

Product and Benefit Selection Form

Effective January 1, 2017

General Information

Group Name	Group Effective Date
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Agent Name

Important: Please Print or Type All Sections in Black Ink

Legal Name of Group/DBA	Telephone ()	Fax ()	Address	City	County	State	ZIP
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Employer Contribution (Medical Only): Employee Premium=_____ Dependent Premium=_____ Total Number Employed:_____

Total Permanent Full-Time Employees: <i>(working 30 or more hours per week)</i>	Total Permanent Part-Time Employees: <i>(working 20-29 hours per week)</i>
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Do you wish to offer coverage to **ALL** employees working 20-29 hours per week?
 Yes Effective Date _____ No

Total Full-Time Equivalents: _____

Decide on the package your group is enrolling in, then select the specific plans you wish to offer to employees.

Is a staff model HMO plan¹ being offered alongside UnitedHealthcare plans? Yes No

Metallic Level	Plan Category	Plan Description	Plan Code	Choice Simplified <input type="checkbox"/> All Plans*	Multi-Choice State <input type="checkbox"/> All Plans*
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***Some Networks may not be available in all zip codes within Counties and/or Rating Regions. Please check with your UnitedHealthcare representative to verify Network availability.**

Platinum	Select Plus	15/20%	AK-RV	<input type="checkbox"/>	
Silver	Select Plus	2000/30%	AK-RW	<input type="checkbox"/>	
Bronze	Select Plus HSA	6500/0%	AK-RX	<input type="checkbox"/>	
Platinum	Core	15/20%	AK-RY	<input type="checkbox"/>	
Silver	Core	2000/30%	AK-RZ	<input type="checkbox"/>	
Bronze	Core HSA	6500/0%	AK-R1	<input type="checkbox"/>	
Platinum	Navigate	15/20%	AK-SF	<input type="checkbox"/>	
Silver	Navigate	2000/30%	AK-SG	<input type="checkbox"/>	
Bronze	Navigate HSA	6500/0%	AK-SH	<input type="checkbox"/>	
Gold	Select Plus Direct	20/250/20%	AK-R7	<input type="checkbox"/>	
Gold	Select Plus Direct	20/750/20%	AK-R8	<input type="checkbox"/>	
Gold	Select Plus Direct	20/1000/20%	AK-R9	<input type="checkbox"/>	
Silver	Select Plus Direct	30/2000/30%	AK-SA	<input type="checkbox"/>	
Gold	Core Direct	20/250/20%	AK-SB	<input type="checkbox"/>	
Gold	Core Direct	20/750/20%	AK-SC	<input type="checkbox"/>	
Gold	Core Direct	20/1000/20%	AK-SD	<input type="checkbox"/>	
Silver	Core Direct	30/2000/30%	AK-SE	<input type="checkbox"/>	
Gold	Navigate Direct	20/250/20%	AK-SN	<input type="checkbox"/>	
Gold	Navigate Direct	20/750/20%	AK-SO	<input type="checkbox"/>	
Gold	Navigate Direct	20/1000/20%	AK-SP	<input type="checkbox"/>	
Silver	Navigate Direct	30/2000/30%	AK-SQ	<input type="checkbox"/>	
Silver	Non-Differential PPO	2000/30%	AK-RU	<input type="checkbox"/>	<input type="checkbox"/>
Platinum	Signature	20-40/30%	AK-QY	<input type="checkbox"/>	
Gold	Signature	30-50/30%	AK-QZ	<input type="checkbox"/>	
Gold	Signature	30-50/30%/1000ded	AK-Q1	<input type="checkbox"/>	
Silver	Signature	45-65/40%/2000ded	AK-Q2	<input type="checkbox"/>	
Platinum	Advantage	20-40/30%	AK-Q4	<input type="checkbox"/>	
Gold	Advantage	30-50/30%	AK-Q5	<input type="checkbox"/>	
Gold	Advantage	30-50/30%/1000ded	AK-Q6	<input type="checkbox"/>	
Silver	Advantage	45-65/40%/2000ded	AK-Q7	<input type="checkbox"/>	
Platinum	Focus	20-40/30%	AK-Q9	<input type="checkbox"/>	
Gold	Focus	30-50/30%	AK-RA	<input type="checkbox"/>	
Gold	Focus	30-50/30%/1000ded	AK-RB	<input type="checkbox"/>	
Silver	Focus	45-65/40%/2000ded	AK-RC	<input type="checkbox"/>	
Platinum	Alliance	20-40/30%	AK-RE	<input type="checkbox"/>	

Group Name _____

Metallic Level	Plan Category	Plan Description	Plan Code	Choice Simplified <input type="checkbox"/> All Plans*	Multi-Choice State <input type="checkbox"/> All Plans*
Gold	Alliance	30-50/30%	AK-RF	<input type="checkbox"/>	
Gold	Alliance	30-50/30%/1000ded	AK-RG	<input type="checkbox"/>	
Silver	Alliance	45-65/40%/2000ded	AK-RH	<input type="checkbox"/>	
Silver	Alliance	30%/2000ded	AK-RI	<input type="checkbox"/>	
Bronze	Alliance HSA	0%/6500ded	AK-RJ	<input type="checkbox"/>	
Platinum	Core	15/10%	AK-R2		<input type="checkbox"/>
Gold	Core	30/20%	AK-R3		<input type="checkbox"/>
Silver	Core	45/2000/20%	AK-R4		<input type="checkbox"/>
Bronze	Core	75/6300/100%	AK-R5		<input type="checkbox"/>
Bronze	Core HSA	4800/40%	AK-R6		<input type="checkbox"/>
Platinum	Navigate	15/10%	AK-SI		<input type="checkbox"/>
Gold	Navigate	30/20%	AK-SJ		<input type="checkbox"/>
Silver	Navigate	45/2000/20%	AK-SK		<input type="checkbox"/>
Bronze	Navigate	75/6300/100%	AK-SL		<input type="checkbox"/>
Bronze	Navigate HSA	4800/40%	AK-SM		<input type="checkbox"/>
Platinum	Signature	15-40/10%	AK-RK		<input type="checkbox"/>
Gold	Signature	30-55/20%	AK-RL		<input type="checkbox"/>
Silver	Signature	45-75/20%/2000ded	AK-RM		<input type="checkbox"/>
Platinum	Focus	15-40/10%	AK-RN		<input type="checkbox"/>
Gold	Focus	30-55/20%	AK-RO		<input type="checkbox"/>
Silver	Focus	45-75/20%/2000ded	AK-RP		<input type="checkbox"/>
Platinum	Alliance	15-40/10%	AK-RQ		<input type="checkbox"/>
Gold	Alliance	30-55/20%	AK-RR		<input type="checkbox"/>
Silver	Alliance	45-75/20%/2000ded	AK-RS		<input type="checkbox"/>
Bronze	Alliance HSA	40%/4800ded	AK-RT		<input type="checkbox"/>

Please Indicate Life and Disability Plan Selection	Supplemental Benefits
<p>Basic Life and AD&D Benefit Amount[†]</p> <p> <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____ </p> <p> <input type="checkbox"/> Tier Class Plan _____ \$ _____ <input type="checkbox"/> 1 X Annual Salary to _____ _____ \$ _____ <input type="checkbox"/> 2 X Annual Salary to _____ _____ \$ _____ </p> <p>Dependent Life Benefit Amount</p> <p> <input type="checkbox"/> Spouse \$7,500/Child (14 days+) \$3,750 <input type="checkbox"/> Spouse \$4,000/Child (14 days+) \$2,000 <input type="checkbox"/> Spouse \$2,000/Child (14 days+) \$1,000 </p> <p>[†]Benefit Maximums and Guarantee Issue Maximums, Groups of 2-5 eligible employees: Maximum \$50,000 / GI \$25,000; Groups of 6-19 eligible employees: Maximum \$175,000 / GI \$50,000; Groups of 20-50 eligible employees: Maximum \$250,000 / GI \$100,000</p> <p> <input type="checkbox"/> Supplemental Employee Life and AD&D - Life Plan Code _____ <input type="checkbox"/> Flat amount _____ <input type="checkbox"/> Salary based <input type="checkbox"/> 1X or <input type="checkbox"/> 2X Supplemental Employee Life and AD&D (Not Available for Group Size 2-9) Group size 10-19 Plan Maximum \$100,000 / GI \$30,000 Group size 20-50 Plan Maximum \$100,000 or \$200,000 / GI \$30,000 </p> <p> <input type="checkbox"/> Supplemental Dependent Life and AD&D Dependent: (Spouse) Life Plan Code _____ (Child) Life Plan Code _____ Spouse Amount: \$20,000 / GI _____ Child Amount: \$10,000 / GI _____ </p> <p> <input type="checkbox"/> Long-Term Disability - Plan Code _____ LTD Maximum Monthly Benefit Group Size 2-9 \$1,500 to \$5,000 in \$500 Increments Group Size 10-50 \$1,500 to \$10,000 in \$500 Increments GI = Maximum Monthly Payment </p>	<p><input type="checkbox"/> Infertility (HMO only) Diagnosis and Treatment</p>

Group Name _____

Please Indicate Dental and Vision Plan Selection (Select up to a maximum of two HMO and PPO dental plans. Select up to a maximum of one vision plan).

Dual Option <input type="checkbox"/> <input type="checkbox"/> Other _____	UnitedHealthcare DHMO <input type="checkbox"/> Dental Plan Code _____	UnitedHealthcare Vision <input type="checkbox"/> Vision Plan Code _____
UnitedHealthcare DPPO <input type="checkbox"/> Dental Plan Code _____	Pacific Dental Benefits Direct Compensation DHMO <input type="checkbox"/> Direct Compensation Plan Code _____	

Important Plan Coverage Information: All UnitedHealthcare plans are underwritten by UnitedHealthcare Insurance Company. When adding or revising plans at renewal, underwriting approval may be required. All plan change requests must be submitted to UnitedHealthcare prior to the renewal date.

¹ Groups with 5 or more enrolling employees may offer one staff model HMO plan from another carrier alongside UnitedHealthcare plans.

² Formal product name: UnitedHealthcare Multi-Choice*

³ Formal HMO product names:

Signature = UnitedHealthcare SignatureValue*

Advantage = UnitedHealthcare SignatureValue Advantage

Alliance = UnitedHealthcare SignatureValue Alliance

Focus = UnitedHealthcare SignatureValue Focus

The Navigate network included herein is subject to approval by regulators. If the Navigate network offered herein is subsequently modified by regulators we will immediately advise you of the change in network, in accordance with applicable law.

Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law.

Health plan coverage provided by or through UnitedHealthcare Insurance Company and UnitedHealthCare of California. Administrative services provided by United Healthcare Services, Inc., OptumRx or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).

UnitedHealthcare Life and Disability products are provided by Unimerica Life Insurance Company in California.
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