

Date:	12/11/2024
Group Name:	LGI
Plan Description:	Bronze
Effective Date:	1/1/2025

Prescription drug coverage is creditable if the actuarial value of the coverage equals or exceeds the actuarial value of standard prescription drug coverage under Medicare Part D, as demonstrated through the use of generally accepted actuarial principles and in accordance with Centers for Medicare and Medicaid Services (CMS) actuarial guidelines. In general, the actuarial equivalence test measures whether the expected amount of paid claims under the employer's prescription drug coverage is at least as much as the expected amount of paid claims under the standard Part D benefit.

Member Notices: Employers must provide creditable or non-creditable coverage notices to all **Medicare eligible individuals** who are covered under, or who apply for, the entity's prescription drug plan (Part D eligibles), **whether active employees or retirees**, at least once a year prior to **October 15**. This information is essential to an individual's decision to enroll in a Medicare Part D prescription drug plan. CMS publishes model disclosure communication templates that can be accessed here:
<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/Model-Notice-Letters>

CMS Disclosure: In addition, employers are required to provide CMS with their plan's creditable or non-creditable coverage status annually via an online form: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm>

CMS requires that the disclosure be provided within
-60 days after the beginning date of the Plan Year for which the entity is providing the Disclosure to CMS Form;
-30 days after the termination of the prescription drug plan; and
-30 days after any change in the creditable coverage status of the prescription drug plan.

The following plan design is creditable for 2025.			
Plan Design	Plan Design	How many RX tiers?	3 - Tiers
		Deductible applies to tiers?	Tier 2 +
PDL	Formulary	Select Prescription Drug List?	Essential
Deductible and OOP	Deductible (\$)	Does the plan have an Rx Ded?	Rx Only
		Embedded or Non-Embedded	Embedded
		Individual Deductible (\$)	\$1,000
		Family Deductible (\$)	\$2,000
	Out-of-Pocket Max (\$)	Does the Rx plan have an OOP Max?	Combined with Medical
		Embedded or Non-Embedded	Embedded
Individual (\$)		\$6,350	
Family (\$)	\$12,700		
Copay Coinsurance	Retail Rx Member Copay(\$)/Coins.(%)	Tier 1	0%
		Tier 2	30%
		Tier 3	40%
		Tier 4	NA
		Tier 5	NA
Preventive	Preventive Drug List	Does this plan have a Core or Expanded Preventive List?	No - Standard
	Prev Rx (\$)/(%)	Tier 1	NA
		Tier 2	NA
		Tier 3	NA
		Tier 4	NA
		Tier 5	NA
HRA	Health Reimbursement Account (HRA)	Is this plan an HRA?	No
		Employer contribution to HRA (if applicable)	NA
Additional Comments			

UHC (in partnership with Optum) has tested UHC's standard plan designs to determine if they are creditable.
For HRA plans employer contribution can be considered when determining creditable coverage.

Disclaimer: This determination is based on a standard benefit design, and does not constitute a statement of actuarial opinion.
Credibility testing results were calculated using 2025 Medicare Part D defined standard benefit parameters.

As a courtesy, UnitedHealthcare (UHC) has engaged its partner, Optum, to perform a bulk testing of UHC's standard benefit designs to satisfy the actuarial value test of the creditable coverage determination. Evaluating specific characteristics of a particular employer/retiree group may yield different results.
According to CMS guidelines, the employer has the ultimate responsibility to determine/confirm whether its plan, as implemented, offers creditable coverage.
Each employer should consult with its own legal counsel or benefits adviser to determine its specific obligations.

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