

California Small Business Product and Benefit Selection Form



Effective July 1, 2020

General Information

Group Name _____ Group Effective Date _____

Agent Name _____

Important: Please print or type all selections in black ink.

Legal Name of Group/DBA _____ Telephone (____) _____ Fax (____) _____
 Address _____ City _____ County _____ State _____ ZIP Code _____

Employer Contribution (Medical Only): Employee Premium = _____ Dependent Premium = _____ Total Number Employed: _____

Total Permanent Full-time Employees:
(working 30 or more hours per week)

Total Permanent Part-time Employees:
(working 20–29 hours per week)

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	Rx Code	Choice Simplified I ■ All Plans*	Choice Simplified II ■ All Plans*	Choice Simplified III ■ All Plans*	Choice Simplified IV ■ All Plans*	Multi-Choice State ■ All Plans*
*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	10/10%	BR-JF	C36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Platinum**	Select Plus	250/20%	BR-JH	C34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Platinum	Select Plus	15/250/20%	BR-JG	C36			<input type="checkbox"/>		
Gold	Select Plus	25/30%	BR-J3	C35		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gold	Select Plus	25/500/20%	BR-J4	B75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gold	Select Plus	25/1000/20%	BR-J5	B75		<input type="checkbox"/>	<input type="checkbox"/>		
Gold**	Select Plus	1500/30%	BR-J6	B76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	Select Plus	50/1500/40%	BR-J7	B77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	Select Plus	50/2250/40%	BR-J8	B77			<input type="checkbox"/>		
Silver	Select Plus HDHP w/ Motion	2300/30%	BR-JI	C39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bronze	Select Plus HDHP w/ Motion	6900/0%	BR-JJ	C38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bronze	Select Plus	7200/40%	BR-JK	B81			<input type="checkbox"/>		
Platinum	Core	10/10%	BR-JL	C36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Platinum**	Core	250/20%	BR-JN	C34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Platinum	Core	15/250/20%	BR-JM	C36			<input type="checkbox"/>		
Gold	Core	25/30%	BR-J9	C35		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gold	Core	25/500/20%	BR-KA	B75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gold	Core	25/1000/20%	BR-KB	B75		<input type="checkbox"/>	<input type="checkbox"/>		
Gold**	Core	1500/30%	BR-KC	B76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	Core	50/1500/40%	BR-KD	B77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	Core	50/2250/40%	BR-KE	B77			<input type="checkbox"/>		
Silver	Core HDHP w/ Motion	2300/30%	BR-JO	C39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bronze	Core HDHP w/ Motion	6900/0%	BR-JP	C38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bronze	Core	7200/40%	BR-JQ	B81			<input type="checkbox"/>		
Silver	Non-Differential PPO	2250/30%	BR-SK	C33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platinum	Signature	20-40/500d	BR-SO	B86	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Platinum**	Signature	0-80/20%	BR-SP	B87	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Platinum	Signature	20-40/20%	BR-SQ	B86			<input type="checkbox"/>		

Group Name _____

Metallic Level	Plan Category	Plan Description	Plan Code	Rx Code	Choice Simplified I ■ All Plans*	Choice Simplified II ■ All Plans*	Choice Simplified III ■ All Plans*	Choice Simplified IV ■ All Plans*	Multi-Choice State ■ All Plans*
Gold	Signature	30-60/1000d	BH-GT	B91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gold	Signature	30-60/20%/500ded	BR-SR	B88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gold**	Signature	0-80/30%/1500ded	BR-SS	B89	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gold	Signature	30-60/30%/1250ded	BR-ST	B88				<input type="checkbox"/>	
Silver	Signature	55-80/40%/2250ded	BR-SU	B83	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Platinum	Advantage	20-40/500d	BR-SV	B86	<input type="checkbox"/>		<input type="checkbox"/>		
Platinum**	Advantage	0-80/20%	BR-SW	B87	<input type="checkbox"/>		<input type="checkbox"/>		
Platinum	Advantage	20-40/20%	BR-SX	B86			<input type="checkbox"/>		
Gold	Advantage	30-60/1000d	BH-GZ	B91	<input type="checkbox"/>		<input type="checkbox"/>		
Gold	Advantage	30-60/20%/500ded	BR-SY	B88	<input type="checkbox"/>		<input type="checkbox"/>		
Gold	Advantage	30-60/30%/1250ded	BR-S2	B88					<input type="checkbox"/>
Gold**	Advantage	0-80/30%/1500ded	BR-SZ	B89	<input type="checkbox"/>		<input type="checkbox"/>		
Silver	Advantage	55-80/40%/2250ded	BR-S3	B83	<input type="checkbox"/>		<input type="checkbox"/>		
Platinum	Focus	20-40/500d	BR-S4	B86	<input type="checkbox"/>	<input type="checkbox"/>			
Platinum**	Focus	0-80/20%	BR-S5	B87	<input type="checkbox"/>	<input type="checkbox"/>			
Platinum	Focus	20-40/20%	BR-S6	B86					<input type="checkbox"/>
Gold	Focus	30-60/1000d	BH-G7	B91	<input type="checkbox"/>	<input type="checkbox"/>			
Gold	Focus	30-60/20%/500ded	BR-S7	B88	<input type="checkbox"/>	<input type="checkbox"/>			
Gold	Focus	30-60/30%/1250ded	BR-S9	B88					<input type="checkbox"/>
Gold**	Focus	0-80/30%/1500ded	BR-S8	B89	<input type="checkbox"/>	<input type="checkbox"/>			
Silver	Focus	55-80/40%/2250ded	BR-TA	B83	<input type="checkbox"/>	<input type="checkbox"/>			
Platinum	Alliance	20-40/500d	BR-TM	B86				<input type="checkbox"/>	
Platinum**	Alliance	0-80/20%	BR-TN	B87				<input type="checkbox"/>	
Platinum	Alliance	20-40/20%	BR-TO	B86					<input type="checkbox"/>
Gold	Alliance	30-60/1000d	BH-HD	B91				<input type="checkbox"/>	
Gold	Alliance	30-60/20%/500ded	BR-TP	B88				<input type="checkbox"/>	
Gold	Alliance	30-60/30%/1250ded	BR-TR	B88				<input type="checkbox"/>	
Gold**	Alliance	0-80/30%/1500ded	BR-TQ	B89				<input type="checkbox"/>	
Silver	Alliance	55-80/40%/2250ded	BR-TS	B83				<input type="checkbox"/>	
Silver	Alliance	30%/2250ded	BR-TT	B83					<input type="checkbox"/>
Bronze	Alliance	40%/7200ded	BR-TW	B85					<input type="checkbox"/>
Bronze	Alliance HDHP	0%/6900ded	BR-TU	B90					<input type="checkbox"/>
Platinum	Harmony	20-40/500d	BR-TB	B86	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Platinum**	Harmony	0-80/20%	BR-TC	B87	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Platinum	Harmony	20-40/20%	BR-TD	B86					<input type="checkbox"/>
Gold	Harmony	30-60/1000d	BK-D2	B91	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gold	Harmony	30-60/20%/500ded	BR-TE	B88	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gold	Harmony	30-60/30%/1250ded	BR-TG	B88				<input type="checkbox"/>	
Gold**	Harmony	0-80/30%/1500ded	BR-TF	B89	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Silver	Harmony	55-80/40%/2250ded	BR-TH	B83	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Silver	Harmony	30%/2250ded	BR-TI	B83	<input type="checkbox"/>	<input type="checkbox"/>			
Bronze	Harmony	40%/7200ded	BR-TL	B85		<input type="checkbox"/>		<input type="checkbox"/>	
Bronze	Harmony HDHP w/ Motion	0%/6900ded	BR-TK	B90	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Platinum	Core	15/10%	CB-TG	C37					<input type="checkbox"/>
Gold	Core	25/250/20%	CB-TH	B78					<input type="checkbox"/>
Silver	Core	50/2250/20%	CB-TI	B79					<input type="checkbox"/>
Bronze	Core	65/6300/40%	CB-TJ	B80					<input type="checkbox"/>
Platinum	Navigate (UHIC)	15/10%	BR-5Y	354					<input type="checkbox"/>
Gold	Navigate (UHIC)	25/250/20%	BR-5Z	C40					<input type="checkbox"/>

Group Name _____

Metallic Level	Plan Category	Plan Description	Plan Code	Rx Code	Choice Simplified I ■ All Plans*	Choice Simplified II ■ All Plans*	Choice Simplified III ■ All Plans*	Choice Simplified IV ■ All Plans*	Multi-Choice State ■ All Plans*
Silver	Navigate (UHIC)	50/2250/20%	BR-52	C41					<input type="checkbox"/>
Bronze	Navigate (UHIC)	65/6300/40%	BR-53	C42					<input type="checkbox"/>
Platinum	Alliance	15-30/10%	BR-TX	B92					<input type="checkbox"/>
Gold	Alliance	25-50/20%/250ded	BR-TY	B82					<input type="checkbox"/>
Silver	Alliance	50-85/20%/2250ded	BR-TZ	B84					<input type="checkbox"/>
Bronze	Alliance HDHP	0%/6900ded	BR-T2	B90					<input type="checkbox"/>

Group Name _____

Please Indicate Life and Disability Plan Selection		Supplemental Benefits
<p>Basic Life and AD&D Benefit Amount¹</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 _____ \$ _____</p> <p style="margin-left: 100px;">_____ \$ _____</p> <p style="margin-left: 100px;">_____ \$ _____</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</p> <p><input type="checkbox"/> Spouse \$2,000 / Child (14 days+) \$1,000</p> <p>¹Benefit 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 _____</p> <p><input type="checkbox"/> Flat amount _____</p> <p><input type="checkbox"/> Salary based <input type="checkbox"/> 1X or <input type="checkbox"/> 2X</p> <p style="margin-left: 20px;">Supplemental Employee Life and AD&D (Not Available for Group Size 2–9)</p> <p style="margin-left: 20px;">Group size 10–19 Plan Maximum \$100,000 / GI \$30,000</p> <p style="margin-left: 20px;">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</p> <p style="margin-left: 20px;">Dependent: (Spouse) Life Plan Code _____</p> <p style="margin-left: 40px;">(Child) Life Plan Code _____</p> <p style="margin-left: 20px;">Spouse Amount: \$20,000 / GI _____</p> <p style="margin-left: 20px;">Child Amount: \$10,000 / GI _____</p> <p><input type="checkbox"/> Long-Term Disability – Plan Code _____</p> <p style="margin-left: 20px;">LTD Maximum Monthly Benefit</p> <p style="margin-left: 20px;">Group Size 2–9 \$1,500 to \$5,000 in \$500 Increments</p> <p style="margin-left: 20px;">Group Size 10–50 \$1,500 to \$10,000 in \$500 Increments</p> <p style="margin-left: 20px;">GI = Maximum Monthly Payment</p>	<p><input type="checkbox"/> Infertility (HMO only) Diagnosis and Treatment</p> <p><input type="checkbox"/> Infertility (Core State Plans only) Diagnosis and Treatment</p>	
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.)		
<p><input type="checkbox"/> Dual Option</p> <p><input type="checkbox"/> Other _____</p> <p>UnitedHealthcare DPPO</p> <p><input type="checkbox"/> Dental Plan Code _____</p>	<p>UnitedHealthcare DHMO</p> <p><input type="checkbox"/> Dental Plan Code _____</p> <p>Pacific Dental Benefits Direct Compensation DHMO</p> <p><input type="checkbox"/> Direct Compensation Plan Code _____</p>	<p>UnitedHealthcare Vision</p> <p><input type="checkbox"/> Vision Plan Code _____</p>

This offer is being issued under UHCBCA.
Select, Choice and Core products are Pending Regulatory Approval.

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 UnitedHealthcare Navigate®.

Formal product name: UnitedHealthcare Multi-Choice®

Formal HMO product names:

Signature = UnitedHealthcare SignatureValue®
 Advantage = UnitedHealthcare SignatureValue Advantage
 Alliance = UnitedHealthcare SignatureValue Alliance
 Focus = UnitedHealthcare SignatureValue Focus
 Harmony = UnitedHealthcare SignatureValue Harmony

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, UHC of California and UnitedHealthcare Benefits Plan 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).

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

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UnitedHealthcare](https://twitter.com/UnitedHealthcare) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

B2B EI2075438.0 1/20 ©2020 United HealthCare Services, Inc. 20-78957-A 400-6983 UHCCA756308-008

