

# South Carolina 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 Bronze Copay Focus \$0 Indiv Med Ded	Bronze	\$0	\$0	\$10,600	\$21,200	\$50	\$50	\$110	0%	\$3,000 (Day-3 max)	\$500	\$25
UHC Bronze Copay Focus+ \$0 Indiv Med Ded (Dental + Vision)	Bronze	\$0	\$0	\$10,600	\$21,200	\$50	\$50	\$110	0%	\$3,000 (Day-3 max)	\$500	\$25
UHC Bronze Essential	Bronze	\$10,600	\$21,200	\$10,600	\$21,200	✓ 0%	✓ 0%	✓ 0%	0%	✓ 0%	✓ 0%	✓ 0%
UHC Bronze Essential-	Bronze	\$10,600	\$21,200	\$10,600	\$21,200	✓ 0%	✓ 0%	✓ 0%	0%	✓ 0%	✓ 0%	✓ 0%
UHC Bronze Standard	Bronze	\$7,500	\$15,000	\$10,000	\$20,000	\$50	\$50	\$100	\$75	✓ 50%	✓ 50%	✓ 50%
UHC Bronze Standard Plus Chiro	Bronze	\$7,500	\$15,000	\$10,000	\$20,000	\$50	\$50	\$100	\$75	✓ 50%	✓ 50%	✓ 50%
UHC Silver Advantage	Silver	\$2,750	\$5,500	\$10,600	\$21,200	\$30	\$30	\$100	0%	✓ 30%	✓ \$500	\$15
UHC Silver Advantage (Off Exchange Only)	Silver	\$2,750	\$5,500	\$10,600	\$21,200	\$30	\$30	\$100	0%	✓ 30%	✓ \$500	\$15
UHC Silver Advantage+ (Dental + Vision)	Silver	\$2,750	\$5,500	\$10,600	\$21,200	\$30	\$30	\$100	0%	✓ 30%	✓ \$500	\$15
UHC Silver Copay Focus \$0 Indiv Med Ded	Silver	\$0	\$0	\$10,150	\$20,300	\$40	\$40	\$100	0%	\$2,500 (Day-3 max)	\$500	\$20
UHC Silver Copay Focus \$0 Indiv Med Ded (Off Exchange Only)	Silver	\$0	\$0	\$10,150	\$20,300	\$40	\$40	\$100	0%	\$2,500 (Day-3 max)	\$500	\$20
UHC Silver Standard	Silver	\$6,000	\$12,000	\$8,900	\$17,800	\$40	\$40	\$80	\$60	✓ 40%	✓ 40%	✓ 40%
UHC Silver Standard (Off Exchange Only)	Silver	\$6,000	\$12,000	\$8,900	\$17,800	\$40	\$40	\$80	\$60	✓ 40%	✓ 40%	✓ 40%
UHC Silver Standard Plus Chiro	Silver	\$6,000	\$12,000	\$8,900	\$17,800	\$40	\$40	\$80	\$60	✓ 40%	✓ 40%	✓ 40%
UHC Silver Standard-	Silver	\$6,000	\$12,000	\$8,900	\$17,800	\$40	\$40	\$80	\$60	✓ 40%	✓ 40%	✓ 40%



For agent purposes only | © 2026 | United HealthCare Services, Inc. All Rights Reserved | Not for Consumer Use | Proprietary and Confidential All plan designs, benefits, cost shares, and service area expansions for plan year 2026 are pending regulatory approval and subject to change.

Check (✓) indicates that this benefit is subject to the annual deductible. Tier 1 Zero Cost Share Preventative Drugs \$0 (-) indicates that this plan does not include pediatric dental

# South Carolina 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 Gold Advantage	Gold	\$1,200	\$2,400	\$9,250	\$18,500	\$10	\$10	\$50	0%	✓ 20%	✓ \$350	\$10
UHC Gold Advantage+ (Dental + Vision)	Gold	\$1,200	\$2,400	\$9,250	\$18,500	\$10	\$10	\$50	0%	✓ 20%	✓ \$350	\$10
UHC Gold Copay Focus \$0 Indiv Med Ded	Gold	\$0	\$0	\$10,150	\$20,300	\$20	\$20	\$75	0%	\$2,000 (Day-3 max)	\$400	\$10
UHC Gold Standard	Gold	\$2,000	\$4,000	\$8,200	\$16,400	\$30	\$30	\$60	\$45	✓ 25%	✓ 25%	✓ 25%
UHC Gold Standard Plus Chiro	Gold	\$2,000	\$4,000	\$8,200	\$16,400	\$30	\$30	\$60	\$45	✓ 25%	✓ 25%	✓ 25%



For agent purposes only | © 2026 | United HealthCare Services, Inc. All Rights Reserved | Not for Consumer Use | Proprietary and Confidential All plan designs, benefits, cost shares, and service area expansions for plan year 2026 are pending regulatory approval and subject to change.

Check (✓) indicates that this benefit is subject to the annual deductible.  
 Tier 1 Zero Cost Share Preventative Drugs \$0  
 (-) indicates that this plan does not include pediatric dental

# South Carolina PY26 Individual Exchange Plan Designs

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 Bronze Copay Focus \$0 Indiv Med Ded	\$4,500	\$9,000	\$20	✓ 40%	✓ 45%	✓ 50%		•
UHC Bronze Copay Focus+ \$0 Indiv Med Ded (Dental + Vision)	\$4,500	\$9,000	\$20	✓ 40%	✓ 45%	✓ 50%	•	•
UHC Bronze Essential	Same As Medical		✓ 0%	✓ 0%	✓ 0%	✓ 0%		•
UHC Bronze Essential-	Same As Medical		✓ 0%	✓ 0%	✓ 0%	✓ 0%		•
UHC Bronze Standard	Same As Medical		\$25	✓ \$50	✓ \$100	✓ \$500		•
UHC Bronze Standard Plus Chiro	Same As Medical		\$25	✓ \$50	✓ \$100	✓ \$500		•
UHC Silver Advantage	Same As Medical		\$5	✓ \$85	✓ 40%	✓ 50%		
UHC Silver Advantage (Off Exchange Only)	Same As Medical		\$5	✓ \$85	✓ 40%	✓ 50%		
UHC Silver Advantage+ (Dental + Vision)	Same As Medical		\$5	✓ \$85	✓ 40%	✓ 50%	•	
UHC Silver Copay Focus \$0 Indiv Med Ded	\$2,500	\$5,000	\$10	✓ \$85	✓ 40%	✓ 50%		
UHC Silver Copay Focus \$0 Indiv Med Ded (Off Exchange Only)	\$2,500	\$5,000	\$10	✓ \$85	✓ 40%	✓ 50%		
UHC Silver Standard	Same As Medical		\$20	\$40	✓ \$80	✓ \$350		
UHC Silver Standard (Off Exchange Only)	Same As Medical		\$20	\$40	✓ \$80	✓ \$350		
UHC Silver Standard Plus Chiro	Same As Medical		\$20	\$40	✓ \$80	✓ \$350		
UHC Silver Standard-	Same As Medical		\$20	\$40	✓ \$80	✓ \$350		
UHC Gold Advantage	Same As Medical		\$5	\$50	✓ 30%	✓ 40%		
UHC Gold Advantage+ (Dental + Vision)	Same As Medical		\$5	\$50	✓ 30%	✓ 40%	•	
UHC Gold Copay Focus \$0 Indiv Med Ded	\$500	\$1,000	\$3	\$50	✓ 40%	✓ 50%		
UHC Gold Standard	Same As Medical		\$15	\$30	\$60	\$250		
UHC Gold Standard Plus Chiro	Same As Medical		\$15	\$30	\$60	\$250		



For agent purposes only | © 2026 | United HealthCare Services, Inc. All Rights Reserved | Not for Consumer Use | Proprietary and Confidential All plan designs, benefits, cost shares, and service area expansions for plan year 2026 are pending regulatory approval and subject to change.

Check (✓) indicates that this benefit is subject to the annual deductible. Tier 1 Zero Cost Share Preventative Drugs \$0 (-) indicates that this plan does not include pediatric dental