

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

### Filing at a Glance

Company: UnitedHealthcare of the Mid-Atlantic, Inc.  
 Product Name: DCSG-UHCMA-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-129589692  
 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): Efren Tanhehco (primary), Alula Selassie, Beichen Li  
 Disposition Date:  
 Disposition Status:  
 Implementation Date:  
  
 State Filing Description:

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
 - HMO  
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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: 06/16/2014  
 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-UHCMA-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

UnitedHealthcare of the Mid-Atlantic, Inc.	CoCode: 95025	State of Domicile: Maryland
4 TAFT COURT	Group Code: -99	Company Type: HMO
ROCKVILLE, MD 20850	Group Name:	State ID Number: 21066
(952) 992-5878 ext. [Phone]	FEIN Number: 52-1130183	

## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

State: District of Columbia

Filing Company:

UnitedHealthcare of the Mid-Atlantic, Inc.

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

Product Name: DCSG-UHCMA-2015.01

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DCSG UHCMA Rate Exhibits	POL.H.15.SB.DC, EXB2NTC.H.15.SB.DC, CCOV.H.15.SB.DC, COC.H.15.SB.DC, GO7.SBN.CHTNAV.H.15.SB.D C, GO11.SBN.CHTNAV.H.15.SB. DC, SL3.SBN.CHTNAV.H.15.SB.D C, SL5.SBN.CHTNAV.H.15.SB.D C, SL11.SBN.CHTNAV.H.15.SB. DC, BR1.SBN.CHTNAV.H.15.SB.D C, BR4.SBN.CHTNAV.H.15.SB.D C, GO7.SBN.CHE.H.15.SB.DC, GO11.SBN.CHE.H.15.SB.DC, SL3.SBN.CE.H.15.SB.DC, SL5.SBN.CE.H.15.SB.DC, SL11.SBN.CE.H.15.SB.DC, BR1.SBN.CE.H.15.SB.DC, BR4.SBN.CE.H.15.SB.DC, RID.PDS.NET.H.15.DC, RID.PVC.NET.H.15.DC, RDR.RX.NET.H.15.DC.SB, 104075.RDR.RXSBN.NET.H.1 5.DC.SB	New		DC-SG-UHCMA-Exhibits 2015-01 (2014-06-13).pdf,

**Rate Factors**

(1) Index Rate: \$405.67

**(2) Benefit Plan Ratios**

CORE Plans						
Product	Plan Name			Metal Level	Actuarial Value	Plan Ratio
	Medical		Rx			
	Exchange					
	Off	On				
CORE-HSA	6UX	6UT	YM	Gold	78.0%	0.78519
CORE-HSA	6UV	6UR	YM	Silver	70.4%	0.62137
CORE-HSA	6UU	6UQ	YM	Silver	69.1%	0.60341
CORE-HSA	6UW	6US	YM	Bronze	60.9%	0.51648
CORE-HSA	6Z2	6Z1	YM	Bronze	61.9%	0.54040
CORE-HSA	FY6	FW6	YM	Gold	78.0%	0.72441
CORE-HSA	FY5	FW5	YM	Silver	69.8%	0.63403

Navigate Plans						
Product	Plan Name			Metal Level	Actuarial Value	Plan Ratio
	Medical		Rx			
	Exchange					
	Off	On				
Navigate-HSA	FWS	6U2	YM	Bronze	60.9%	0.50101
Navigate-HSA	6ZZ	6ZY	YM	Bronze	61.9%	0.52421
Navigate-HSA	6U5	6UY	YM	Gold	78.0%	0.76167
Navigate-HSA	FWU	6U4	YM	Gold	78.0%	0.70271
Navigate-HSA	6U6	6UZ	YM	Silver	70.4%	0.60276
Navigate-HSA	FWR	6U1	YM	Silver	69.1%	0.58533
Navigate-HSA	FWT	6U3	YM	Silver	69.8%	0.61504

**(3) Trend Factors**

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

**(4) Age Factors**

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

DC Small Group - 2015 Portfolio - UnitedHealthcare of the Mid-Atlantic, Inc.

Exhibit 2

Product	Plan Name			Metal Level	Act'l Value	In-Network					Copayments						Medical Deduct. Type	Rx					
	Medical Exchange		Rx			Deductible		Coins	OOP Maximum		PCP	SCP	UC	ER	OP Surgery			IP	Deduct. Type	Tier 1	Tier 2	Tier 3	Tier 3
	Off	On				Indiv.	Family		Indiv.	Family					Free-St.	Hospital							
CORE-HSA	6UX	6UT	YM	Gold 7	78.0%	\$1,300	\$2,600	100%	\$2,600	\$5,200	\$250						NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
CORE-HSA	6UV	6UR	YM	Silver 3	70.4%	\$2,000	\$4,000	90%	\$6,000	\$12,000							NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
CORE-HSA	6UU	6UQ	YM	Silver 5	69.1%	\$1,500	\$3,000	70%	\$6,000	\$12,000							NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
CORE-HSA	6UW	6US	YM	Bronze 1	60.9%	\$4,000	\$8,000	70%	\$6,250	\$12,500							NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
CORE-HSA	6Z2	6Z1	YM	Bronze 4	61.9%	\$3,750	\$7,500	100%	\$6,450	\$12,900	\$30	\$40	\$75	\$250	\$500	5X\$500	NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
CORE-HSA	FY6	FW6	YM	Gold 11	78.0%	\$1,300	\$2,600	100%	\$3,000	\$6,000	\$10	\$20	\$75	\$100	\$150	\$250	NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
CORE-HSA	FY5	FW5	YM	Silver 11	69.8%	\$2,000	\$4,000	100%	\$4,000	\$8,000	\$25	\$50	\$75	\$150	\$250	\$500	NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
Navigate-HSA	FWS	6U2	YM	Bronze 1	60.9%	\$4,000	\$8,000	70%	\$6,250	\$12,500							NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
Navigate-HSA	6ZZ	6ZY	YM	Bronze 4	61.9%	\$3,750	\$7,500	100%	\$6,450	\$12,900	\$30	\$40	\$75	\$250	\$500	5X\$500	NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
Navigate-HSA	6U5	6UY	YM	Gold 7	78.0%	\$1,300	\$2,600	100%	\$2,600	\$5,200							NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
Navigate-HSA	FWU	6U4	YM	Gold 11	78.0%	\$1,300	\$2,600	100%	\$3,000	\$6,000	\$10	\$20	\$75	\$100	\$150	\$250	NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
Navigate-HSA	6U6	6UZ	YM	Silver 3	70.4%	\$2,000	\$4,000	90%	\$6,000	\$12,000							NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
Navigate-HSA	FWR	6U1	YM	Silver 5	69.1%	\$1,500	\$3,000	70%	\$6,000	\$12,000							NonEmb	Comb	\$10	\$40	\$100	\$75	\$300
Navigate-HSA	FWT	6U3	YM	Silver 11	69.8%	\$2,000	\$4,000	100%	\$4,000	\$8,000	\$25	\$50	\$75	\$150	\$250	\$500	NonEmb	Comb	\$10	\$40	\$100	\$75	\$300

**Development of Plan Rates & Benefit Plan Ratios to Index Rate**

Index Rate: \$405.67 (i)

CORE Plans																								
Product	2015 Plan Name		Rx	Metal	Actuarial	Medical	Medical	Rx	Rx	Med	New													
	Medical											Level	Value	Net to	Base	Net to	Base	+ Rx	Plan					
	Exchange																			Allowed	Rate	Allowed	Rate	Rate
	Off	On																						
CORE-HSA	6UX	6UT	YM	Gold	78.0%	0.8436	\$377.58	0.0000	\$136.71	\$318.53	0.78519													
CORE-HSA	6UV	6UR	YM	Silver	70.4%	0.6676	\$377.58	0.0000	\$136.71	\$252.07	0.62137													
CORE-HSA	6UU	6UQ	YM	Silver	69.1%	0.6483	\$377.58	0.0000	\$136.71	\$244.79	0.60341													
CORE-HSA	6UW	6US	YM	Bronze	60.9%	0.5549	\$377.58	0.0000	\$136.71	\$209.52	0.51648													
CORE-HSA	6Z2	6Z1	YM	Bronze	61.9%	0.5806	\$377.58	0.0000	\$136.71	\$219.22	0.54040													
CORE-HSA	FY6	FW6	YM	Gold	78.0%	0.7783	\$377.58	0.0000	\$136.71	\$293.87	0.72441													
CORE-HSA	FY5	FW5	YM	Silver	69.8%	0.6812	\$377.58	0.0000	\$136.71	\$257.21	0.63403													

Navigate Plans																								
Product	2015 Plan Name		Rx	Metal	Actuarial	Medical	Medical	Rx	Rx	Med	New													
	Medical											Level	Value	Net to	Base	Net to	Base	+ Rx	Plan					
	Exchange																			Allowed	Rate	Allowed	Rate	Rate
	Off	On																						
Navigate-HSA	FWS	6U2	YM	Bronze	60.9%	0.5549	\$366.27	0.0000	\$136.71	\$203.24	0.50101													
Navigate-HSA	6ZZ	6ZY	YM	Bronze	61.9%	0.5806	\$366.27	0.0000	\$136.71	\$212.66	0.52421													
Navigate-HSA	6U5	6UY	YM	Gold	78.0%	0.8436	\$366.27	0.0000	\$136.71	\$308.99	0.76167													
Navigate-HSA	FWU	6U4	YM	Gold	78.0%	0.7783	\$366.27	0.0000	\$136.71	\$285.07	0.70271													
Navigate-HSA	6U6	6UZ	YM	Silver	70.4%	0.6676	\$366.27	0.0000	\$136.71	\$244.52	0.60276													
Navigate-HSA	FWR	6U1	YM	Silver	69.1%	0.6483	\$366.27	0.0000	\$136.71	\$237.45	0.58533													
Navigate-HSA	FWT	6U3	YM	Silver	69.8%	0.6812	\$366.27	0.0000	\$136.71	\$249.50	0.61504													

**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: CORE plan 6UQ with Rx YM

Effective Date: 1/1/15

Census:

	<u>Member Ages</u>				<u>Age Factors</u>			
	<u>EE Age</u>	<u>Spouse Age</u>	<u>Child #1</u>	<u>Child #2</u>	<u>EE</u>	<u>Spouse</u>	<u>Child #1</u>	<u>Child #2</u>
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**

	<u>Rating Factor</u>	<u>Exhibit 1 Location</u>
\$405.67	Index Rate	(1)
0.60341	Plan Ratio (6UQ)	(2)
1.000	Trend Factor (1Q15)	(3)
10.487	Group Age Factor	(4)
<u>\$2,567.06</u>		
Total Monthly Premium		



## Healthcare Economics

### DC 2-50 PRICING TREND DEVELOPMENT

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

#### 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-129589692

State Tracking #:

Company Tracking #:

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**Product Name:** DCSG-UHCMA-2015.01  
**Project Name/Number:** /

## Supporting Document Schedules

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

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	DC-SG-UHCMA-ActMemo-2015-01 (2014-06-13).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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

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

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

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

SERFF Tracking #:

UHLC-129589692

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

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

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

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	DCSG UHCMA 2015.01 Unified_Rate_Review_Template (06-13-14).xlsm DCSG UHCMA 2015.01 Unified_Rate_Review_Template (06-13-14)_20140613103855.xml DCSG UHCMA 2015.01 Unified_Rate_Review_Template (06-13-14).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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

SERFF Tracking #:

UHLC-129589692

State Tracking #:

Company Tracking #:

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State:

District of Columbia

Filing Company:

UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI:

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

Product Name:

DCSG-UHCMA-2015.01

Project Name/Number:

/

***Attachment DCSG UHCMA 2015.01 Unified\_Rate\_Review\_Template (06-13-14).xlsm is not a PDF document and cannot be reproduced here.***

***Attachment DCSG UHCMA 2015.01 Unified\_Rate\_Review\_Template (06-13-14)\_20140613103855.xml is not a PDF document and cannot be reproduced here.***

Federal Rate Filing Justification Part III  
Actuarial Memorandum & Certification  
For UnitedHealthcare of the Mid-Atlantic,  
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 (URRT).

**Company Identifying Information:**

- **Company Legal Name:** UnitedHealthcare of the Mid-Atlantic, Inc.
- **State:** District of Columbia
- **HIOS Issuer ID:** 21066
- **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 Change:** UnitedHealthcare is filing for the first time rates for new policy forms and new certificates of coverage. These products will be offered on a new narrow provider network.

In addition to the new 1<sup>st</sup> quarter, 2015 effective rates, we are proposing to increase rates for quarterly trend increases as follows: 2Q15 +1.9%, 3Q15 +2.0%, 4Q15 +1.9%. These quarterly rate increases are equivalent to an annual 7.9% trend rate.

The rates for these new products were developed by applying estimated narrow provider network savings to our Choice (or EPO) product rates sold on our UnitedHealthcare Insurance Company (UHIC) license.

The benefit plan ratios were calculated in the same manner as the ratios used in our UHIC rate filing, so that the narrow network pricing reflects only the estimated value of the narrow network contracts.

**Experience Period Premiums and Claims:**

- **Paid Through Date:** The combined total DC experience on the UnitedHealthcare Insurance Company (UHIC) and Optimum Choice, Inc. (OCI) licenses is used. 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 on the UHIC and OCI licenses.

- **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. licenses in DC.

**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 2013 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 83.0%.

**Index Rate:**

<b>DC Small Group Total</b>					
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	<b>\$405.67</b>				
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

<b>Plan Name</b>	UHCMA 6UT.YM
2015 Effective Dates	1Q15
<b>Experience Period Index Rate (DC Total)</b>	\$330.37
Benefit Increase (EHB)	1.6%
Annual Trend Rate	7.9%
<b>Projected Index Rate (DC Total)</b>	\$405.67
Risk Adjustment	-\$5.65
Reinsurance Assessment	-\$3.67
<b>Market Adjusted Index Rate</b>	\$414.99
Provider Network Savings	1.000
Benefit Extra EHB	1.000
Actuarial Value and Cost Sharing	0.62453
Distribution and Administrative Cost	24.8%
<b>Plan Adjusted Index Rate</b>	\$344.65
<b>Calibration</b>	
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	\$231.57
<b>Actual Consumer Rate (Age 21)</b>	\$231.57

**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 on DC Age Scale) 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	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Generics	Preferred Brand Drugs		Non-Preferred Brand Drugs	Specialty Drugs (i.e. high-cost)
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%	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	-	-	-	-	-	-	-	-	-	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, b, e
Silver 8	-	-	-	-	-	-	-	-	-	63.1% (c)	-	-	-	74.21%	71.01%	96.59%	96.59%	a, b, c, d, e
Silver 9	-	-	-	-	-	-	-	-	-	72.12% (c)	-	-	-	74.21%	71.01%	96.59%	96.59%	a, b, c, d, e
Silver 10	-	-	-	-	-	-	-	-	-	81.13% (c)	-	-	-	74.21%	71.01%	96.59%	96.59%	a, b, c, d, e
Silver-11	92.78%	97.40%	81.58%	69.95%	59.14%	64.52%	77.10%	55.13%	97.40%	-	91.79%	-	74.21%	71.01%	96.59%	96.59%	a, b, c, d, e	
Gold 1	-	-	-	-	-	-	-	-	-	-	-	-	71.01%	75.58%	73.62%	96.51%	a, b, e	
Gold 2	-	-	-	-	-	-	-	-	-	64.25% (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%	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%	95.82%	a, b, c, d, e	
Platinum 3	-	-	-	-	-	-	-	-	-	-	-	57.94%	85.87%	82.58%	95.82%	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%	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 6UT.YM is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the 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 estimated for this new product.

**Terminated Products:** No products are being terminated.

**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**  
**UnitedHealthcare of the Mid-Atlantic, Inc., NAIC #95025**  
**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 sold by the UnitedHealthcare of the Mid-Atlantic, 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.

Purpose of Filing. UnitedHealthcare is filing for the first time rates for new policy forms and new certificates of coverage. These products will be offered on a new narrow provider network. This network and product will support better health outcomes and manage costs with the highest performing physicians and facilities.

In addition to the new 1<sup>st</sup> quarter, 2015 effective rates, we are proposing to increase rates for quarterly trend increases as follows: 2Q15 +1.9%, 3Q15 +2.0%, 4Q15 +1.9%. These quarterly rate increases are equivalent to an annual 7.9% trend rate.

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. These are new rates for new products on new policy forms, no current rates exist for these forms or plans.

F. For Each Change, Indication if New or Modified. These are new policy forms.

G. For Each Change, Comparison to Status Quo. These are new policy forms.

H. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology. These are new policy forms.

I. Annual Rate Change for DC Policyholders. These are new policy forms, there are no current rates for these forms.

J. Base Period Experience. This is a new product, there is no current business or experience.

K. Projected Base Period Experience. This is a new product, there is no current business or experience.

L. Manual Rate Development.

The rates for these new products were developed by applying estimated narrow provider network savings to our Choice (or EPO) product rates sold on our UnitedHealthcare Insurance Company (UHIC) license. The new plans are labeled CORE Essential and Navigate. The Navigate plans include a gatekeeper primary care physician, and thus receive an additional 3% rate reduction beyond the CORE savings. The narrow network savings, as developed by our Network Contracting and Network Pricing areas, and as applied to our UHIC Choice rates, are as follows:

CORE: -12.2%.

Navigate: -14.8%

We propose to use the same trend increases for the 2<sup>nd</sup> through 4<sup>th</sup> quarters of 2015 as proposed on our UHIC rate filing, 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.

The benefit plan ratios were calculated in the same manner as the ratios used in our UHIC rate filing, so that the narrow network pricing reflects only the estimated value of the narrow network provider contracts.

M. Credibility. The combined DC experience on our UHIC and Optimum Choice, Inc. (OCI) small group licenses, upon which the rates for the new narrow networks are based, 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. The rates for these new products were developed by applying estimated narrow provider network savings to our Choice (or EPO) product rates sold on our UHIC license, and thus include the same market-wide risk adjustments included in the UHIC rates.

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 UHIC and OCI 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%. The estimated Federal MLR adjustments are as follows:

10.1%	Taxes, regulatory fees and assessments
-0.9%	GAAP Medical reclass to MLR SG&A
1.1%	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.

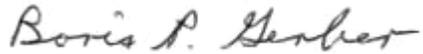
I certify that the AV Calculator was used to determine the AV Metal Values. For plans designs that did not fit into the AV Calculator, included in the Part III Actuarial Memorandum is a description of the methodology and numerical values used to develop the AV metal values, and a certification as required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

**List of exhibits included in rate filing:**

Exhibit 1: Rates and rate factors.

Exhibit 2: Benefit plan descriptions.

Exhibit 3b: Development of plan rates & benefit plan ratios to index rate.

Exhibit 4: Rating example.

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 UnitedHealthcare of the Mid-Atlantic,  
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 (URRT).

**Company Identifying Information:**

- **Company Legal Name:** UnitedHealthcare of the Mid-Atlantic, Inc.
- **State:** District of Columbia
- **HIOS Issuer ID:** 21066
- **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 Change:** UnitedHealthcare is filing for the first time rates for new policy forms and new certificates of coverage. These products will be offered on a new narrow provider network.

In addition to the new 1<sup>st</sup> quarter, 2015 effective rates, we are proposing to increase rates for quarterly trend increases as follows: 2Q15 +1.9%, 3Q15 +2.0%, 4Q15 +1.9%. These quarterly rate increases are equivalent to an annual 7.9% trend rate.

The rates for these new products were developed by applying estimated narrow provider network savings to our Choice (or EPO) product rates sold on our UnitedHealthcare Insurance Company (UHIC) license.

The benefit plan ratios were calculated in the same manner as the ratios used in our UHIC rate filing, so that the narrow network pricing reflects only the estimated value of the narrow network contracts.

**Experience Period Premiums and Claims:**

- **Paid Through Date:** The combined total DC experience on the UnitedHealthcare Insurance Company (UHIC) and Optimum Choice, Inc. (OCI) licenses is used. 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 on the UHIC and OCI licenses.

- **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. licenses in DC.

**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 2013 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 83.0%.

**Index Rate:**

<b>DC Small Group Total</b>					
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	<b>\$405.67</b>				
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

<b>Plan Name</b>	<b>UHCMA 6UT.YM</b>
2015 Effective Dates	1Q15
<b>Experience Period Index Rate (DC Total)</b>	\$330.37
Benefit Increase (EHB)	1.6%
Annual Trend Rate	7.9%
<b>Projected Index Rate (DC Total)</b>	\$405.67
Risk Adjustment	-\$5.65
Reinsurance Assessment	-\$3.67
<b>Market Adjusted Index Rate</b>	\$414.99
Provider Network Savings	1.000
Benefit Extra EHB	1.000
Actuarial Value and Cost Sharing	0.62453
Distribution and Administrative Cost	24.8%
<b>Plan Adjusted Index Rate</b>	\$344.65
<b>Calibration</b>	
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	\$231.57
<b>Actual Consumer Rate (Age 21)</b>	\$231.57

**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 on DC Age Scale) 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	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Generics	Preferred Brand Drugs		Non-Preferred Brand Drugs	Specialty Drugs (i.e. high-cost)
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%	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	-	-	-	-	-	-	-	-	-	-	-	-	-	71.35%	74.21%	71.01%	96.59%	a, b, e
Silver 8	-	-	-	-	-	-	-	-	-	63.1% (c)	-	-	-	74.21%	71.01%	96.59%	96.59%	a, b, c, d, e
Silver 9	-	-	-	-	-	-	-	-	-	72.12% (c)	-	-	-	74.21%	71.01%	96.59%	96.59%	a, b, c, d, e
Silver 10	-	-	-	-	-	-	-	-	-	81.13% (c)	-	-	-	74.21%	71.01%	96.59%	96.59%	a, b, c, d, e
Silver-11	92.78%	97.40%	81.58%	69.95%	59.14%	64.52%	77.10%	55.13%	97.40%	-	91.79%	-	74.21%	71.01%	96.59%	96.59%	a, b, c, d, e	
Gold 1	-	-	-	-	-	-	-	-	-	-	-	-	71.01%	75.58%	73.62%	96.51%	a, b, e	
Gold 2	-	-	-	-	-	-	-	-	-	64.25% (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%	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%	95.82%	95.82%	a, b, c, d, e
Platinum 3	-	-	-	-	-	-	-	-	-	-	-	57.94%	85.87%	82.58%	95.82%	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%	95.82%	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 6UT.YM is the fixed reference plan selected as the basis for the AV Pricing Values. 100% of the AV Pricing Value is attributable to the cost-sharing design of the 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 estimated for this new product.

**Terminated Products:** No products are being terminated.

**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



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Hartford, CT 06103  
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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: UnitedHealthcare of the Mid-Atlantic, Inc.  
Small Group (2-50) Rate Filing

Dear Mr. Tanhehco:

This rate filing presents proposed premium rates effective January 1, 2015 through December 31, 2015 for new medical and Rx benefit plans to be sold by UnitedHealthcare of the Mid-Atlantic, 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: UnitedHealthcare of the Mid-Atlantic, Inc.

B. NAIC Company Code: 95025

C. Marketing Name of Products: HMO products: CORE and Navigate

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: Initial filing.

J. Overall Premium Impact of Filing on DC Policyholders: This is an initial rate filing.

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	<b>Unified Rate Review v2.0.2</b>																													
2																														
3	Company Legal Name:		<b>UnitedHealthcare of the Mid-<del>A</del> State:</b>												<b>DC</b>															
4	HIOS Issuer ID:		<b>21066</b>												Market:		<b>Small Group</b>													
5	Effective Date of Rate Change(s):		<b>1/1/2015</b>																											
6																														
7																														
8	<b>Market Level Calculations (Same for all Plans)</b>																													
9																														
10																														
11	<b>Section I: Experience period data</b>																													
12	Experience Period:		1/1/2013		to		12/31/2013																							
13			<u>Experience Period</u>																											
14			<u>Aggregate Amount</u>		<u>PMPM</u>		<u>% of Prem</u>																							
15	Premiums (net of MLR Rebate) in Experience Period:		\$55,693,955		\$437.52		100.00%																							
16	Incurred Claims in Experience Period		\$36,863,467		289.59		66.19%																							
17	Allowed Claims:		\$42,054,912		330.37		75.51%																							
18	Index Rate of Experience Period				\$330.00																									
19	Experience Period Member Months		127,295																											
20	<b>Section II: Allowed Claims, PMPM basis</b>																													
21			<u>Experience Period</u>						<u>Projection Period:</u>		1/1/2015		to		12/31/2015		Mid-point to Mid-point, Experience to Projection:		24 months											
22			<u>on Actual Experience Allowed</u>						<u>Adj't. from Experience to Projection Period</u>		<u>Annualized Trend Factors</u>		<u>Projections, before credibility Adjustment</u>			<u>Credibility Manual</u>														
23	<b>Benefit Category</b>		<b>Utilization Description</b>		<b>Utilization per 1,000</b>		<b>Average Cost/Service</b>		<b>PMPM</b>		<b>Pop'l risk Morbidity</b>		<b>Other</b>		<b>Cost</b>		<b>Util</b>		<b>Utilization per 1,000</b>		<b>Average Cost/Service</b>		<b>PMPM</b>		<b>Utilization per 1,000</b>		<b>Average Cost/Service</b>		<b>PMPM</b>	
24	Inpatient Hospital		Days		142.95		\$3,700.00		\$44.08		1.000		1.016		1.053		0.990		140.10		\$4,168.23		\$48.66		0.00		\$0.00		\$0.00	
25	Outpatient Hospital		Services		5,040.37		234.50		98.50		1.000		1.016		1.054		1.028		5,326.58		264.68		117.48		0.00		0.00		0.00	
26	Professional		Services		9,128.88		139.84		106.38		1.000		1.016		1.035		1.013		9,367.77		152.20		118.81		0.00		0.00		0.00	
27	Other Medical		Services		564.93		204.18		9.61		1.000		1.016		1.044		1.086		666.28		226.11		12.55		0.00		0.00		0.00	
28	Capitation		Benefit Period		12,000.00		4.86		4.86		1.000		1.016		1.048		1.000		12,000.00		5.42		5.42		0.00		0.00		0.00	
29	Prescription Drug		Prescriptions		6,950.74		115.58		66.95		1.000		1.016		1.048		1.058		7,780.40		128.98		83.62		0.00		0.00		0.00	
30	Total								\$330.37														\$386.56						\$0.00	
31																														
32	<b>Section III: Projected Experience:</b>																										<b>After Credibility</b>		<b>Projected Period Totals</b>	
33																														
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49	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> 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.																													
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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	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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					
<b>Free Standing</b>					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
	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			
<b>Drug Benefits</b>					
		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		
<b>Options for Additional Benefit Design Limits</b>				
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	80.0%	N/A	
	2nd Tier Utilization	H5	20.0%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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 <b>outpatient copay</b> , 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	
<b>HSA/HRA Options</b>				
Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>				
1st Tier Utilization	H4	80.0%	N/A	
2nd Tier Utilization	H5	20.0%	N/A	
<b>Plan Benefit Design</b>				
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			
<b>Medical Benefits</b>				
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		
<b>Drug Benefits</b>				
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			
<b>Options for Additional Benefit Design Limits</b>				
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		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
	<b>Options for Additional Benefit Design Limits</b>			
	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: <b>From Row 50 of AV Calculator's Users Guide:</b> "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
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4		N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4	73.0%	N/A
2nd Tier Utilization	H5	27.0%	N/A
<b>Plan Benefit Design</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Drug Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
	<b>Options for Additional Benefit Design Limits</b>			
	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					
<b>Free Standing</b>					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
<b>Plan Benefit Design</b>					
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			
	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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
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			
<b>Options for Additional Benefit Design Limits</b>					

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				
<b>Free Standing</b>				
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
<b>HSA/HRA Options</b>				
Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>				
1st Tier Utilization	H4	73.0%	N/A	
2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>				
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	
Tier 2	OOP Maximum if Separate (\$) (Medical)	B13		
	OOP Maximum if Separate (\$) (Drug)	C13		
	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	
Tier 1	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		
	<b>Medical Benefits</b>			
	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		
<b>Drug Benefits</b>				
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
Tier 2		Specialty Drugs (i.e. high-cost), Copay, if separate	E41	
		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		
Specialty Drugs (i.e. high-cost), Copay, if separate	I41			
<b>Options for Additional Benefit Design Limits</b>				

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.			
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 5			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4		N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4	73.0%	N/A
2nd Tier Utilization	H5	27.0%	N/A
<b>Plan Benefit Design</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Drug Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Options for Additional Benefit Design Limits</b>				
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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 <b>outpatient copay</b> , 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
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4		N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4	73.0%	N/A
2nd Tier Utilization	H5	27.0%	N/A
<b>Plan Benefit Design</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
<b>Tier 1</b>			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18	\$150.00	pg 6-7
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	\$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		
<b>Tier 2</b>			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18	\$150.00	pg 6-7
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	\$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		
<b>Drug Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Options for Additional Benefit Design Limits</b>				
	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 6					
Hospital Setting					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4	73.0%	N/A		
2nd Tier Utilization	H5	27.0%	N/A		
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
	<b>Options for Additional Benefit Design Limits</b>			
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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					
<b>Hospital Setting</b>					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4	\$600.00	N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>			
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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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	
<b>HSA/HRA Options</b>				
Annual Contribution Amount	E4	\$250.00	N/A	
<b>Narrow Network Options</b>				
1st Tier Utilization	H4		N/A	
2nd Tier Utilization	H5		N/A	
<b>Plan Benefit Design</b>				
<b>Tier 1</b>				
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	\$2,000.00	pg 4	
OOP Maximum if Separate (\$) (Medical)	B13			
OOP Maximum if Separate (\$) (Drug)	C13			
<b>Tier 2</b>				
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			
<b>Medical Benefits</b>				
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			
<b>Tier 1</b>				
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			
<b>Drug Benefits</b>				
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			
<b>Tier 2</b>				
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			
<b>Options for Additional Benefit Design Limits</b>				
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					
<b>Hospital Setting</b>					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4	\$250.00	N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>			
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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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			
<b>Free Standing</b>			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4	\$600.00	N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
<b>Plan Benefit Design</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
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		
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Drug Benefits</b>			
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		
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Options for Additional Benefit Design Limits</b>			

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
<b>HSA/HRA Options</b>				
	Annual Contribution Amount	E4		N/A
<b>Narrow Network Options</b>				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
<b>Plan Benefit Design</b>				
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		
<b>Medical Benefits</b>				
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		
<b>Drug Benefits</b>				
	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			
	<b>Options for Additional Benefit Design Limits</b>				
		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				
<b>Free Standing</b>				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
<b>HSA/HRA Options</b>				
	Annual Contribution Amount	E4		N/A
<b>Narrow Network Options</b>				
	1st Tier Utilization	H4	73.0%	N/A
	2nd Tier Utilization	H5	27.0%	N/A
<b>Plan Benefit Design</b>				
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			
<b>Medical Benefits</b>				
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			
<b>Drug Benefits</b>				
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		
<b>Options for Additional Benefit Design Limits</b>				
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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					
<b>HSA/HRA Options</b>					
Annual Contribution Amount		E4		N/A	
<b>Narrow Network Options</b>					
1st Tier Utilization		H4		N/A	
2nd Tier Utilization		H5		N/A	
<b>Plan Benefit Design</b>					
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			
Tier 2	OOP Maximum (\$)	B12	\$4,000.00	pg 5	
	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			
	<b>Medical Benefits</b>				
	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				
<b>Drug Benefits</b>					
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			
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			
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			
	<b>Options for Additional Benefit Design Limits</b>				

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
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4		N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
<b>Plan Benefit Design</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
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		
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Drug Benefits</b>			
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		
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Options for Additional Benefit Design Limits</b>			

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	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>					
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	
Tier 2	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
	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	
Tier 1	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			
	<b>Medical Benefits</b>				
		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	\$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. 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	\$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			
	<b>Drug Benefits</b>				
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		
<b>Options for Additional Benefit Design Limits</b>			
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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
<b>Plan Benefit Design</b>					
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	
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			
	<b>Medical Benefits</b>				
	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				
<b>Drug Benefits</b>					
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			
<b>Options for Additional Benefit Design Limits</b>					

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					
<b>Free Standing</b>					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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				
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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 <b>outpatient copay</b> , 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	
<b>HSA/HRA Options</b>				
Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>				
1st Tier Utilization	H4		N/A	
2nd Tier Utilization	H5		N/A	
<b>Plan Benefit Design</b>				
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		
Tier 2	OOP Maximum (\$)	B12	\$4,000.00	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		
	<b>Medical Benefits</b>			
	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			
<b>Drug Benefits</b>				
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		
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		
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		
	<b>Options for Additional Benefit Design Limits</b>			

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					
<b>Free Standing</b>					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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 <b>outpatient copay</b> , 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
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4		N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
<b>Plan Benefit Design</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
<b>Tier 1</b>			
Emergency Room Services, Coinsurance, if different	D18	86.72%	pgs 6-7
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		
<b>Tier 2</b>			
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		
<b>Drug Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Options for Additional Benefit Design Limits</b>				
	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					
<b>Free Standing</b>					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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				
<b>Options for Additional Benefit Design Limits</b>					

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	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>			
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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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					
<b>Free Standing</b>					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
<b>Plan Benefit Design</b>					
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			
	<b>Medical Benefits</b>				
	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				
<b>Drug Benefits</b>					
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			
<b>Options for Additional Benefit Design Limits</b>					

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			
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
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4		N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4	73.0%	N/A
2nd Tier Utilization	H5	27.0%	N/A
<b>Plan Benefit Design</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Drug Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Options for Additional Benefit Design Limits</b>			
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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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 10					
Outpatient Hospital Setting					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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 <b>outpatient copay</b> , 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					
<b>Free Standing</b>					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
<b>Plan Benefit Design</b>					
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	
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			
	<b>Medical Benefits</b>				
	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				
<b>Drug Benefits</b>					
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			
<b>Options for Additional Benefit Design Limits</b>					

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, 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
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4		N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
<b>Plan Benefit Design</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Drug Benefits</b>			
<b>Tier 1</b>			
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		
<b>Options for Additional Benefit Design Limits</b>				
	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
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4		N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
<b>Plan Benefit Design</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Drug Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Options for Additional Benefit Design Limits</b>				
	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			
<b>Free Standing</b>			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4	\$350.00	N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
<b>Plan Benefit Design</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
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		
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Drug Benefits</b>			
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		
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Options for Additional Benefit Design Limits</b>			

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	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4	\$350.00	N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>			
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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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 <b>outpatient copay</b> , 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			
<b>Free Standing</b>			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4	\$750.00	N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
<b>Plan Benefit Design</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
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		
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Drug Benefits</b>			
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		
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Options for Additional Benefit Design Limits</b>			

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	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4	\$350.00	N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>			
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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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
	<b>HSA/HRA Options</b>			
	Annual Contribution Amount	E4		N/A
	<b>Narrow Network Options</b>			
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
	<b>Plan Benefit Design</b>			
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		
	<b>Medical Benefits</b>			
	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	<b>Drug Benefits</b>			
	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			
<b>Options for Additional Benefit Design Limits</b>				
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	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4		N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73.0%	N/A	
	2nd Tier Utilization	H5	27.0%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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					
<b>OP Hospital Setting</b>					
Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
<b>Plan Benefit Design</b>					
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	
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			
	<b>Medical Benefits</b>				
	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		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. 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			
<b>Drug Benefits</b>					
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
Tier 2		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				
<b>Options for Additional Benefit Design Limits</b>					

	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		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4	\$0.00	N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>			
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		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4	\$0.00	N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
<b>Plan Benefit Design</b>					
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			
	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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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
<b>HSA/HRA Options</b>			
Annual Contribution Amount	E4	\$0.00	N/A
<b>Narrow Network Options</b>			
1st Tier Utilization	H4		N/A
2nd Tier Utilization	H5		N/A
<b>Plan Benefit Design</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Medical Benefits</b>			
<b>Tier 1</b>			
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		
<b>Tier 2</b>			
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		
<b>Drug Benefits</b>			
<b>Tier 1</b>			
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			
	<b>Options for Additional Benefit Design Limits</b>				
		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	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4	\$0.00	N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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					
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		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4	73.0%	N/A		
2nd Tier Utilization	H5	27.0%	N/A		
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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				
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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 <b>outpatient copay</b> , 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				
<b>HSA/HRA Options</b>				
Annual Contribution Amount		E4		N/A
<b>Narrow Network Options</b>				
1st Tier Utilization		H4		N/A
2nd Tier Utilization		H5		N/A
<b>Plan Benefit Design</b>				
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		
	<b>Medical Benefits</b>			
	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			
<b>Drug Benefits</b>				
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		
	<b>Options for Additional Benefit Design Limits</b>			

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					
<b>HSA/HRA Options</b>					
Annual Contribution Amount		E4		N/A	
<b>Narrow Network Options</b>					
1st Tier Utilization		H4		N/A	
2nd Tier Utilization		H5		N/A	
<b>Plan Benefit Design</b>					
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			
	<b>Medical Benefits</b>				
	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				
<b>Drug Benefits</b>					
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			
	<b>Options for Additional Benefit Design Limits</b>				

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		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4	73.0%	N/A		
2nd Tier Utilization	H5	27.0%	N/A		
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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				
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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 <b>outpatient copay</b> , 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		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
<b>Plan Benefit Design</b>					
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	
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			
	<b>Medical Benefits</b>				
	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				
<b>Drug Benefits</b>					
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	
Tier 2	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				
<b>Options for Additional Benefit Design Limits</b>					

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		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4	73.0%	N/A		
2nd Tier Utilization	H5	27.0%	N/A		
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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 <b>outpatient copay</b> , 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		Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found		
Input Name						
<b>HSA/HRA Options</b>						
Annual Contribution Amount		E4		N/A		
<b>Narrow Network Options</b>						
1st Tier Utilization		H4		N/A		
2nd Tier Utilization		H5		N/A		
<b>Plan Benefit Design</b>						
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			
	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			
	<b>Medical Benefits</b>					
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		
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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				
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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				
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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				
<b>Drug Benefits</b>						
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
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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				
<b>Options for Additional Benefit Design Limits</b>						

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		
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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		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4		N/A		
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1st Tier Utilization	H4	73.0%	N/A		
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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			
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	OOP Maximum if Separate (\$) (Medical)	B13			
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	Deductible (\$) (Combined)	H10			
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	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			
<b>Medical Benefits</b>					
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				
<b>Drug Benefits</b>					
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		
<b>Options for Additional Benefit Design Limits</b>				
	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) <b>From Row 50 of AV Calculator's Users Guide:</b> "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 <b>outpatient copay</b> , 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	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4	\$0.00	N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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				
<b>Drug Benefits</b>					

	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		
<b>Options for Additional Benefit Design Limits</b>				
	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
<b>HSA/HRA Options</b>				
	Annual Contribution Amount	E4	\$0.00	N/A
<b>Narrow Network Options</b>				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
<b>Plan Benefit Design</b>				
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		
<b>Medical Benefits</b>				
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		
<b>Drug Benefits</b>				
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			
<b>Options for Additional Benefit Design Limits</b>				
	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		
<b>HSA/HRA Options</b>							
Annual Contribution Amount			E4	0	N/A		
<b>Narrow Network Options</b>							
1st Tier Utilization			H4		N/A		
2nd Tier Utilization			H5		N/A		
<b>Plan Benefit Design</b>							
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			
<b>Medical Benefits</b>							
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		
<b>Drug Benefits</b>				
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		
<b>Options for Additional Benefit Design Limits</b>				
	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	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4	\$0.00	N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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			
<b>Drug Benefits</b>					
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			
	<b>Options for Additional Benefit Design Limits</b>				
		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		
<b>HSA/HRA Options</b>					
Annual Contribution Amount	E4	\$0.00	N/A		
<b>Narrow Network Options</b>					
1st Tier Utilization	H4		N/A		
2nd Tier Utilization	H5		N/A		
<b>Plan Benefit Design</b>					
Tier 1	Deductible (\$) (Medical)	B10	\$5,000.00	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	\$6,250.00	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				
<b>Medical Benefits</b>					
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				
<b>Drug Benefits</b>					

	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		
<b>Options for Additional Benefit Design Limits</b>				
	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		
	<b>Note:</b> 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	
<b>HSA/HRA Options</b>					
	Annual Contribution Amount	E4	\$0.00	N/A	
<b>Narrow Network Options</b>					
	1st Tier Utilization	H4	73%	N/A	
	2nd Tier Utilization	H5	27%	N/A	
<b>Plan Benefit Design</b>					
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			
<b>Medical Benefits</b>					
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		
<b>Drug Benefits</b>				
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		
<b>Options for Additional Benefit Design Limits</b>				
	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		
<b>HSA/HRA Options</b>							
Annual Contribution Amount			E4	\$0.00	N/A		
<b>Narrow Network Options</b>							
1st Tier Utilization			H4		N/A		
2nd Tier Utilization			H5		N/A		
<b>Plan Benefit Design</b>							
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			
<b>Medical Benefits</b>							
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		
<b>Drug Benefits</b>				
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		
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	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.			