South Dakota 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	\$120	0%	\$3,000 (Day 3 max)	\$500	\$30
UHC Bronze Copay Focus+ \$0 Indiv Med Ded	Bronze	\$0	\$0	\$10,600	\$21,200	\$50	\$50	\$120	0%	\$3,000 (Day 3 max)	\$500	\$30
UHC Bronze Essential	Bronze	\$10,600	\$21,200	\$10,600	\$21,200	√ 0%	✓ 0%	✓ 0%	0%	✓ 0%	✓ 0%	✓ 0%
UHC Bronze Essential- \$0 After Ded	Bronze	\$10,600	\$21,200	\$10,600	\$21,200	√ 0%	√ 0%	√ 0%	0%	√ 0%	✓ 0%	√ 0%
UHC Bronze Standard \$7500	Bronze	\$7,500	\$15,000	\$10,000	\$20,000	\$50	\$50	\$100	\$75	√ 50%	✓ 50%	✓ 50%
UHC Silver Advantage \$3900	Silver	\$3,900	\$7,800	\$9,200	\$18,400	\$20	\$20	\$80	0%	√ 35%	✓ \$375	√ \$15
UHC Silver Advantage+ \$3900	Silver	\$3,900	\$7,800	\$9,200	\$18,400	\$20	\$20	\$80	0%	√ 35%	✓ \$375	√ \$15
UHC Silver Standard \$6000	Silver	\$6,000	\$12,000	\$8,900	\$17,800	\$40	\$40	\$80	\$60	√ 40%	✓ 40%	40%
UHC Silver Value \$5000	Silver	\$5,000	\$10,000	\$10,000	\$20,000	\$30	✓ 45%	✓ 45%	0%	√ 45%	✓ 45%	45%
UHC Silver Value- \$5000	Silver	\$5,000	\$10,000	\$10,000	\$20,000	\$30	✓ 45%	✓ 45%	0%	√ 45%	✓ 45%	\$45
UHC Silver Value+ \$5000	Silver	\$5,000	\$10,000	\$10,000	\$20,000	\$30	✓ 45%	✓ 45%	0%	√ 45%	✓ 45%	\$45
UHC Gold Advantage \$2300	Gold	\$2,300	\$4,600	\$8,500	\$17,000	\$25	\$25	\$60	0%	√ 25%	✓ \$150	√ 40%
UHC Gold Advantage+ \$2300	Gold	\$2,300	\$4,600	\$8,500	\$17,000	\$25	\$25	\$60	0%	√ 25%	✓ \$150	\$10
UHC Gold Copay Focus \$0 Indiv Med Ded	Gold	\$0	\$0	\$7,000	\$14,000	\$20	\$15	\$75	0%	\$2,000 (Day 3 max)	\$200	\$10
UHC Gold Copay Focus+ \$0 Indiv Med Ded	Gold	\$0	\$0	\$7,000	\$14,000	\$20	\$15	\$75	0%	\$2,000 (Day 3 max)	\$200	\$10
UHC Gold Standard \$2000	Gold	\$2,000	\$4,000	\$8,200	\$16,400	\$30	\$30	\$60	\$45	√ 25%	✓ 25%	✓ 25%



South Dakota 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	\$4,000 \$8,000	\$25	40%	√ 45%	√ 50%		
UHC Bronze Copay Focus+ \$0 Indiv Med Ded	\$4,000 \$8,000	\$25	40%	√ 45%	√ 50%		
UHC Bronze Essential	Same As Medical	√ 0%	✓ 0%	✓ 0%	√ 0%		
UHC Bronze Essential- \$0 After Ded	Same As Medical	✓ 0%	✓ 0%	✓ 0%	√ 0%		
UHC Bronze Standard \$7500	Same As Medical	\$25	√ \$50	✓ \$100	√ \$500		
UHC Silver Advantage \$3900	Same As Medical	\$5	√ \$85	√ 40%	√ 50%		
UHC Silver Advantage+ \$3900	Same As Medical	\$5	√ \$85	√ 40%	√ 50%		
UHC Silver Standard \$6000	Same As Medical	\$20	\$40	√ \$80	√ \$350		
UHC Silver Value \$5000	Same As Medical	\$12	✓ \$100	√ 45%	√ 50%		
UHC Silver Value- \$5000	Same As Medical	\$12	✓ \$100	√ 45%	√ 50%		
UHC Silver Value+ \$5000	Same As Medical	\$12	✓ \$100	√ 45%	√ 50%		
UHC Gold Advantage \$2300	Same As Medical	\$10	\$50	√ 30%	√ 40%		
UHC Gold Advantage+ \$2300	Same As Medical	\$10	\$50	√ 30%	√ 40%		
UHC Gold Copay Focus \$0 Indiv Med Ded	\$500 \$1,000	\$5	\$50	√ 45%	√ 50%		
UHC Gold Copay Focus+ \$0 Indiv Med Ded	\$500 \$1,000	\$5	\$50	√ 45%	√ 50%		
UHC Gold Standard \$2000	Same As Medical	\$15	\$30	\$60	\$250		

