferred Brand Drugs, Copay, if separate	I39		
Non-Preferred Brand Drugs, Coinsurance, if different	H40		
Non-Preferred Brand Drugs, Copay, if separate	I40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Gold 1					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,300.00	pg 3	
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	90.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$2,600.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSAs), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSAs), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSAs), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSAs), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate		I21			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22			
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
		Generics, Coinsurance, if different	D38	71.01%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
Tier 1	Preferred Brand Drugs, Copay, if separate	E39			
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
Tier 2	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41			
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
	Options for Additional Benefit Design Limits				
		Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48			
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			
	Note: From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Bankin				
SERFF Filing #: UHLC-129586288, UHLC-129589647				
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc				
Form Number(s) of Plan: Gold 3				
Free Standing				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4	73.0%	N/A
	2nd Tier Utilization	H5	27.0%	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	pg 3
	Deductible (\$) (Drug)	C10	\$100.00	pg 4
	Deductible (\$) (Combined)	D10		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pg 7
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$4,000.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13			
OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$1,000.00	pg 3
	Deductible (\$) (Drug)	G10	\$100.00	pg 4
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	80.00%	pgs 6-13
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pg 7
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12	\$4,000.00	pg 4
OOP Maximum if Separate (\$) (Medical)	F13			
OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25.00	pg 11
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$50.00	pg 11
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pgs 9,1013
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$250.00	pg 9
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$25.00	pg 12
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25.00	pg 12
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	73.43% (uncheck Ded)	pg 13	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$25.00	pg 11
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21	\$50.00	pg 11
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$50.00	pgs 9,1013
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	\$250.00	pg 9
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27	\$25.00	pg 12
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	\$25.00	pg 12
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34			
Skilled Nursing Facility, Copay, if separate	I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36			
Drug Benefits				
r1	Generics, Coinsurance, if different	D38	71.01%	pg 7
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
	Preferred Brand Drugs, Copay, if separate	E39		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38	71.01%	pg 7
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39	75.58%	pg 7
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	73.62%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.51%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
	b) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc					
Form Number(s) of Plan: Gold 3					
Hospital Setting		Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
Input Name					
HSA/HRA Options					
Annual Contribution Amount		E4		N/A	
Narrow Network Options					
1st Tier Utilization		H4		N/A	
2nd Tier Utilization		H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$100.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$4,000.00	pg 5	
OOP Maximum if Separate (\$) (Medical)	B13				
OOP Maximum if Separate (\$) (Drug)	C13				
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
OOP Maximum if Separate (\$) (Medical)	F13				
OOP Maximum if Separate (\$) (Drug)	G13				
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$50.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$25.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	71.01%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate		E41			
Tier 2		Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41			
Specialty Drugs (i.e. high-cost), Copay, if separate	I41				
Options for Additional Benefit Design Limits					

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288			
Company Name: UnitedHealthcare Insurance Company			
Form Number(s) of Plan: Gold 4			
Outpatient Hospital Setting			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4		N/A
Narrow Network Options			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
Plan Benefit Design			
Deductible (\$) (Medical)	B10	\$1,500.00	pg 3
Deductible (\$) (Drug)	C10	\$250.00	pg 4
Deductible (\$) (Combined)	D10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13
Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7
Coinsurance (%) (Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$3,000.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	F11		
Coinsurance (%) (Insurer's Cost Share) (Drug)	G11		
Coinsurance (%) (Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	\$50.00	pg 11
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pgs 9, 10 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 1			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Generics, Coinsurance, if different	D38	71.01%	pg 7
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
Preferred Brand Drugs, Copay, if separate	E39		
Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
Non-Preferred Brand Drugs, Copay, if separate	E40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 1			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38		
Preferred Brand Drugs, Coinsurance, if different	H39		
Preferred Brand Drugs, Copay, if separate	I39		
Non-Preferred Brand Drugs, Coinsurance, if different	H40		
Non-Preferred Brand Drugs, Copay, if separate	I40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Tier 2			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38		
Preferred Brand Drugs, Coinsurance, if different	H39		
Preferred Brand Drugs, Copay, if separate	I39		
Non-Preferred Brand Drugs, Coinsurance, if different	H40		
Non-Preferred Brand Drugs, Copay, if separate	I40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Gold 4					
Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,500.00	pg 3	
	Deductible (\$) (Drug)	C10	\$250.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$1,500.00	pg 3	
	Deductible (\$) (Drug)	G10	\$250.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	80.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSAs), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSAs), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$50.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pgs 9, 10 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	72.11% (uncheck Ded)	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSAs), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSAs), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate		I21	\$50.00	pg 11	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22	\$50.00	pgs 9, 10 13	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$300.00	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$20.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$20.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	71.01%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7	
Specialty Drugs (i.e. high-cost), Copay, if separate	E41				
Tier 2	Generics, Coinsurance, if different	H38	71.01%	pg 7	
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39	75.58%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	73.62%	pg 7	

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Non-Preferred Brand Drugs, Copay, if separate	I40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.51%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
b) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Gold 5					
Outpatient Hospital Setting					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,300.00	pg 3.	
	Deductible (\$) (Drug)	C10	\$100.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	90.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	OOP Maximum if Separate (\$) (Combined)	D13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	OOP Maximum if Separate (\$) (Combined)	H13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$50.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pgs 9, 10 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$25.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	71.01%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
		Tier 2	Generics, Coinsurance, if different	H38	
	Generics, Copay, if separate		I38		
Preferred Brand Drugs, Coinsurance, if different	H39				
Preferred Brand Drugs, Copay, if separate	I39				
Non-Preferred Brand Drugs, Coinsurance, if different	H40				
Non-Preferred Brand Drugs, Copay, if separate	I40				
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41				
Specialty Drugs (i.e. high-cost), Copay, if separate	I41				
Options for Additional Benefit Design Limits					

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Gold 5					
Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,300.00	pg 3.	
	Deductible (\$) (Drug)	C10	\$100.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	90.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$1,300.00	pg 3.	
	Deductible (\$) (Drug)	G10	\$100.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	90.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$50.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pgs 9, 10 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150.00	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$25.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	76.06% (uncheck Ded)	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$25.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate		I21	\$50.00	pg 11	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22	\$50.00	pgs 9, 10 13	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$150.00	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$25.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$25.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	71.01%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7	
Specialty Drugs (i.e. high-cost), Copay, if separate	E41				
Tier 2	Generics, Coinsurance, if different	H38	71.01%	pg 7	
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39	75.58%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	73.62%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	I40			
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.51%	pg 7		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
	b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Gold 6					
Outpatient Hospital Setting					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,500.00	pg 3	
	Deductible (\$) (Drug)	C10	\$50.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	90.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$4,000.00	pg 4	
Tier 2	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
Tier 1	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	Medical Benefits				
	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pgs 9, 10 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20			
Specialist Visit, Coinsurance, if different		H21			
Specialist Visit, Copay, if separate		I21			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22			
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36				
Drug Benefits					
Tier 1	Generics, Coinsurance, if different	D38	71.01%	pg 7	
	Generics, Copay, if separate	E38			
	Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7	
	Preferred Brand Drugs, Copay, if separate	E39			
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
Tier 2	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41			
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
Options for Additional Benefit Design Limits					

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Gold 6					
Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,500.00	pg 3	
	Deductible (\$) (Drug)	C10	\$50.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	90.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$4,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$1,500.00	pg 3	
	Deductible (\$) (Drug)	G10	\$50.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	90.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$4,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pgs 9, 10 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150.00	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	85.47% (uncheck Ded)	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$15.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$30.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$30.00	pgs 9, 10 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$150.00	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$15.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$15.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	71.01%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2		Generics, Coinsurance, if different	H38	71.01%	pg 7
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39	75.58%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	73.62%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	I40			
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.51%	pg 7		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
	b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288, UHLC-129589647, UHLC-129589692			
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc.			
Form Number(s) of Plan: Gold 7			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4		N/A
Narrow Network Options			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10	\$1,300.00	pg 3
Deductible (\$) (Drug)	C10		
Deductible (\$) (Combined)	D10		
Coinsurance (% Insurer's Cost Share) (Medical)	B11	100.00%	pgs 6-13
Coinsurance (% Insurer's Cost Share) (Drug)	C11		
Coinsurance (% Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$2,600.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18	86.72%	pgs 6-7
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38	71.01%	pg 7
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
Preferred Brand Drugs, Copay, if separate	E39		
Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
Non-Preferred Brand Drugs, Copay, if separate	E40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 2	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Gold 8					
Free Standing					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,500.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	OOP Maximum if Separate (\$) (Combined)	D13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	OOP Maximum if Separate (\$) (Combined)	H13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$60.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$60.00	pg 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$10.00	pg 7
		Preferred Brand Drugs, Coinsurance, if different	D39		
		Preferred Brand Drugs, Copay, if separate	E39	\$40.00	pg 7
		Non-Preferred Brand Drugs, Coinsurance, if different	D40		
		Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	pg 7
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
		Tier 2	Generics, Coinsurance, if different	H38	
	Generics, Copay, if separate		I38		
Preferred Brand Drugs, Coinsurance, if different	H39				
Preferred Brand Drugs, Copay, if separate	I39				
Non-Preferred Brand Drugs, Coinsurance, if different	H40				
Non-Preferred Brand Drugs, Copay, if separate	I40				
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41				
Specialty Drugs (i.e. high-cost), Copay, if separate	I41				
Options for Additional Benefit Design Limits					

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Gold 8					
Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,500.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$1,000.00	pg 3	
	Deductible (\$) (Drug)	G10	\$0.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$3,500.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$60.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$60.00	pg 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	63.47%	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	73.43%	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$30.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$60.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$60.00	pg 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	63.47%	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$30.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$30.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$10.00	pg 7
		Preferred Brand Drugs, Coinsurance, if different	D39		
		Preferred Brand Drugs, Copay, if separate	E39	\$40.00	pg 7
		Non-Preferred Brand Drugs, Coinsurance, if different	D40		
		Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	pg 7
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2		Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39	\$40.00	pg 7	
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	pg 7	

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.51%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table. b) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Gold 9					
Free Standing					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	90.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$3,000.00	pg 4	
Tier 2	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
Tier 1	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	Medical Benefits				
	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$40.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20			
Specialist Visit, Coinsurance, if different		H21			
Specialist Visit, Copay, if separate		I21			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22			
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36				
Drug Benefits					
Tier 1	Generics, Coinsurance, if different	D38			
	Generics, Copay, if separate	E38	\$10.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	D39			
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	pg 7	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40			
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	pg 7	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
Tier 2	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41			
Specialty Drugs (i.e. high-cost), Copay, if separate	I41				
Options for Additional Benefit Design Limits					

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288, UHLC-129589647			
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.			
Form Number(s) of Plan: Gold 9			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4		N/A
Narrow Network Options			
1st Tier Utilization	H4	73.0%	N/A
2nd Tier Utilization	H5	27.0%	N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10	\$1,000.00	pg 3
Deductible (\$) (Drug)	C10	\$0.00	pg 4
Deductible (\$) (Combined)	D10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	90.00%	pgs 6-13
Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7
Coinsurance (%) (Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$3,000.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10	\$1,000.00	pg 3
Deductible (\$) (Drug)	G10	\$0.00	pg 4
Deductible (\$) (Combined)	H10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	90.00%	pgs 6-13
Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7
Coinsurance (%) (Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12	\$3,000.00	pg 4
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00	pg 11
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	\$40.00	pg 11
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$40.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	63.47%	pg 9
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	\$20.00	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$20.00	pg 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	82.61%	pg 13
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$20.00	pg 11
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21	\$40.00	pg 11
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$40.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	63.47%	pg 9
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27	\$20.00	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	\$20.00	pg 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38		
Generics, Copay, if separate	E38	\$10.00	pg 7
Preferred Brand Drugs, Coinsurance, if different	D39		
Preferred Brand Drugs, Copay, if separate	E39	\$40.00	pg 7
Non-Preferred Brand Drugs, Coinsurance, if different	D40		
Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	pg 7
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38	\$10.00	pg 7
Preferred Brand Drugs, Coinsurance, if different	H39		
Preferred Brand Drugs, Copay, if separate	I39	\$40.00	pg 7
Non-Preferred Brand Drugs, Coinsurance, if different	H40		
Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	pg 7

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.51%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Gold 10					
Outpatient Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$500.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$4,500.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$500.00	pg 3	
	Deductible (\$) (Drug)	G10	\$0.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$4,500.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pg 9	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	63.47%	pg 9, 10 13	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	73.43%	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$15.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$30.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$30.00	pg 9, 10 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	63.47%	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$15.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$15.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$10.00	pg 7
		Preferred Brand Drugs, Coinsurance, if different	D39		
		Preferred Brand Drugs, Copay, if separate	E39	\$40.00	pg 7
		Non-Preferred Brand Drugs, Coinsurance, if different	D40		
		Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	pg 7
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate		E41			
Tier 2		Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38	\$10.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39	\$40.00	pg 7	
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Non-Preferred Brand Drugs, Copay, if separate	I40	\$75.00	pg 7
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.51%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:				
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
	b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Gold 10					
Free Standing					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$500.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$4,500.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	OOP Maximum if Separate (\$) (Combined)	D13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	OOP Maximum if Separate (\$) (Combined)	H13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$15.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30.00	pg 9, 10 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$15.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$15.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$10.00	pg 7
		Preferred Brand Drugs, Coinsurance, if different	D39		
		Preferred Brand Drugs, Copay, if separate	E39	\$40.00	pg 7
		Non-Preferred Brand Drugs, Coinsurance, if different	D40		
		Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	pg 7
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
		Tier 2	Generics, Coinsurance, if different	H38	
	Generics, Copay, if separate		I38		
Preferred Brand Drugs, Coinsurance, if different	H39				
Preferred Brand Drugs, Copay, if separate	I39				
Non-Preferred Brand Drugs, Coinsurance, if different	H40				
Non-Preferred Brand Drugs, Copay, if separate	I40				
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41				
Specialty Drugs (i.e. high-cost), Copay, if separate	I41				
Options for Additional Benefit Design Limits					

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) <u>From Row 50 of AV Calculator's Users Guide:</u> "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288, UHLC-129589647, UHLC-129589692			
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc			
Form Number(s) of Plan: Gold 11			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4		N/A
Narrow Network Options			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10		
Deductible (\$) (Drug)	C10		
Deductible (\$) (Combined)	D10	\$1,300.00	pg 3
Coinsurance (% Insurer's Cost Share) (Medical)	B11		
Coinsurance (% Insurer's Cost Share) (Drug)	C11		
Coinsurance (% Insurer's Cost Share) (Combined)	D11	100%	pgs 6-13
OOP Maximum (\$)	B12	\$2,600.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18	94.7%	pgs 6-7
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	D19	98.7%	pgs 9, 10 13
All Inpatient Hospital Services (inc. MHA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	92.6%	pg 11
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
Specialist Visit, Coinsurance, if different	D21	87.6%	pg 11
Specialist Visit, Copay, if separate	E21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	83.6%	pgs 9, 10 13
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27	91.1%	pg 12
Rehabilitative Speech Therapy, Copay, if separate	E27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	81.2%	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	98.7%	pg 13
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18	94.7%	pgs 6-7
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	H19	98.7%	pgs 9, 10 13
All Inpatient Hospital Services (inc. MHA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20	92.6%	pg 11
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21	87.6%	pg 11
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22	83.6%	pgs 9, 10 13
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24	78.1%	pg 9, 10, 13
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27	91.1%	pg 12
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28	81.2%	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34	98.7%	pg 13
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35	95.1%	pg 13
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38	71.01%	pg 7
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
Preferred Brand Drugs, Copay, if separate	E39		
Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
Non-Preferred Brand Drugs, Copay, if separate	E40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 2	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288, UHLC-129589647, UHLC-129589692			
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc			
Form Number(s) of Plan: Gold 11			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4		N/A
Narrow Network Options			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10		
Deductible (\$) (Drug)	C10		
Deductible (\$) (Combined)	D10	\$1,300.00	pg 3
Coinsurance (% Insurer's Cost Share) (Medical)	B11		
Coinsurance (% Insurer's Cost Share) (Drug)	C11		
Coinsurance (% Insurer's Cost Share) (Combined)	D11	100%	pgs 6-13
OOP Maximum (\$)	B12	\$2,600.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18	94.7%	pgs 6-7
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MSHA), Coinsurance, if different	D19	99%	pgs 9, 10 13
All Inpatient Hospital Services (inc. MSHA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	93%	pg 11
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
Specialist Visit, Coinsurance, if different	D21	88%	pg 11
Specialist Visit, Copay, if separate	E21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	84%	pgs 9, 10 13
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27	91%	pg 12
Rehabilitative Speech Therapy, Copay, if separate	E27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	81%	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	99%	pg 13
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MSHA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MSHA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38	71.01%	pg 7
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
Preferred Brand Drugs, Copay, if separate	E39		
Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
Non-Preferred Brand Drugs, Copay, if separate	E40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 2	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288			
Company Name: UnitedHealthcare Insurance Company			
Form Number(s) of Plan: Gold 12			
Free Standing			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4	\$350.00	N/A
Narrow Network Options			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
Plan Benefit Design			
Deductible (\$) (Medical)	B10	\$2,000.00	pg 3
Deductible (\$) (Drug)	C10	\$0.00	pg 4
Deductible (\$) (Combined)	D10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13
Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	
Coinsurance (%) (Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$6,250.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	F11		
Coinsurance (%) (Insurer's Cost Share) (Drug)	G11		
Coinsurance (%) (Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18	\$150.00	pg 6-7
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25.00	pg 11
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	\$50.00	pg 11
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pgs 9, 10 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	\$25.00	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25.00	pg 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 1			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Generics, Coinsurance, if different	D38	71.01%	pg 7
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
Preferred Brand Drugs, Copay, if separate	E39		
Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
Non-Preferred Brand Drugs, Copay, if separate	E40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.80%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 1			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38		
Preferred Brand Drugs, Coinsurance, if different	H39		
Preferred Brand Drugs, Copay, if separate	I39		
Non-Preferred Brand Drugs, Coinsurance, if different	H40		
Non-Preferred Brand Drugs, Copay, if separate	I40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Tier 2			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38		
Preferred Brand Drugs, Coinsurance, if different	H39		
Preferred Brand Drugs, Copay, if separate	I39		
Non-Preferred Brand Drugs, Coinsurance, if different	H40		
Non-Preferred Brand Drugs, Copay, if separate	I40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Gold 12					
Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4	\$350.00	N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$2,000.00	pg 3	
	Deductible (\$) (Drug)	G10	\$0.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	150	pg 6-7	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$50.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pgs 9, 10 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	62.50%	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$25.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	76.06%	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	E18	150	pg 6-7
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$25.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$50.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$50.00	pgs 9, 10 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24	62.50%	pg 9	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$25.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$25.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	\$0.71	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.80%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2		Generics, Coinsurance, if different	H38	71.0%	pg 7
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39	75.6%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	73.6%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	I40			

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	95.8%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table. b) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288			
Company Name: UnitedHealthcare Insurance Company			
Form Number(s) of Plan: Gold 12			
Free Standing			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4	\$750.00	N/A
Narrow Network Options			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10	\$2,000.00	pg 3
Deductible (\$) (Drug)	C10	\$0.00	pg 4
Deductible (\$) (Combined)	D10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13
Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7
Coinsurance (%) (Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$6,250.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (%) (Insurer's Cost Share) (Medical)	F11		
Coinsurance (%) (Insurer's Cost Share) (Drug)	G11		
Coinsurance (%) (Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18	\$150.00	pg 6-7
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25.00	pg 11
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	\$50.00	pg 11
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pgs 9, 10 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	\$25.00	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25.00	pg 12
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38	71.01%	pg 7
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
Preferred Brand Drugs, Copay, if separate	E39		
Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
Non-Preferred Brand Drugs, Copay, if separate	E40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.80%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2			
Generics, Coinsurance, if different	H38		
Generics, Copay, if separate	I38		
Preferred Brand Drugs, Coinsurance, if different	H39		
Preferred Brand Drugs, Copay, if separate	I39		
Non-Preferred Brand Drugs, Coinsurance, if different	H40		
Non-Preferred Brand Drugs, Copay, if separate	I40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Gold 12					
Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4	\$350.00	N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$0.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$2,000.00	pg 3	
	Deductible (\$) (Drug)	G10	\$0.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	150	pg 6-7	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$50.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pgs 9, 10 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	62.50%	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$25.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	76.06%	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18	150	pg 6-7
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$25.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$50.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$50.00	pgs 9, 10 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24	62.50%	pg 9	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$25.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$25.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	\$0.71	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	75.58%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	73.62%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	95.80%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2		Generics, Coinsurance, if different	H38	71.0%	pg 7
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39	75.6%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	73.6%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	I40			

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	95.8%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
b) Actuarial Value Calculator does not support <u>outpatient copay</u> , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: UHLC-129586288
 Company Name: UnitedHealthcare Insurance Company
 Form Number(s) of Plan: Gold 13

	Input Name	Cell in AV	Input Value Used	Corresponding Page Number in Contract
	HSA/HRA Options			
	Annual Contribution Amount	E4		N/A
	Narrow Network Options			
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design			
Tier 1	Deductible (\$) (Medical)	B10	\$1,000.00	pg 3
	Deductible (\$) (Drug)	C10	\$0.00	pg 4
	Deductible (\$) (Combined)	D10		
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	100.00%	pgs 6-13
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	100.00%	pg 7
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$3,000.00	pg 4
Tier 2	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11		
Tier 1	Coinsurance (% , Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits			
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$100.00	pg 6-7
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$25.00	pg 11	
Specialist Visit, Coinsurance, if different	D21			
Specialist Visit, Copay, if separate	E21	\$50.00	pg 11	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50.00	pgs 9, 10, 13	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
Rehabilitative Speech Therapy, Coinsurance, if different	D27			
Rehabilitative Speech Therapy, Copay, if separate	E27	\$25.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$25.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
Laboratory Outpatient and Professional Services, Copay, if separate	E32			
X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
X-rays and Diagnostic Imaging, Copay, if separate	E33			
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	I27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33			
Skilled Nursing Facility, Coinsurance, if different	H34			
Skilled Nursing Facility, Copay, if separate	I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36			
Tier 1	Drug Benefits			
	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	pg 7
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$40.00	pg 7
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75.00	pg 7
Tier 2	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.51%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
Non-Preferred Brand Drugs, Copay, if separate	I40			
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41			
Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
Options for Additional Benefit Design Limits				
Specialty Rx Coinsurance Maximum	B46			
Maximum Number of Days for Charging an IP Copay	B48			
Number of Visits Before Beginning Primary Care Cost-Sharing	B50			
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Silver 1					
Free Standing					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$250.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	60.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$2,000.00	pg 3	
	Deductible (\$) (Drug)	G10	\$250.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	60.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$60.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$60.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	54.1% (uncheck Ded)	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$30.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$60.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$60.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$300.00	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$30.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$30.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$10.00	pg 7
		Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
		Tier 2	Generics, Coinsurance, if different	H38	
Generics, Copay, if separate	I38		\$10.00	pg 7	
Preferred Brand Drugs, Coinsurance, if different	H39		74.21%	pg 7	

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 2	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	71.01%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.59%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
	b) Actuarial Value Calculator does not support outpatient copay, company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Silver 1					
OP Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$250.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	60.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	OOP Maximum if Separate (\$) (Combined)	D13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	OOP Maximum if Separate (\$) (Combined)	H13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$60.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$60.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20			
Specialist Visit, Coinsurance, if different		H21			
Specialist Visit, Copay, if separate		I21			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22			
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$10.00	pg 7
		Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7
	Preferred Brand Drugs, Copay, if separate	E39			
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
	Tier 2	Generics, Coinsurance, if different	H38		
		Generics, Copay, if separate	I38		
Preferred Brand Drugs, Coinsurance, if different		H39			
Preferred Brand Drugs, Copay, if separate		I39			
Non-Preferred Brand Drugs, Coinsurance, if different		H40			
Non-Preferred Brand Drugs, Copay, if separate		I40			
Specialty Drugs (i.e. high-cost), Coinsurance, if different		H41			
Specialty Drugs (i.e. high-cost), Copay, if separate		I41			
Options for Additional Benefit Design Limits					

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	<p>Note a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.</p>			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Silver 2					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4	\$0.00	N/A		
Narrow Network Options					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00	pg 3	
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	70.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$4,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	Tier 2	Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)		G10			
Deductible (\$) (Combined)		H10			
Coinsurance (% Insurer's Cost Share) (Medical)		F11			
Coinsurance (% Insurer's Cost Share) (Drug)		G11			
Coinsurance (% Insurer's Cost Share) (Combined)		H11			
OOP Maximum (\$)		F12			
OOP Maximum if Separate (\$) (Medical)		F13			
OOP Maximum if Separate (\$) (Drug)		G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MSHA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MSHA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MSHA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MSHA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	71.35%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate		E41			
Tier 2		Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Non-Preferred Brand Drugs, Copay, if separate	I40		
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits			
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
<p>Note: From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.</p>			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647, UHLC-129589692					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc.					
Form Number(s) of Plan: Silver 3					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4	\$0.00	N/A		
Narrow Network Options					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00	pg 3	
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	90.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	71.40%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	74.20%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.00%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.60%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288, UHLC-129589647			
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.			
Form Number(s) of Plan: Silver 4			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options			
Annual Contribution Amount	E4	\$0.00	N/A
Narrow Network Options			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
Plan Benefit Design			
Tier 1			
Deductible (\$) (Medical)	B10	\$1,500.00	pg 3
Deductible (\$) (Drug)	C10		
Deductible (\$) (Combined)	D10		
Coinsurance (% Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13
Coinsurance (% Insurer's Cost Share) (Drug)	C11		
Coinsurance (% Insurer's Cost Share) (Combined)	D11		
OOP Maximum (\$)	B12	\$6,000.00	pg 4
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38	71.40%	pg 7
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39	74.20%	pg 7
Preferred Brand Drugs, Copay, if separate	E39		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.00%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.60%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
Tier 2	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41			
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
	Options for Additional Benefit Design Limits				
		Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48			
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			
	Notes:				
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647, UHLC-129589692					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc.					
Form Number(s) of Plan: Silver 5					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4	\$0.00	N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,500.00	pg 3	
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	70.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,000.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	OOP Maximum if Separate (\$) (Combined)	D13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	OOP Maximum if Separate (\$) (Combined)	H13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	71.35%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate		E41			
Tier 2		Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Note: From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Silver 7					
Free Standing					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4	73.0%	N/A		
2nd Tier Utilization	H5	27.0%	N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,500.00	pg 3	
	Deductible (\$) (Drug)	C10	\$500.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	70.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$1,500.00	pg 3	
	Deductible (\$) (Drug)	G10	\$500.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	70.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$40.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$80.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$80.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$40.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	63.1% (unchecked Ded)	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$40.00	
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$80.00	
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$80.00	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$300.00		
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$40.00		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$40.00		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different	H34				
Skilled Nursing Facility, Copay, if separate	I34				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35				
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36				
Drug Benefits					
Tier 1	Generics, Coinsurance, if different	D38			
	Generics, Copay, if separate	E38			
	Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7	
	Preferred Brand Drugs, Copay, if separate	E39			
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
Tier 2	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38	\$10.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	H39	74.21%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	71.01%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	I40			
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.59%	pg 7		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table. b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Silver 7					
Hospital Setting		Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
Input Name					
HSA/HRA Options					
Annual Contribution Amount		E4		N/A	
Narrow Network Options					
1st Tier Utilization		H4		N/A	
2nd Tier Utilization		H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$1,500.00	pg 3	
	Deductible (\$) (Drug)	C10	\$500.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	70.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
Tier 2	OOP Maximum (\$)	B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
Tier 1	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	Medical Benefits				
	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$40.00	pg 11	
Specialist Visit, Coinsurance, if different	D21				
Specialist Visit, Copay, if separate	E21	\$80.00	pg 11		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$80.00	pgs 9, 10, 13		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24				
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24				
Rehabilitative Speech Therapy, Coinsurance, if different	D27				
Rehabilitative Speech Therapy, Copay, if separate	E27	\$40.00	pg 12		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40.00	pg 12		
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32				
Laboratory Outpatient and Professional Services, Copay, if separate	E32				
X-rays and Diagnostic Imaging, Coinsurance, if different	D33				
X-rays and Diagnostic Imaging, Copay, if separate	E33				
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34				
Skilled Nursing Facility, Tier 1, Copay, if separate	E34				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35				
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36				
Tier 2	Emergency Room Services, Coinsurance, if different	H18			
	Emergency Room Services, Copay, if separate	I18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20			
	Specialist Visit, Coinsurance, if different	H21			
	Specialist Visit, Copay, if separate	I21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24			
	Rehabilitative Speech Therapy, Coinsurance, if different	H27			
Rehabilitative Speech Therapy, Copay, if separate	I27				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28				
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32				
Laboratory Outpatient and Professional Services, Copay, if separate	I32				
X-rays and Diagnostic Imaging, Coinsurance, if different	H33				
X-rays and Diagnostic Imaging, Copay, if separate	I33				
Skilled Nursing Facility, Coinsurance, if different	H34				
Skilled Nursing Facility, Copay, if separate	I34				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35				
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36				
Drug Benefits					
Tier 1	Generics, Coinsurance, if different	D38			
	Generics, Copay, if separate	E38	\$10.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7	
	Preferred Brand Drugs, Copay, if separate	E39			
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
Tier 2	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
Tier 2	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41			
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
	Options for Additional Benefit Design Limits				

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) <u>From Row 50 of AV Calculator's Users Guide:</u> "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: UHLC-129586288				
Company Name: UnitedHealthcare Insurance Company				
Form Number(s) of Plan: Silver 8				
Hospital Setting		Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Input Name				
HSA/HRA Options				
Annual Contribution Amount		E4		N/A
Narrow Network Options				
1st Tier Utilization		H4		N/A
2nd Tier Utilization		H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00	pg 3
	Deductible (\$) (Drug)	C10	\$250.00	pg 4
	Deductible (\$) (Combined)	D10		
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	70.00%	pgs 6-13
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11		
Tier 2	OOP Maximum (\$)	B12	\$6,250.00	pg 4
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
Tier 1	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11		
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11		
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits			
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$40.00	pg 11	
Specialist Visit, Coinsurance, if different	D21			
Specialist Visit, Copay, if separate	E21	\$80.00	pg 11	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$80.00	pgs 9, 10, 13	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
Rehabilitative Speech Therapy, Coinsurance, if different	D27			
Rehabilitative Speech Therapy, Copay, if separate	E27	\$40.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
Laboratory Outpatient and Professional Services, Copay, if separate	E32			
X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
X-rays and Diagnostic Imaging, Copay, if separate	E33			
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	I21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27			
Rehabilitative Speech Therapy, Copay, if separate	I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32			
Laboratory Outpatient and Professional Services, Copay, if separate	I32			
X-rays and Diagnostic Imaging, Coinsurance, if different	H33			
X-rays and Diagnostic Imaging, Copay, if separate	I33			
Skilled Nursing Facility, Coinsurance, if different	H34			
Skilled Nursing Facility, Copay, if separate	I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36			
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	pg 7
	Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7
	Preferred Brand Drugs, Copay, if separate	E39		
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	E40		
Tier 2	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288					
Company Name: UnitedHealthcare Insurance Company					
Form Number(s) of Plan: Silver 8					
Free-Standing					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4	73.0%	N/A		
2nd Tier Utilization	H5	27.0%	N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$250.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	70.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$2,000.00	pg 3	
	Deductible (\$) (Drug)	G10	\$250.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	70.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$40.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$80.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$80.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$40.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	63.1% (uncheck Ded)	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$40.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$80.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$80.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$300.00	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$40.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$40.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36				
Drug Benefits					
Tier 1	Generics, Coinsurance, if different	D38			
	Generics, Copay, if separate	E38	\$10.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7	
	Preferred Brand Drugs, Copay, if separate	E39			
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
Tier 2	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38	\$10.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	H39	74.21%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	71.01%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	I40			
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.59%	pg 7		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:				
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
	b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Silver 9					
Outpatient Hospital Setting					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$2,500.00	pg 3	
	Deductible (\$) (Drug)	C10	\$250.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	OOP Maximum if Separate (\$) (Combined)	D13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	OOP Maximum if Separate (\$) (Combined)	H13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$35.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$70.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$70.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$35.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$35.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$10.00	pg 7
		Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
		Tier 2	Generics, Coinsurance, if different	H38	
	Generics, Copay, if separate		I38		
Preferred Brand Drugs, Coinsurance, if different	H39				
Preferred Brand Drugs, Copay, if separate	I39				
Non-Preferred Brand Drugs, Coinsurance, if different	H40				
Non-Preferred Brand Drugs, Copay, if separate	I40				
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41				
Specialty Drugs (i.e. high-cost), Copay, if separate	I41				
Options for Additional Benefit Design Limits					

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Silver 9					
Free Standing					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4	73.0%	N/A		
2nd Tier Utilization	H5	27.0%	N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$2,500.00	pg 3	
	Deductible (\$) (Drug)	C10	\$250.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$2,500.00	pg 3	
	Deductible (\$) (Drug)	G10	\$250.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	80.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$35.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$70.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$70.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$35.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$35.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	72.12% (uncheck Ded)	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$35.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$70.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$70.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$300.00	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$35.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$35.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36				
Drug Benefits					
Tier 1	Generics, Coinsurance, if different	D38			
	Generics, Copay, if separate	E38	\$10.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7	
	Preferred Brand Drugs, Copay, if separate	E39			
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
Tier 2	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38	\$10.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	H39	74.21%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	71.01%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	I40			
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.59%	pg 7		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
	b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Silver 10					
Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used		
			Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
	Annual Contribution Amount	E4	N/A		
Narrow Network Options					
	1st Tier Utilization	H4	N/A		
	2nd Tier Utilization	H5	N/A		
Plan Benefit Design					
	Deductible (\$) (Medical)	B10	\$3,000.00		
	Deductible (\$) (Drug)	C10	\$250.00		
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	90.00%		
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%		
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11	pg 7		
	OOP Maximum (\$)	B12	\$6,250.00		
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
	Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$35.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$70.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$70.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$35.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$35.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	\$10.00	
		Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7
		Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
		Tier 2	Generics, Coinsurance, if different	H38	
	Generics, Copay, if separate		I38		
Preferred Brand Drugs, Coinsurance, if different	H39				
Preferred Brand Drugs, Copay, if separate	I39				
Non-Preferred Brand Drugs, Coinsurance, if different	H40				
Non-Preferred Brand Drugs, Copay, if separate	I40				
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41				
Specialty Drugs (i.e. high-cost), Copay, if separate	I41				
Options for Additional Benefit Design Limits					

Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Specialty Rx Coinsurance Maximum	B46		
Maximum Number of Days for Charging an IP Copay	B48		
Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
Notes:			
a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Silver 10					
Free Standing					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
HSA/HRA Options					
Annual Contribution Amount	E4		N/A		
Narrow Network Options					
1st Tier Utilization	H4	73.0%	N/A		
2nd Tier Utilization	H5	27.0%	N/A		
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$3,000.00	pg 3	
	Deductible (\$) (Drug)	C10	\$250.00	pg 4	
	Deductible (\$) (Combined)	D10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	90.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10	\$3,000.00	pg 3	
	Deductible (\$) (Drug)	G10	\$250.00	pg 4	
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	90.00%	pgs 6-13	
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	100.00%	pg 7	
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$35.00	pg 11	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$70.00	pg 11	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$70.00	pgs 9, 10, 13	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	pg 9	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$35.00	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$35.00	pg 12	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	81.13% (uncheck Ded)	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	\$35.00	pg 11
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21	\$70.00	pg 11
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	\$70.00	pgs 9, 10, 13
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	\$300.00	pg 9	
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27	\$35.00	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	\$35.00	pg 12	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36				
Drug Benefits					
Tier 1	Generics, Coinsurance, if different	D38			
	Generics, Copay, if separate	E38	\$10.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	D39	74.21%	pg 7	
	Preferred Brand Drugs, Copay, if separate	E39			
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.01%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.59%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
Tier 2	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38	\$10.00	pg 7	
	Preferred Brand Drugs, Coinsurance, if different	H39	74.21%	pg 7	
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	71.01%	pg 7	
	Non-Preferred Brand Drugs, Copay, if separate	I40			
Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.59%	pg 7		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			
	b) Actuarial Value Calculator does not support outpatient copay , company's data was used to estimate effective co-insurance factor.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: UHLC-129586288, UHLC-129589647, UHLC-129589692				
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc.				
Form Number(s) of Plan: Silver 11				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	\$0.00	N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	\$2,000.00	pg 3
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11		
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11		
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11	100%	pgs 6-13
	OOP Maximum (\$)	B12	\$4,000.00	pg 4
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11		
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11		
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18	93%	pgs 6-7
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	97%	pgs 9, 10, 13
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	82%	pg 11
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
	Specialist Visit, Coinsurance, if different	D21	70%	pg 11
	Specialist Visit, Copay, if separate	E21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	59%	pgs 9, 10, 13
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	77%	pg 12
	Rehabilitative Speech Therapy, Copay, if separate	E27	55%	pg 12
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	97%	pg 13
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36		
Drug Benefits				

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
Tier 1	Generics, Coinsurance, if different	D38	71.35%	pg 7
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39	74.20%	pg 7
	Preferred Brand Drugs, Copay, if separate	E39		
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.00%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.60%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: UHLC-129586288, UHLC-129589647, UHLC-129589692				
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc.				
Form Number(s) of Plan: Silver 11				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	\$0.00	N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	\$2,000.00	pg 3
	Coinsurance (% Insurer's Cost Share) (Medical)	B11		
	Coinsurance (% Insurer's Cost Share) (Drug)	C11		
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	100%	pgs 6-13
	OOP Maximum (\$)	B12	\$4,000.00	pg 4
	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10	2000	pg 3
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11	1	pgs 6-13
	OOP Maximum (\$)	F12	4000	pg 4
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18	93%	pgs 6-7
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	97%	pgs 9, 10, 13
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	82%	pg 11
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
	Specialist Visit, Coinsurance, if different	D21	70%	pg 11
	Specialist Visit, Copay, if separate	E21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	59%	pgs 9, 10, 13
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	65%	pg 9
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	77%	pg 12
	Rehabilitative Speech Therapy, Copay, if separate	E27	55%	pg 12
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	97%	pg 13
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	92%	pg 13
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	93%
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19	97%	pgs 9, 10, 13
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20	82%	pg 11
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21	70%	pg 11
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22	59%	pgs 9, 10, 13
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27	77%	pg 12
Rehabilitative Speech Therapy, Copay, if separate		I27	55%	pg 12
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34	97%	pg 13
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38	71.35%	pg 7
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39	74.20%	pg 7
	Preferred Brand Drugs, Copay, if separate	E39		
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	71.00%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.60%	pg 7
Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Notes:			
	a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Finance							
SERFF Filing #: UHLC-129586288, UHLC-129589647, UHLC-129589692							
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc.							
Form Number(s) of Plan: Bronze 1							
Input Name			Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be		
HSA/HRA Options							
Annual Contribution Amount			E4	0	N/A		
Narrow Network Options							
1st Tier Utilization			H4		N/A		
2nd Tier Utilization			H5		N/A		
Plan Benefit Design							
Tier 1	Deductible (\$) (Medical)			B10	\$4,000.00	pg 3	
	Deductible (\$) (Drug)			C10			
	Deductible (\$) (Combined)			D10			
	Coinsurance (% Insurer's Cost Share) (Medical)			B11	70%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)			C11			
	Coinsurance (% Insurer's Cost Share) (Combined)			D11			
	OOP Maximum (\$)			B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)			B13			
	OOP Maximum if Separate (\$) (Drug)			C13			
Tier 2	Deductible (\$) (Medical)			F10			
	Deductible (\$) (Drug)			G10			
	Deductible (\$) (Combined)			H10			
	Coinsurance (% Insurer's Cost Share) (Medical)			F11			
	Coinsurance (% Insurer's Cost Share) (Drug)			G11			
	Coinsurance (% Insurer's Cost Share) (Combined)			H11			
	OOP Maximum (\$)			F12			
	OOP Maximum if Separate (\$) (Medical)			F13			
OOP Maximum if Separate (\$) (Drug)			G13				
Medical Benefits							
Tier 1	Emergency Room Services, Coinsurance, if different			D18			
	Emergency Room Services, Copay, if separate			E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different			D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate			E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different			D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate			E20			
	Specialist Visit, Coinsurance, if different			D21			
	Specialist Visit, Copay, if separate			E21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different			D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate			E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different			D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate			E24			
	Rehabilitative Speech Therapy, Coinsurance, if different			D27			
	Rehabilitative Speech Therapy, Copay, if separate			E27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different			D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate			E28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different			D32			
	Laboratory Outpatient and Professional Services, Copay, if separate			E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different			D33			
	X-rays and Diagnostic Imaging, Copay, if separate			E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different			D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate			E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different			D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate			E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different			D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate			E36			
	Tier 2	Emergency Room Services, Coinsurance, if different			H18		
		Emergency Room Services, Copay, if separate			I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different			H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate			I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different			H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate			I20		
		Specialist Visit, Coinsurance, if different			H21		
		Specialist Visit, Copay, if separate			I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different			H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate			I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different			H24				
Imaging (CT/PET Scans, MRIs), Copay, if separate			I24				
Rehabilitative Speech Therapy, Coinsurance, if different			H27				
Rehabilitative Speech Therapy, Copay, if separate			I27				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different			H28				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate			I28				

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38	70.08%	pg 7
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39	74.08%	pg 7
	Preferred Brand Drugs, Copay, if separate	E39		
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	69.97%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.64%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Note a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.					
Form Number(s) of Plan: Bronze 2					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4	\$0.00	N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$3,500.00	pg 3	
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	60.00%	pg 6-13	
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,250.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	70.08%	pg 7
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	74.08%	pg7
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	69.67%	pg 7
		Non-Preferred Brand Drugs, Copay, if separate	E40		

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.64%	pg 7	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41			
Tier 2	Generics, Coinsurance, if different	H38			
	Generics, Copay, if separate	I38			
	Preferred Brand Drugs, Coinsurance, if different	H39			
	Preferred Brand Drugs, Copay, if separate	I39			
	Non-Preferred Brand Drugs, Coinsurance, if different	H40			
	Non-Preferred Brand Drugs, Copay, if separate	I40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41			
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
	Options for Additional Benefit Design Limits				
		Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48			
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			
	Note a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: UHLC-129586288, UHLC-129589647			
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc.			
Form Number(s) of Plan: Bronze 3			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be
HSA/HRA Options			
Annual Contribution Amount	E4	\$0.00	N/A
Narrow Network Options			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
Plan Benefit Design			
Tier 1	Deductible (\$) (Medical)	B10	\$5,000.00
	Deductible (\$) (Drug)	C10	
	Deductible (\$) (Combined)	D10	
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	100.00%
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	
	OOP Maximum (\$)	B12	\$6,250.00
	OOP Maximum if Separate (\$) (Medical)	B13	
	OOP Maximum if Separate (\$) (Drug)	C13	
Tier 2	Deductible (\$) (Medical)	F10	
	Deductible (\$) (Drug)	G10	
	Deductible (\$) (Combined)	H10	
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	
	OOP Maximum (\$)	F12	
	OOP Maximum if Separate (\$) (Medical)	F13	
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18	
	Emergency Room Services, Copay, if separate	E18	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	
	Specialist Visit, Coinsurance, if different	D21	
	Specialist Visit, Copay, if separate	E21	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	
	Rehabilitative Speech Therapy, Copay, if separate	E27	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	
	X-rays and Diagnostic Imaging, Copay, if separate	E33	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35	
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36	
	Tier 2	Emergency Room Services, Coinsurance, if different	H18
Emergency Room Services, Copay, if separate		I18	
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19	
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20	
Specialist Visit, Coinsurance, if different		H21	
Specialist Visit, Copay, if separate		I21	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24	
Rehabilitative Speech Therapy, Coinsurance, if different		H27	
Rehabilitative Speech Therapy, Copay, if separate		I27	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28	
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32	
Laboratory Outpatient and Professional Services, Copay, if separate		I32	
X-rays and Diagnostic Imaging, Coinsurance, if different		H33	
X-rays and Diagnostic Imaging, Copay, if separate		I33	
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be
Tier 1	Generics, Coinsurance, if different	D38	70.08%	pg 7
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39	74.08%	pg 7
	Preferred Brand Drugs, Copay, if separate	E39		
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	69.67%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.64%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Note: From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: UHLC-129586288, UHLC-129589647, UHLC-129589692					
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc.					
Form Number(s) of Plan: Bronze 4					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4	\$0.00	N/A	
Narrow Network Options					
	1st Tier Utilization	H4	73%	N/A	
	2nd Tier Utilization	H5	27%	N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10			
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10	\$3,750	pg 3	
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11			
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	100%	pgs 6-13	
	OOP Maximum (\$)	B12	\$6,450	pg 4	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10	\$3,750	pg 3	
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	100%	pgs 6-13	
	OOP Maximum (\$)	F12	\$6,450	pg 4	
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18	88.59%	pg 7-8	
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	97.35%	pgs 9, 10, 13	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	78%	pg 11	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21	76.3%	pg 11	
	Specialist Visit, Copay, if separate	E21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	67.4%	pgs 9-10, 13	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	66.1%	pg 9	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	73.5%	pg 12	
	Rehabilitative Speech Therapy, Copay, if separate	E27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	48.2%	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	97.4%	pg 13	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	91.79%	pg 13	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	88.6%	pg 7-8
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19	97.4%	pgs 9, 10, 13
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20	78.0%	pg 11
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21	76.3%	pg 11
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22	67.4%	pgs 9-10, 13
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24	66.1%	pg 9	
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27	73.5%	pg 12	
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28	48.2%	pg 12	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34	97.4%	pg 13	
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38	70.08%	pg 7
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39	74.08%	pg 7
	Preferred Brand Drugs, Copay, if separate	E39		
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	69.67%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.64%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38	70.1%	pg 7
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39	74.1%	pg 7
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40	69.7%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	96.6%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Note a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Ba							
SERFF Filing #: UHLC-129586288, UHLC-129589647, UHLC-129589692							
Company Name: UnitedHealthcare Insurance Company, Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc.							
Form Number(s) of Plan: Bronze 4							
Input Name			Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be		
HSA/HRA Options							
Annual Contribution Amount			E4	\$0.00	N/A		
Narrow Network Options							
1st Tier Utilization			H4		N/A		
2nd Tier Utilization			H5		N/A		
Plan Benefit Design							
Tier 1	Deductible (\$) (Medical)			B10	\$3,750.00	pg 3	
	Deductible (\$) (Drug)			C10			
	Deductible (\$) (Combined)			D10			
	Coinsurance (% Insurer's Cost Share) (Medical)			B11	100.00%	pgs 6-13	
	Coinsurance (% Insurer's Cost Share) (Drug)			C11			
	Coinsurance (% Insurer's Cost Share) (Combined)			D11			
	OOP Maximum (\$)			B12	\$6,450.00	pg 4	
	OOP Maximum if Separate (\$) (Medical)			B13			
	OOP Maximum if Separate (\$) (Drug)			C13			
Tier 2	Deductible (\$) (Medical)			F10			
	Deductible (\$) (Drug)			G10			
	Deductible (\$) (Combined)			H10			
	Coinsurance (% Insurer's Cost Share) (Medical)			F11			
	Coinsurance (% Insurer's Cost Share) (Drug)			G11			
	Coinsurance (% Insurer's Cost Share) (Combined)			H11			
	OOP Maximum (\$)			F12			
	OOP Maximum if Separate (\$) (Medical)			F13			
	OOP Maximum if Separate (\$) (Drug)			G13			
Medical Benefits							
Tier 1	Emergency Room Services, Coinsurance, if different			D18	88.59%	pg 7-8	
	Emergency Room Services, Copay, if separate			E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different			D19	97.35%	pgs 9, 10, 13	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate			E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different			D20	78%	pg 11	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate			E20			
	Specialist Visit, Coinsurance, if different			D21	76.3%	pg 11	
	Specialist Visit, Copay, if separate			E21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different			D22	67.4%	pgs 9-10, 13	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate			E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different			D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate			E24			
	Rehabilitative Speech Therapy, Coinsurance, if different			D27	73.5%	pg 12	
	Rehabilitative Speech Therapy, Copay, if separate			E27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different			D28	48.2%	pg 12	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate			E28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different			D32			
	Laboratory Outpatient and Professional Services, Copay, if separate			E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different			D33			
	X-rays and Diagnostic Imaging, Copay, if separate			E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different			D34	97.4%	pg 13	
	Skilled Nursing Facility, Tier 1, Copay, if separate			E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different			D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate			E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different			D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate			E36			
	Tier 2	Emergency Room Services, Coinsurance, if different			H18		
		Emergency Room Services, Copay, if separate			I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different			H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate			I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different			H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate			I20		
		Specialist Visit, Coinsurance, if different			H21		
		Specialist Visit, Copay, if separate			I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different			H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate			I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different			H24				
Imaging (CT/PET Scans, MRIs), Copay, if separate			I24				
Rehabilitative Speech Therapy, Coinsurance, if different			H27				
Rehabilitative Speech Therapy, Copay, if separate			I27				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different			H28				
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate			I28				

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	I33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38	70.08%	pg 7
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39	74.08%	pg 7
	Preferred Brand Drugs, Copay, if separate	E39		
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	69.67%	pg 7
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	96.64%	pg 7
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		
	Note a) From Row 50 of AV Calculator's Users Guide: "If "Subject to Deductible" is checked and a copay is entered, the enrollee pays both the copay and the remainder of the cost, with the latter going towards the deductible." For the plans that have copays only after deductible, the effective co-insurance is estimated using Actuarial Value Calculator's Unit Cost per Visit determined from the continuance table.			

Optimum Choice, Inc. Consumer Summary

Optimum Choice, Inc. (OCI) is filing proposed premium rates for HMO products effective January 1, 2015 through December 31, 2015 for medical and prescription drug benefit plans to be sold to small group employers. The benefit plans and rates are for non-grandfathered employers, are for both on and off-exchange, and meet the requirements of the Patient Protection and Affordable Care Act (PPACA).

OCI is filing for the first time rates for 2015. The proposed 1st quarter 2015 rates are 5.2% lower than the current 4th quarter 2014 rates. In addition, the filing proposes quarterly trend increases as follows: 2Q15 +1.9%, 3Q15 +2.0%, 4Q15 +1.9%. These quarterly trend increases are equivalent to an annual 7.9% trend rate.

The history of rate changes for these products is as follows:

10/1/2014: +2.6%
7/1/2014: -7.7%
4/1/2014: +2.6%

There are many different health care cost trends that contribute to increases in the overall U.S. health care spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key health care cost trends that have affected this year's rate actions include:

- **Increasing Cost of Medical Services** – Annual increases in reimbursement rates to health care providers – such as hospitals, doctors and pharmaceutical companies.
- **Increased Utilization** – The number of office visits and other services continues to grow.
- **Higher Costs from Deductible Leveraging** – Health care costs continue to rise every year, while deductibles and copayments remain the same. As a result, a greater percentage of health care costs need to be covered by health insurance premiums each year.
- **Cost shifting from the public to the private sector** – Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals are no longer covering all of the cost of care. The cost difference is being shifted to private health plans.
- **Impact of New Technology** - Improvements to medical technology and clinical practice require use of more expensive services - leading to increased health care spending and utilization.

UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare's goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.

Additionally, UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology, and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.