

CA Small Business 1-100 Insurance Plans

Metallic Level	Deductible ¹		Out-of-Pocket Maximum ²		Coinsurance		Network ³						Deductible Type	Combined Med/Rx Ded	Plan Code			Pharmacy Plan Code
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	PCP	Spec	ER	Inpatient Hospital	IP Per-Occurrence Ded ⁴	OP Per-Occurrence Ded ⁴			Select Plus	Core	Navigate ⁵	
Choice Simplified PPO/EPO															Select Plus	Core	Navigate⁵	
Platinum	N/A	\$1,000	\$3,000	\$6,000	10%	50%	\$10	\$20	\$100	10%	N/A	N/A	Embedded	No	AU-SI	AU-SL	AU-L7	403
Platinum	N/A	\$1,000	\$4,700	\$9,400	20%	50%	\$15	\$30	\$100	20%	N/A	N/A	Embedded	No	AU-SJ	AU-SM	AU-SS	403
Gold	\$500	\$1,000	\$6,000	\$12,000	20%	50%	\$25	\$50	\$150	20%	\$250	\$250	Embedded	No	AU-S5	AU-TB	AU-SY	636
Gold	\$1,000	\$2,000	\$6,000	\$12,000	20%	50%	\$25	\$50	\$150	20%	\$250	\$250	Embedded	No	AU-S6	AU-TC	AU-SZ	636
Gold	\$1,500	\$3,000	\$6,000	\$12,000	20%	50%	\$25	\$50	\$150	20%	\$250	\$250	Embedded	No	AU-S7	AU-TD	AU-S1	636
Silver HSA ²	\$2,000	\$13,000	\$6,500	\$26,000	20%	50%	20%	20%	20%	20%	N/A	N/A	Non-Embedded	Yes	AX-FK	AX-FL	AX-FM	551
Silver	\$1,500	\$3,000	\$7,350	\$14,700	30%	50%	\$40	\$70	30%	30%	\$250	\$250	Embedded	No	AU-S8	AU-TE	AU-S2	405
Silver	\$2,250	\$4,500	\$7,350	\$14,700	40%	50%	\$40	\$70	40% + \$400	40%	\$250	\$250	Embedded	No	AU-S9	AU-TF	AU-S3	405
Bronze HSA	\$4,800	\$9,600	\$6,550	\$13,100	40%	50%	40%	40%	40%	40%	N/A	N/A	Embedded	Yes	AU-SK	AU-SN	AU-ST	399
State Mirrored PPO/EPO															Select Plus	Core	Navigate⁵	
Platinum	N/A	\$1,000	\$3,350	\$8,000	10%	50%	\$15	\$30	\$150	10%	N/A	N/A	Embedded	No	AV-68	AU-SO	AU-SU	354
Gold	N/A	\$1,000	\$6,000	\$13,500	20%	50%	\$25	\$55	\$325	20%	N/A	N/A	Embedded	No	AV-69	AU-SP	AU-SV	397
Silver	\$2,000	\$4,000	\$7,000	\$14,000	20%	50%	\$45	\$75	\$350	20%	N/A	N/A	Embedded	No	AV-7A	AU-SQ	AU-SW	637
Bronze HSA	\$4,800	\$9,600	\$6,550	\$13,100	40%	50%	40%	40%	40%	40%	N/A	N/A	Embedded	Yes	AV-7C	AK-R6	AK-SM	399
Bronze ⁶	\$6,300	\$12,600	\$7,000	\$14,000	100%	50%	\$75	\$105	100%	100%	N/A	N/A	Embedded	No	AV-7B	AU-SR	AU-SX	733
Non-Differential PPO															Non-Differential PPO			
Silver	\$2,250		\$7,350		30%		30%	30%	30%	30%	N/A	N/A	Embedded	No	AU-SH			405

CA Small Business 1-100 HMO Plans

Metallic Level	Deductible ¹	Out-of-Pocket Maximum ²	PCP	Spec	ER	Inpatient Hospital	Outpatient Surgery	Deductible Type	Combined Med/Rx Ded	HMO Plan Codes				Pharmacy Plan Code
										Signature Value	Advantage	Focus	Alliance	
Choice Simplified HMO														
Platinum	N/A	\$2,500	\$20	\$40	30%	30%	30%	N/A	No	AV-L7	AV-MB	AV-MF	AV-MJ	406
Gold	N/A	\$5,500	\$30	\$50	30%	30%	30%	N/A	No	AV-L8	AV-MC	AV-MG	AV-MK	407
Gold	\$1,000	\$5,500	\$30	\$50	30%	30%	30%	Embedded	No	AV-L9	AV-MD	AV-MH	AV-ML	407
Silver	\$2,250	\$7,350	\$50	\$75	40%	40%	40%	Embedded	No	AV-MA	AV-ME	AV-MI	AV-MM	696
State Mirrored HMO														
Platinum	N/A	\$3,350	\$15	\$30	\$150	10%	10%	N/A	No	AV-MN	AV-MQ	AV-MT	AV-MW	356
Gold	N/A	\$6,000	\$25	\$55	\$325	20%	20%	N/A	No	AV-MO	AV-MR	AV-MU	AV-MX	410
Silver	\$2,000	\$7,000	\$45	\$75	\$350	20%	20%	Embedded	No	AV-MP	AV-MS	AV-MV	AV-MY	697
Silver	\$2,000	\$6,750	30%	30%	30%	30%	30%	Embedded	No	N/A	N/A	N/A	AK-RI	408
Bronze HSA	\$4,800	\$6,550	40%	40%	40%	40%	40%	Embedded	Yes	N/A	N/A	N/A	AX-2G	412
Bronze HSA	\$6,500	\$6,500	0%	0%	0%	0%	0%	Embedded	Yes	N/A	N/A	N/A	AK-RJ	409
Bronze	\$6,250	\$7,350	30%	30%	30%	30%	30%	Embedded	No	N/A	N/A	N/A	AV-MZ	698

Pharmacy Plans – PPO

Deductible ⁷		Member Copay				Mail Order (90-Day Supply)	Plan Code
Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4		
\$500	\$1,000	100% (max \$500)	100% (max \$500)	100% (max \$500)	100% (max \$500)	2.5x	733
N/A	N/A	\$5	\$15	\$25	10% (max \$250)	2.5x	354
N/A	N/A	\$15	\$55	\$75	20% (max \$250)	2.5x	397
Medical Deductible		40% (max \$500)	40% (max \$500)	40% (max \$500)	40% (max \$500)	2.5x	399
N/A	N/A	\$10	\$30	\$60	25% (max \$250)	2.5x	403
\$200	\$400	\$20	\$50	\$100	25% (max \$250)	2.5x	405
Medical Deductible		\$20	\$50	\$100	25% (max \$250)	2.5x	551
N/A	N/A	\$15	\$35	\$70	25% (max \$250)	2.5x	636
\$125	\$250	\$15	\$55	\$85	20% (max \$250)	2.5x	637

Pharmacy Plans – HMO

Deductible ⁷		Member Copay				Mail Order (90-Day Supply)	Plan Code
Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4		
N/A	N/A	\$5	\$15	\$25	10% (max \$250)	2x	356
N/A	N/A	\$15	\$35	\$50	25% (max \$250)	2x	406
N/A	N/A	\$15	\$35	\$70	25% (max \$250)	2x	407
\$200	\$400	\$20	\$50	\$100	25% (max \$250)	2x	408
Medical Deductible		0%	0%	0%	0%	2x	409
N/A	N/A	\$15	\$55	\$75	20% (max \$250)	2x	410
Medical Deductible		40% (max \$500)	40% (max \$500)	40% (max \$500)	40% (max \$500)	2x	412
\$200	\$400	\$25	\$50	\$100	25% (max \$250)	2x	696
\$125	\$250	\$15	\$55	\$85	20% (max \$250)	2x	697
\$250	\$500	\$25	\$100	\$150	30% (max \$500)	2x	698

PENDING REGULATORY APPROVAL



¹ Refer to the benefit summary for the Family Deductible amount. For HMO plans, refer to the Schedule of Benefits for a detailed list of benefits subject to the Deductible.

² Refer to the benefit summary for the Family Out-of-Pocket Maximum amount. Deductibles and member cost share for covered services, including office visits and pharmacy, apply to the Out-of-Pocket Maximum. The Out-of-Pocket Maximum follows the Deductible Type for each plan, except for plans AX-FK, AX-FL and AX-FM which have an embedded Family Out-of-Pocket Maximum.

³ Benefits with coinsurance (%) responsibility are subject to the Deductible.

⁴ The Per-Occurrence Deductible is separate from the Annual Deductible and accrues toward the Out-of-Pocket Maximum. The Outpatient Per-Occurrence Deductible may be waived for outpatient services received at an in-network independent, non-hospital-affiliated provider.

⁵ Navigate is an In-Network product only, and does not cover Out-of-Network services. Only Select Plus and Core plans include benefit coverage for both In-Network and Out-of-Network services.

⁶ An annual combined limit of 3 visits apply to PCP, Specialist, Urgent Care, Mental Health and Substance Use Disorder office visits at the specified Copayment. Subsequent visits are subject to the plan Deductible and Copayment for the remainder of the Calendar Year.

⁷ Does not apply to Tier 1, except for pharmacy plans subject to the Medical Deductible and pharmacy plans 733, 637 and 697.

Core and Select Plus coverage are provided by or through UnitedHealthcare Insurance Company.

These benefit grids are intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. This agreement/policy has exclusions, limitations and terms under which the agreement/policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your UnitedHealthcare representative.

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.

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.

Health plan coverage provided by or through UnitedHealthcare Insurance Company and UHC of California. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).