

Georgia PY26 Individual Exchange Plan Designs

Plan Name	Metal Level	Annual Deductible (Individual/Family)		MOOP (Individual/Family)		PCP Visit	Mental Health Office Visit	Specialist Visit	Virtual Urgent Care	Inpatient Hospital Care	Outpatient Surgery (Office)	Office Based Labs
UHC Copay Focus Bronze HMO \$0 \$50	Bronze	\$0	\$0	\$10,600	\$21,200	\$50	\$50	\$120	0%	\$3,000 (Day-3 max)	\$600	\$30
UHC Copay Focus+ Bronze HMO \$0 \$50 Adult Dental Vision	Bronze	\$0	\$0	\$10,600	\$21,200	\$50	\$50	\$120	0%	\$3,000 (Day-3 max)	\$600	\$30
UHC Essential Bronze HMO \$10600 \$0	Bronze	\$10,600	\$21,200	\$10,600	\$21,200	✓ 0%	✓ 0%	✓ 0%	0%	✓ 0%	✓ 0%	✓ 0%
UHC Value Bronze HMO \$8500 \$30 Gen Rx \$8	Bronze	\$8,500	\$17,000	\$10,600	\$21,200	✓ \$30	✓ \$25	✓ \$90	0%	✓ 40%	✓ 40%	\$30
UHC Value Bronze-X HMO \$6500 \$30 \$8 Tier 2 Rx HSA (Off-Exchange Only)	Bronze	\$6,500	\$13,000	\$8,300	\$16,600	✓ \$30	✓ \$25	✓ \$90	✓ 0%	✓ 40%	✓ 40%	✓ 40%
UHC Value Classic Bronze HMO \$6350 \$40	Bronze	\$6,350	\$12,700	\$10,600	\$21,200	✓ \$40	✓ \$40	✓ \$75	0%	✓ 50%	✓ 50%	✓ 50%
UHC Advantage Silver HMO \$2900 \$20 Gen Rx \$3	Silver	\$2,900	\$5,800	\$10,150	\$20,300	\$20	\$20	\$75	0%	✓ 30%	✓ \$375	✓ \$15
UHC Advantage Silver-X HMO \$2900 \$20 \$3 Tier 2 Rx (Off-Exchange Only)	Silver	\$2,900	\$5,800	\$10,150	\$20,300	\$20	\$20	\$75	0%	✓ 30%	✓ \$375	✓ \$15
UHC Advantage+ Silver HMO \$2900 \$20 Gen Rx \$3 Adult Dental Vision	Silver	\$2,900	\$5,800	\$10,150	\$20,300	\$20	\$20	\$75	0%	✓ 30%	✓ \$375	✓ \$15
UHC Copay Focus Silver HMO \$0 \$40	Silver	\$0	\$0	\$10,150	\$20,300	\$40	\$40	\$90	0%	\$2,500 (Day-3 max)	\$500	\$30
UHC Copay Focus Silver-X HMO \$0 \$40 (Off-Exchange Only)	Silver	\$0	\$0	\$10,150	\$20,300	\$40	\$40	\$40	0%	\$2,500 (Day-3 max)	\$500	\$30
UHC Value Silver HMO \$5000 \$20 \$8 Tier 2 Rx	Silver	\$5,000	\$10,000	\$10,600	\$21,200	\$20	\$20	\$50	0%	✓ 40%	✓ 40%	\$15
UHC Value Silver-X HMO \$3400 \$40 \$5 Tier 2 Rx HSA (Off-Exchange Only)	Silver	\$3,400	\$6,800	\$8,500	\$17,000	✓ \$40	✓ 30%	✓ \$50	✓ 0%	✓ 30%	✓ 30%	✓ 30%
UHC Value Silver-X HMO \$5000 \$20 (Off-Exchange Only)	Silver	\$5,000	\$10,000	\$10,600	\$21,200	\$20	\$20	\$50	0%	✓ 40%	✓ 40%	\$15
UHC Value+ Silver HMO \$5000 \$20 \$8 Tier 2 Rx Adult Dental Vision	Silver	\$5,000	\$10,000	\$10,600	\$21,200	\$20	\$20	\$50	0%	✓ 40%	✓ 40%	\$15



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Check (✓) indicates that this benefit is subject to the annual deductible. Tier 1 Zero Cost Share Preventative Drugs \$0

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Plan Name	Metal Level	Annual Deductible (Individual/Family)		MOOP (Individual/Family)		PCP Visit	Mental Health Office Visit	Specialist Visit	Virtual Urgent Care	Inpatient Hospital Care	Outpatient Surgery (Office)	Office Based Labs
UHC Advantage Gold HMO \$1100 \$10 Gen Rx \$1	Gold	\$1,100	\$2,200	\$7,200	\$14,400	\$10	\$10	\$40	0%	✓ 20%	\$150	\$10
UHC Advantage+ Gold HMO \$1100 \$10 Gen Rx \$1 Adult Dental Vision	Gold	\$1,100	\$2,200	\$7,200	\$14,400	\$10	\$10	\$40	0%	✓ 20%	\$150	\$10
UHC Copay Focus Gold HMO \$0 \$10 Gen Rx \$3	Gold	\$0	\$0	\$10,150	\$20,300	\$10	\$10	\$50	0%	\$2,000 (Day-3 max)	\$300	\$10
UHC Value Gold HMO \$1,500 \$15 \$3 Tier 2 Rx	Gold	\$1,500	\$3,000	\$8,500	\$17,000	\$15	\$15	\$50	0%	✓ 20%	✓ 20%	\$15



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Tier 1 Zero Cost Share Preventative Drugs \$0

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Plan Name	Rx Deductible (Individual/Family)		Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty	Adult Dental & Vision	HSA
UHC Copay Focus Bronze HMO \$0 \$50	\$4,500	\$9,000	\$20	✓ 40%	✓ 45%	✓ 50%		•
UHC Copay Focus+ Bronze HMO \$0 \$50 Adult Dental Vision	\$4,500	\$9,000	\$20	✓ 40%	✓ 45%	✓ 50%	•	•
UHC Essential Bronze HMO \$10600 \$0	Same As Medical		✓ 0%	✓ 0%	✓ 0%	✓ 0%		•
UHC Value Bronze HMO \$8500 \$30 Gen Rx \$8	Same As Medical		\$8	✓ 40%	✓ 45%	✓ 50%		•
UHC Value Bronze-X HMO \$6500 \$30 \$8 Tier 2 Rx HSA (Off-Exchange Only)	Same As Medical		✓ \$8	✓ 40%	✓ 45%	✓ 50%		•
UHC Value Classic Bronze HMO \$6350 \$40	Same As Medical		\$10	✓ 40%	✓ 45%	✓ 50%		•
UHC Advantage Silver HMO \$2900 \$20 Gen Rx \$3	Same As Medical		\$3	✓ \$85	✓ 40%	✓ 50%		
UHC Advantage Silver-X HMO \$2900 \$20 \$3 Tier 2 Rx (Off-Exchange Only)	Same As Medical		\$3	✓ \$85	✓ 40%	✓ 50%		
UHC Advantage+ Silver HMO \$2900 \$20 Gen Rx \$3 Adult Dental Vision	Same As Medical		\$3	✓ \$85	✓ 40%	✓ 50%	•	
UHC Copay Focus Silver HMO \$0 \$40	\$2,500	\$5,000	\$10	✓ \$85	✓ 40%	✓ 50%		
UHC Copay Focus Silver-X HMO \$0 \$40 (Off-Exchange Only)	\$2,500	\$5,000	\$10	✓ \$85	✓ 40%	✓ 50%		
UHC Value Silver HMO \$5000 \$20 \$8 Tier 2 Rx	Same As Medical		\$8	✓ \$100	✓ 45%	✓ 50%		
UHC Value Silver-X HMO \$3400 \$40 \$5 Tier 2 Rx HSA (Off-Exchange Only)	Same As Medical		✓ \$5	✓ 30%	✓ 40%	✓ 50%		•
UHC Value Silver-X HMO \$5000 \$20 (Off-Exchange Only)	Same As Medical		\$8	✓ \$100	✓ 45%	✓ 50%		
UHC Value+ Silver HMO \$5000 \$20 \$8 Tier 2 Rx Adult Dental Vision	Same As Medical		\$8	✓ \$100	✓ 45%	✓ 50%	•	



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Plan Name	Rx Deductible (Individual/Family)	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty	Adult Dental & Vision	HSA
UHC Advantage Gold HMO \$1100 \$10 Gen Rx \$1	Same As Medical	\$1	\$50	✓ 30%	✓ 40%		
UHC Advantage+ Gold HMO \$1100 \$10 Gen Rx \$1 Adult Dental Vision	Same As Medical	\$1	\$50	✓ 30%	✓ 40%	•	
UHC Copay Focus Gold HMO \$0 \$10 Gen Rx \$3	\$500 \$1,000	\$3	\$50	✓ 40%	✓ 50%		
UHC Value Gold HMO \$1,500 \$15 \$3 Tier 2 Rx	Same As Medical	\$3	✓ \$60	✓ 40%	✓ 50%		



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Tier 1 Zero Cost Share Preventative Drugs \$0