Prescription Drug Data Collection (RxDC)

Reference Year 2025

RFI deadline 3/31/2026

(For RxDC filing due to CMS 6/1/2026)

December 2025

United Healthcare

UHC Request for Information (RFI) Worksheet

This is <u>NOT</u> the official UHC RFI submission, to be used for UHC RFI preparation only.

UnitedHealthcare (UHC) including Surest will collect data needed to support UHC's submission of the RxDC filing which is due to the Centers for Medicare and Medicaid Services (CMS) June 1, 2026. UHC <u>requires</u> customers to complete an RFI. The RFI will be available beginning **February 1, 2026**, and must be completed by **March 31, 2026**. The UHC RFI can be accessed through UHC's Employer & Broker portals once the end-user signs in with their secure passcode.

Key points:

- **Complete the UHC RFI by <u>March 31, 2026</u>**, for UHC to submit your group health plan data to CMS.

- RFI responses should only include data related to plan(s) administered by UHC.

- <u>Do not</u> combine Fully Insured amounts with Self-Funded amounts. If you have multiple funding arrangements, you must complete multiple RFIs.

- **If the RFI is not completed**, UHC will submit the data it has to CMS on or before the June 1 deadline. The submission will **not** contain specific D1 information (average monthly premium paid by member and employer). **The employer or their designee will be required to submit this information along with a P2 to CMS.**

- The UHC RFI can be completed by the employer or their designee.

- If this worksheet is completed beforehand, the UHC RFI will take approximately 5-10 minutes to complete. This worksheet is for your use only, no need to provide it to UHC.

- After completing the RFI form, the submitter is required to review and attest to their responses.

- Submitting responses:

  o Submit the UHC RFI once all fields are populated. Submitted responses can be reopened and edited until 3/31/2026.

  o If all required information isn't available when completing the RFI, the RFI can be saved as a draft. The end-user can return at a later time to complete the RFI before the 3/31/2026 due date.

  o A copy of the UHC RFI responses can be saved for recordkeeping by selecting the "Download RFI" option.

  o Only RFIs with a status of "Complete" will be included in UHCs submission to CMS.

  o If a customer does not respond to the RFI by March 31, 2026, UnitedHealthcare will submit the available data in our systems. However, the submission will be **incomplete**. The missing data elements will need to be provided directly to CMS by the health plan, an external vendor, or another reporting entity.

Complete the questions below to draft your RFI Responses

QUESTION	RFI RESPONSE
What is your Group Health Plan Name? (P2) *Group Health Plan Name (GHPN) is the employee welfare benefit plan name under the Employee Retirement Income Security Act (ERISA) for which an employer provides medical care to employees or their dependents directly or through insurance, reimbursement, or otherwise. Please only provide the GHPN associated with a medical plan. This will also be the name associated with the Form 5500 Filing. This may not match the name on the UnitedHealthcare ID card. If the GHPN is unknown, use the Employer Group Name. For example, Employer Group Name is "ABC Inc." while the GHPN is "ABC Inc. Health and Welfare Plan".*	**Group Health Plan Name:**
Do you file a [form 5500 report](#) with the IRS? (P2) *If yes, enter the 3-digit plan number reported on the IRS Form 5500 filed with the DOL.* *If there is more than one value separate them with a semicolon, no spaces (e.g., 501;502;503).* *The Department of Labor (DOL), Internal Revenue Service (IRS), and the Pension Benefit Guaranty Corporation jointly developed the Form 5500 Series so employee benefit plans could utilize the forms to satisfy annual reporting requirements under Title I and Title IV of ERISA and under the Internal Revenue Code. The Form 5500 Series is an important compliance, research, and disclosure tool for the DOL, a disclosure document for plan participants and beneficiaries, and a source of information and data for use by other Federal agencies, Congress, and the private sector in assessing employee benefit, tax, and economic trends and policies. Click the link to go to the DOL Form 5500 site for additional information.* *Find your organization's most recent filing:* [DOL Form 5500](#)	**5500 number (if applicable):**
What is the Average Monthly Premium (or Premium Equivalents) for medical and pharmacy coverage Paid by Members? (D1) *Calculate the average monthly premium (or premium equivalent) by taking the total annual premium (or premium equivalents) paid by members during the reference year and divide by 12. **Divide by 12 even if the coverage was not in effect for the entire calendar year.*** *Calculate the average for all the policies in each applicable funding arrangement type. (i.e., Fully Insured/Self-Funded) Do not combine Fully Insured amounts with Self-Funded amounts. There should be two separate RFIs to complete when you have mixed funding types.* *If none of the members pay a premium, enter zero ($0).* ***Include**:* 1. Premium or premium equivalents paid by members for medical and pharmacy coverage administered by UHC. 2. Member payments for COBRA coverage, including the 2% administrative fee. 3. Spousal and tobacco surcharges if applicable. ***Exclude:*** 1. Premium or premium equivalents paid by employers or other plan sponsors on behalf of members. These amounts should be included in the next question amounts. *Reference the [CMS Reporting Instructions](#), beginning on page 31. See example of calculations at the end of this worksheet.*	**Member's dollar amount:**

QUESTION	RFI RESPONSE
What is the Average Monthly Premium (or Premium Equivalents) for medical and pharmacy coverage Paid by Employer (on behalf of members)? (D1) *Calculate the average monthly premium (or premium equivalent) for medical and pharmacy coverage by taking the total annual premium (or premium equivalents) paid by the employer on behalf of members during the reference year and dividing by 12.* **Divide by 12 even if the coverage was not in effect for a member for the entire reference year.** *Calculate the average for all the policies in each applicable funding arrangement type. (i.e., Fully Insured/Self-Funded) Do not combine Fully Insured amounts in with Self-Funded amounts. There should be two separate RFIs for you to complete when you have mixed funding types.* *Include:* 1. *Premium or premium equivalents paid by employers and other plan sponsors on behalf of members (including dependents) for medical and pharmacy coverage administered by UHC.* 2. *Premium or premium equivalents paid by group trust, association, or MEWA plans if separate employers or other plan sponsors make premium contributions.* *Exclude:* 1. *Premium or premium equivalents paid by members. These amounts should be included in the previous question amounts.* *Reference the CMS Reporting Instructions, beginning on page 31.* *See example of calculations at the end of this worksheet*	**Employer dollar amount:**

The questions below are to assist with understanding the entirety of the employee welfare benefit plan and will be used to populate the "Carve-Out Description" field on the RxDC P2 file when appropriate.

QUESTION	RFI RESPONSE
Does United Health Group and its affiliates (e.g. Surest) administer, offer, or insure the majority of the Group Health Plan's benefits? ***Select Yes or No*** *Until further clarification by CMS the term "majority" is interpreted by United Health Group (UHG) as the entity that administers, offers, insures the bulk of the health plan's benefits.* *For example, a policy administered by UHG containing Medical and Rx is the majority entity over a policy administered by non-affiliated UHG organization.* *Reference the CMS Reporting Instructions, beginning on page 15.*	**Yes/No**
Does the Group Health Plan offer prescription drug (RX) coverage to your members? (P2) ***Select Yes or No.*** ***IMPORTANT:*** • *Select YES if RX coverage is offered through UHC, UHC affiliates or an external PBM.* • *Select NO only if you do not offer ANY Rx coverage to your members.*	**Yes/No**
Does the Group Health Plan offer non-integrated/carve-out/stand-alone behavioral health benefits to your members? (P2) ***Select Yes or No.*** *Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions.*	**Yes/No**

Average Monthly Premium Paid Calculation

Example: Full Calendar Year

Month		Total Premium (or premium equivalents)		
		Paid by Members	**Paid by Employers**[1] (on behalf of members)	**Paid by Plan** (Total)
January		$ 5,675	$ 13,243	$ 18,918
February		$ 6,426	$ 14,994	$ 21,420
March		$ 6,426	$ 14,994	$ 21,420
April		$ 6,784	$ 15,829	$ 22,614
May		$ 6,784	$ 15,829	$ 22,614
June		$ 6,784	$ 15,829	$ 22,614
July		$ 7,497	$ 17,494	$ 24,991
August		$ 7,497	$ 17,494	$ 24,991
September		$ 7,497	$ 17,494	$ 24,991
October		$ 6,932	$ 16,174	$ 23,106
November		$ 6,932	$ 16,174	$ 23,106
December		$ 6,932	$ 16,174	$ 23,106
Total		$ 82,167	$ 191,724	$ 273,892
		Total A	*Total B*	

Average Monthly Premium Paid:		$ 6,847.29	$ 15,977.00	$ 22,824.29

In this example:
- Employer has a medical policy with UHC for full calendar year.
- Coverage period - 1/1/2025 – 12/31/2025
- Calendar period – 1/1/2025 – 12/31/2025
- Employer paid portion is 70% of the total plan premium (or premium equivalents) paid.
- Divide by 12 even if the coverage was not in effect for the entire 12 months of the reference year.

- **Average Monthly Premium Paid by Members = Total A divided by 12**

  Calculation: $82,167 / 12 = **$6,847.29**   ← **Amount to populate RFI**

- **Average Monthly Premium Paid by Employers = Total B divided by 12**

  Calculation: $191,724 / 12 = **$15,977.00**   ← **Amount to populate RFI**

  Notes:
  - For self-funded plans, this is total plan costs minus premiums paid by members.
  - Based on most recent CMS instructions.
  - For RFIs containing multiple policies **all** policies should be included in the calculation.

Example 2: Partial Calendar Year

Month		Total Premium (or premium equivalents)		
		Paid by Members	Paid by Employers[1] (on behalf of members)	Paid by Plan (Total)
January		$ 5,675	$ 13,243	$ 18,918
February		$ 6,426	$ 14,994	$ 21,420
March		$ 6,426	$ 14,994	$ 21,420
April		$ 6,784	$ 15,829	$ 22,614
May		$ 6,784	$ 15,829	$ 22,614
June		$ 6,784	$ 15,829	$ 22,614
July		Moved to non-affiliate UHG issuer/ASO/TPA/Carrier		
August				
September				
October				
November				
December				
Total		$ 38,880	$ 90,720	$ 129,600
		Total A	Total B	

Average Monthly Premium Paid:		$ 3,239.99	$ 7,559.99	$ 10,799.98

In this example:
- Employer has a medical policy with UHC thru 6/30/2025.
- Coverage period - 7/1/2024 – 6/30/2025
- Calendar period – 1/1/2025 – 6/30/25
- Employer paid portion is 70% of the total plan premium (or premium equivalents) paid.
- Divide by 12 even if the coverage was not in effect for the entire 12 months of the reference year.

- **Average Monthly Premium Paid by Members = Total A divided by 12**

  Calculation: $38,880 / 12 = **$3,239.99**   ⬅ **Amount to populate RFI**

- **Average Monthly Premium Paid by Employers = Total B divided by 12**

  Calculation: $90,720 / 12 = **$7,559.99**   ⬅ **Amount to populate RFI**

  Notes:
  - For self-funded plans, this is total plan costs minus premiums paid by members.
  - Based on most recent CMS instructions.
  - For RFIs containing multiple policies **all** policies should be included in the calculation.