

UnitedHealthcare offers a wide variety of plan options that allow you to tailor your benefit needs to your business needs, choosing what you value in a health plan.

CA Small Business 1-100 Insurance Plans

Metallic Level	Deductible ¹		Out-Of-Pocket Maximum ²		Coinsurance		Benefits ³				Deductible Type			Deductible Type	Combined Med/Rx Ded	Plan Code		RX
	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	ER Per-Occurrence Ded ⁴			Select Plus	Core	
PPO/EPO																		
Platinum	N/A	\$1,000	\$3,500	\$7,000	10%	50%	\$10	\$25	10%	10%	N/A	N/A	\$150	N/A	No	BR-JF	BR-JL	C36
Platinum	\$250	\$1,000	\$3,500	\$7,000	20%	50%	\$15	\$30	20%	20%	N/A	N/A	\$150	Embedded	No	BR-JG	BR-JM	C36
Platinum (Primary Advantage)	\$250	\$1,000	\$3,500	\$7,000	20%	50%	\$0	\$75	20%	20%	N/A	N/A	\$150	Embedded	No	BR-JH	BR-JN	C34
Gold	N/A	\$1,000	\$6,500	\$13,000	30%	50%	\$25	\$50	30%	30%	N/A	\$250	\$250	N/A	No	BR-J3	BR-J9	C35
Gold	\$500	\$1,000	\$6,500	\$13,000	20%	50%	\$25	\$50	20%	20%	\$250	\$250	\$250	Embedded	No	BR-J4	BR-KA	B75
Gold	\$1,000	\$2,000	\$6,500	\$13,000	20%	50%	\$25	\$50	20%	20%	\$250	\$250	\$250	Embedded	No	BR-J5	BR-KB	B75
Gold (Primary Advantage)	\$1,500	\$3,000	\$6,500	\$13,000	30%	50%	\$0	\$75	30%	30%	\$250	\$250	\$250	Embedded	No	BR-J6	BR-KC	B76
Silver	\$1,500	\$3,000	\$8,150	\$16,300	40%	50%	\$50	\$80	40%	40%	\$250	\$250	\$300	Embedded	No	BR-J7	BR-KD	B77
Silver	\$2,250	\$4,500	\$8,150	\$16,300	40%	50%	\$50	\$80	40%	40%	\$250	\$250	\$300	Embedded	No	BR-J8	BR-KE	B77
Silver (HSA w/ Motion)	\$2,300	\$4,600	\$6,650	\$13,300	30%	50%	30%	30%	30%	30%	N/A	N/A	N/A	Non-Embedded	Yes	BR-JI	BR-JO	C39
Bronze (HSA w/ Motion)	\$6,900	\$13,800	\$6,900	\$13,800	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	Embedded	Yes	BR-JJ	BR-JP	C38
Bronze	\$7,200	\$14,400	\$8,150	\$16,300	40%	50%	40%	40%	40%	40%	N/A	N/A	N/A	Embedded	No	BR-JK	BR-JQ	B81
Non-Differential PPO																		
Silver	\$2,250	N/A	\$7,350	N/A	30%	N/A	30%	30%	30%	30%	N/A	N/A	N/A	Embedded	No	BR-SK ⁵	N/A	C33

Metallic Level	Deductible ¹		Out-Of-Pocket Maximum ²		Coinsurance		Benefits ³				Deductible Type			Deductible Type	Combined Med/Rx Ded	Plan Code/RX	
	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	ER Per-Occurrence Ded ⁴			Core	Navigate ⁵
State Mirrored PPO/EPO																	
Platinum	N/A	\$1,000	\$4,500	\$9,000	10%	50%	\$15	\$30	\$150	10%	N/A	N/A	N/A	N/A	No	BR-5U/C37	BR-5Y/354
Gold	\$250	\$1,000	\$7,800	\$15,600	20%	50%	\$25	\$50	\$250	20%	N/A	N/A	N/A	Embedded	No	BR-5V/B78	BR-5Z/C40
Silver	\$2,250	\$4,500	\$7,800	\$15,600	20%	50%	\$50	\$85	\$400	20%	N/A	N/A	N/A	Embedded	No	BR-5W/B79	BR-52/C41
Bronze	\$6,300	\$12,600	\$7,800	\$15,600	40%	50%	\$65	\$95	40%	40%	N/A	N/A	N/A	Embedded	No	BR-5X/B80	BR-53/C42

UnitedHealthcare

Medical and Pharmacy Plans

California
Small Business 1-100 Employees
Effective January 1, 2020

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	Harmony	
HMO															
Platinum	N/A	\$3,000	\$20	\$40	\$400	\$500 ⁷	\$250	N/A	No	BR-SO	BR-SV	BR-S4	BR-TM	BR-TB	B86
Platinum	N/A	\$3,500	\$20	\$40	20%	20%	20%	N/A	No	BR-SQ	BR-SX	BR-S6	BR-TO	BR-TD	B86
Platinum (Primary Advantage)	N/A	\$4,000	\$0	\$80	20%	20%	20%	N/A	No	BR-SP	BR-SW	BR-S5	BR-TN	BR-TC	B87
Gold	N/A	\$6,000	\$30	\$60	\$500	\$1,000 ⁷	\$500	N/A	No	BH-GT	BH-GZ	BH-G7	BH-HD	BK-D2	B91
Gold	\$500	\$6,500	\$30	\$60	\$500	20%	20%	Embedded	No	BR-SR	BR-SY	BR-S7	BR-TP	BR-TE	B88
Gold	\$1,250	\$6,500	\$30	\$60	30%	30%	30%	Embedded	No	BR-ST	BR-S2	BR-S9	BR-TR	BR-TG	B88
Gold (Primary Advantage)	\$1,500	\$7,500	\$0	\$80	30%	30%	30%	Embedded	No	BR-SS	BR-SZ	BR-S8	BR-TQ	BR-TF	B89
Silver	\$2,250	\$8,150	\$55	\$80	40%	40%	40%	Embedded	No	BR-SU	BR-S3	BR-TA	BR-TS	BR-TH	B83
Silver	\$2,250	\$8,150	30%	30%	30%	30%	30%	Embedded	No	N/A	N/A	N/A	BR-TT	BR-TI	B83
Bronze (HSA w/Motion)	\$6,900	\$6,900	0%	0%	0%	0%	0%	Embedded	Yes	N/A	N/A	N/A	N/A	BR-TK	B90
Bronze (HSA)	\$6,900	\$6,900	0%	0%	0%	0%	0%	Embedded	Yes	N/A	N/A	N/A	BR-TU	N/A	B90
Bronze HDHP	\$7,200	\$8,150	40%	40%	40%	40%	40%	Embedded	No	N/A	N/A	N/A	BR-TW	BR-TL	B85
State Mirrored HMO															
Platinum	N/A	\$4,500	\$15	\$30	\$150	10%	10%	Embedded	No	N/A	N/A	N/A	BR-TX	N/A	B92
Gold	\$250	\$7,800	\$25	\$50	\$250	20%	20%	Embedded	No	N/A	N/A	N/A	BR-TY	N/A	B82
Silver	\$2,250	\$7,800	\$50	\$85	\$400	20%	20%	Embedded	No	N/A	N/A	N/A	BR-TZ	N/A	B84
Bronze (HSA)	\$6,900	\$6,900	0%	0%	0%	0%	0%	Embedded	Yes	N/A	N/A	N/A	BR-T2	N/A	B90

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 BR-JI and BR-JO 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 Non-Differential PPO plan is on the options network.

6 Navigate is an In-Network product only, and does not cover Out-of-Network services.

7 Inpatient Hospital Copayment is applicable per day, up to a maximum of 4 days per stay.

Pharmacy Plans - PPO

Deductible ¹		Member Copay				Mail Order (90 Day Supply)	Plan Code
Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4		
\$250	\$500	\$15	\$40	\$80	25%	2.5	B75
\$250	\$500	\$5	\$50	\$100	25%	2.5	B76
\$300	\$600	\$20	\$50	\$100	25%	2.5	B77
N/A	N/A	\$15	\$50	\$80	20%	2.5	B78
\$300	\$600	\$17	\$65	\$90	20%	2.5	B79
\$500	\$1,000	\$18	40%	40%	40%	2.5	B80
\$350	\$700	\$20	\$50	\$100	25%	2.5	B81
N/A	N/A	\$5	\$15	\$25	10%	2.5	354
\$200	\$400	\$20	\$50	\$100	25%	2.5	C33
N/A	N/A	\$5	\$35	\$70	10%	2.5	C34
N/A	N/A	\$15	\$40	\$80	25%	2.5	C35
N/A	N/A	\$10	\$35	\$70	10%	2.5	C36
N/A	N/A	\$5	\$15	\$25	10%	2.5	C37
Same as Medical	Same as Medical	No Copay	No Copay	No Copay	No Copay	No Copay	C38
Same as Medical	Same as Medical	\$20	\$50	\$100	25%	2.5	C39
N/A	N/A	\$15	\$50	\$80	20%	2.5	C40
\$300	\$600	\$17	\$65	\$90	20%	2.5	C41
\$500	\$1,000	\$18	40%	40%	40%	2.5	C42

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California
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Pharmacy Plans - HMO

Deductible ¹		Member Copay				Mail Order (90 Day Supply)	Plan Code
Individual	Family	Tier 1	Tier 2	Tier 3	Tier 4		
N/A	N/A	\$15	\$50	\$80	20%	2	B82
\$300	\$600	\$20	\$50	\$100	25%	2	B83
\$300	\$600	\$17	\$65	\$90	20%	2	B84
\$350	\$700	\$20	\$50	\$100	25%	2	B85
N/A	N/A	\$15	\$35	\$70	25%	2	B86
N/A	N/A	\$5	\$35	\$70	25%	2	B87
\$250	\$500	\$15	\$40	\$80	25%	2	B88
\$250	\$500	\$5	\$50	\$100	25%	2	B89
Same as Medical	Same as Medical	No Copay	No Copay	No Copay	No Copay	No Copay	B90
\$100	\$200	\$15	\$40	\$80	25%	2	B91
N/A	N/A	\$5	\$15	\$25	10%	2	B92

¹ Does not apply to Tier 1, except for RX plans subject to the medical deductible and plans B79, B80, B84, and B90.

² RX Tier Coinsurance subject to a maximum of \$250 for platinum, gold, silver. Bronze plans subject to a maximum of \$500.

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