

Virginia 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 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 Value	Bronze	\$7,600	\$15,200	\$10,600	\$21,200	\$40	\$40	\$100	0%	✓ 40%	✓ 40%	\$40
UHC Bronze Value+ (Dental + Vision)	Bronze	\$7,600	\$15,200	\$10,600	\$21,200	\$40	\$40	\$100	0%	✓ 40%	✓ 40%	\$40
UHC Silver Copay Focus	Silver	\$0	\$0	\$10,150	\$20,300	\$40	\$40	\$85	0%	\$2,750 (Day-3 max)	\$650	\$40
UHC Silver Copay Focus (Off-Exchange Only)	Silver	\$0	\$0	\$10,150	\$20,300	\$40	\$40	\$85	0%	\$2,750 (Day-3 max)	\$650	\$40
UHC Silver Required (Off-Exchange Only)	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%
UHC Silver Value	Silver	\$5,000	\$10,000	\$9,500	\$19,000	\$35	\$35	\$75	0%	✓ 50%	✓ 50%	\$20
UHC Silver Value (Off-Exchange Only)	Silver	\$5,000	\$10,000	\$9,500	\$19,000	\$35	\$35	\$75	0%	✓ 50%	✓ 50%	\$20
UHC Silver Value+ (Dental + Vision)	Silver	\$5,000	\$10,000	\$9,500	\$19,000	\$35	\$35	\$75	0%	✓ 50%	✓ 50%	\$20
UHC Gold Advantage	Gold	\$2,000	\$4,000	\$7,800	\$15,600	\$15	\$15	\$50	0%	✓ 20%	\$300	\$10
UHC Gold Advantage+ (Dental + Vision)	Gold	\$2,000	\$4,000	\$7,800	\$15,600	\$15	\$15	\$50	0%	✓ 20%	\$300	\$10
UHC Gold Copay Focus	Gold	\$0	\$0	\$7,000	\$14,000	\$20	\$20	\$50	0%	\$2,500 (Day-3 max)	\$350	\$10
UHC Gold Copay Focus+ (Dental + Vision)	Gold	\$0	\$0	\$7,000	\$14,000	\$20	\$20	\$50	0%	\$2,500 (Day-3 max)	\$350	\$10
UHC Gold Standard	Gold	\$2,000	\$4,000	\$8,200	\$16,400	\$30	\$30	\$60	\$45	✓ 25%	✓ 25%	✓ 25%



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



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Tier 1 Zero Cost Share Preventative Drugs \$0