



Quality Rating System Star Ratings for Affordable Care Act Exchange Plans

Frequently Asked Questions



Frequently Asked Questions About Star Ratings

Q: What are Star Ratings for Affordable Care Act Exchange Plans?

A: The Centers for Medicare & Medicaid Services (CMS) scores Qualified Health Plans (QHPs) offered through the Exchanges using the Quality Rating System (QRS) based on third-party validated clinical measure data and QHP Enrollee Survey responses.

CMS calculates QRS ratings yearly on a 5-star scale. Each rated health plan has an overall quality rating of 1 to 5 stars (5 is the highest). The overall rating is determined by three summary indicators or sub-ratings: member experience, medical care, and health plan administration. Each of these summary indicators also receives a star rating.

Health plans receive Star Ratings after two consecutive years of quality reporting (e.g., two consecutive years operating on the Exchanges). The ratings are determined each year by CMS based on the health plan performance of the previous year. Star Ratings are publicly displayed on HealthCare.gov and state-based exchanges.

Q: Why are Star Ratings important to our Individual and Family Plan members/consumers?

A: The Star Ratings system is designed to help inform members/consumers as they compare health plans.

Q: Do all measures count the same towards the overall Star Rating?

A: All measure types (process, outcomes, member experience) are similarly weighted, but the medical care indicator (e.g., HEDIS quality measures) carries more weight than the other two indicators.

Q: How did UnitedHealthcare perform in its Star Ratings?

A: We received Star Ratings in 19 states in the fall of 2025 that reflected measurement year 2024 performance. These Star ratings will be displayed during the 2026 Open Enrollment Period and were applicable to the 2025 plan year. Washington and Georgia received a 4-star rating. Arizona, Colorado, Illinois, Kansas, Maryland, Michigan, Missouri, North Carolina, and Ohio all received a 3-star rating. Alabama, Florida, Mississippi, Oklahoma, Tennessee, Texas, and Virginia received a 2-star rating. Louisiana received a 1-star rating. We expect to receive updated ratings for these states



and new ratings for New Jersey, New Mexico, South Carolina, and Wisconsin in fall 2026 during the plan year 2027 Open Enrollment Period.

Q: What is UnitedHealthcare doing to continually improve its Star Ratings performance?

A: We will continue to focus on innovation and investments in member and provider engagement. This will enable us to support quality improvement and enhance member experience. To achieve this, we will prioritize preventative care and provide support to our members in managing their chronic conditions. Additionally, we will assist them in seeking the care they need.

Q: Does CMS publish a single Star Rating for UnitedHealthcare?

A: No. CMS does not issue a single Star Rating score for UnitedHealthcare's entire portfolio of Individual & Family plans. Instead, we receive a Star Rating score for each Individual & Family health plan type (e.g., HMO, PPO, EPO) in a state.

Q: How can I impact Star Ratings?

A: As an agent, you play a crucial role in shaping our plans and how they are perceived by our members and consumers. Your positive interactions with them can contribute to improving our Star Ratings, which are determined by CMS based on data gathered for quality, operational, and member experience performance areas. These results encourage us to stay vigilant in our efforts to enhance our Star Ratings, as we strive to meet the needs and expectations of our members, which are constantly evolving.

You can make an impact by:

- **Collecting all the information** on the enrollment form to ensure completeness and accuracy, particularly race, ethnicity, and language information, to help us support our diverse membership.
- **Explaining thoroughly** the benefits and copays of the member's plan.
- **Communicating** to members how to contact their primary care provider (PCP) to schedule an annual physical and wellness exam.
- **Reassuring** members that UnitedHealthcare may periodically contact members to assist with preventive care needs, such as flu shots, mammograms, and medication reconciliation, to provide reassurance.
- **Know the benefits** you are selling to accurately explain the plan and determine the best fit for the consumer. This supports the consumer with their plan selection, strengthens your relationship, and may also help avoid complaints.
- **Encourage consumers and members to take advantage of their benefits.** Star Ratings are partially based on whether our members obtain specific services, such as annual screenings and preventive care, visit their PCP, and properly use their



medications (medication adherence). Members who fully understand their plan and benefits and have an established relationship with a PCP tend to respond more favorably to these surveys.

- **Help reduce the chance that any complaint will be filed** by doing what is required in all sales presentations and appointments and lending proper support to your consumers.

Q: Why is it important to ask members about their race and ethnicity during their enrollment?

This information enables us to provide equitable care to all our members. We use information about a member's race, ethnicity, and other demographic factors to identify potential health disparities, such as lower preventive screening rates (e.g., colonoscopies) in a certain population, and to develop strategies to reduce them, like outreaching to that population to educate them on the benefits of preventive screenings. The data is not used to make decisions about the care that a member receives.

Q: Why do some plans not have a Star Rating?

A: If a healthcare plan is too new, meaning it has been on the Exchanges for fewer than two consecutive years, or has too few members, it may not have a Star Rating. In such cases, the plan will be listed as "New Plan - Not Rated" on Healthcare.gov or the State-Based Exchange. However, when the necessary information becomes available, the plan's Star Rating will be determined and made public on HealthCare.gov. The rating will also be provided in future enrollment materials.

Q: Should I recommend a low-rated plan?

A: You should always recommend whichever plan is the best fit for the consumer's healthcare needs.

Q: What is UnitedHealthcare doing to continually improve Star Ratings?

A: Our goal is to deliver exceptional care that enhances the experience for our members while simultaneously reducing healthcare costs.

Q: What should I tell consumers who ask about when Star Ratings might change again?

A: Star Ratings are published by CMS yearly (typically in October with no updates in between).



Be careful when discussing Star Ratings to avoid using superlatives (like “highest ranked” or “one of the best”) without additional context. For example, a QHP that received a 5-star rating for a specific sub-rating or summary indicator, but received a 3-star global rating, may not be promoted as the highest-ranked QHP in the state when other QHPs have a higher global star rating.

We cannot claim that our product types are recommended or endorsed by the federal government, HHS, CMS, CCIIO, or the Exchanges.

How to Find Quality Rating System (QRS) Star Ratings for Affordable Care Act Exchange plans on Healthcare.gov

1. Go to www.healthcare.gov and navigate to the page that allows you to see plans and prices.
2. There is not an option to filter plans by Star Rating; however, Star Ratings are displayed on the top-right corner. Plans that do not have a Star Rating are listed as “New plan – Not rated”, as seen below:

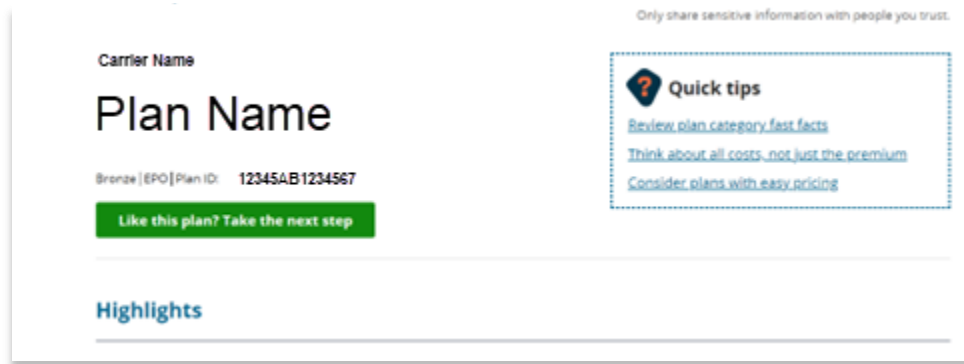
This screenshot shows a plan card for a 'New plan - Not rated'. The card displays the estimated monthly premium as \$327.24. It is a Bronze | EPO | Plan ID: [redacted]. The deductible is \$9,100 (Individual total, health & drug combined), and the out-of-pocket maximum is \$9,100 (Individual total). The estimated total yearly costs are also \$9,100. A red box highlights the 'New plan - Not rated' status and the 'Compare' button. There is also an 'Add yearly cost' button.

- Plans that have a Star Rating appear like this:

This screenshot shows a plan card for a plan with a 4-star rating. The card displays the estimated monthly premium as \$370.75. It is a Bronze | EPO | Plan ID: [redacted]. The deductible is \$9,100 (Individual total, health & drug combined), and the out-of-pocket maximum is \$9,100 (Individual total). The estimated total yearly costs are also \$9,100. The plan features include: Emergency room care (No Charge After Deductible), Generic drugs (No Charge After Deductible), Primary doctor (No Charge After Deductible), and Specialist doctor (No Charge After Deductible). The plan features section also lists Adult Dental (not covered) and Child Dental (covered). There are buttons for 'Plan details', 'Like this', 'Add medical providers', and 'Add prescription drugs'. The 'Add medical providers' button includes the text 'Add your medical providers and we'll show you which plans cover'. The 'Add prescription drugs' button includes the text 'Add your prescription drugs and we'll show you which plans cover them.'.



- To view the Star Ratings details, click on the plan name. Once you do so, the top of the page will display an image similar to the one below. To view the Star Rating drop-down, scroll down the page. The drop-down will provide you with information on the Star Ratings for Overall, Member Experience, Medical Care, and Plan Administration.



- Star Ratings can also be displayed when comparing plans:

