

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	Doctors Plan ⁶	
PPO/EPO																			
Platinum	N/A	\$1,000	\$3,600	\$7,200	10%	50%	\$15	\$40	10%	10%	N/A	N/A	\$150	N/A	No	CE-MJ	CE-MP	CE-MV	F85
Platinum	\$250	\$1,000	\$3,600	\$7,200	20%	50%	\$15	\$40	20%	20%	N/A	N/A	\$150	Embedded	No	CE-MK	CE-MQ	CE-MW	F85
Platinum (Primary Advantage)	\$250	\$1,000	\$3,600	\$7,200	20%	50%	\$0	\$75	20%	20%	N/A	N/A	\$150	Embedded	No	CE-ML	CE-MR	CE-MX	F85
Gold	N/A	\$1,000	\$7,800	\$15,600	30%	50%	\$30	\$60	30%	30%	N/A	\$250	\$250	N/A	No	CE-M3	CE-M9	CE-NF	F84
Gold	\$500	\$1,000	\$7,800	\$15,600	20%	50%	\$30	\$60	20%	20%	\$250	\$250	\$250	Embedded	No	CE-M4	CE-NA	CE-NG	F80
Gold	\$1,000	\$2,000	\$7,800	\$15,600	20%	50%	\$35	\$70	20%	20%	\$250	\$250	\$250	Embedded	No	CE-M5	CE-NB	CE-NH	F80
Gold (Primary Advantage)	\$1,500	\$3,000	\$8,000	\$16,000	30%	50%	\$0	\$90	30%	30%	\$250	\$250	\$250	Embedded	No	CE-M6	CE-NC	CE-NI	F81
Silver	\$1,750	\$3,500	\$8,500	\$17,000	40%	50%	\$55	\$95	40%	40%	\$250	\$250	\$300	Embedded	No	CE-M7	CE-ND	CE-NJ	F82
Silver	\$2,250	\$4,500	\$8,500	\$17,000	40%	50%	\$55	\$95	40%	40%	\$250	\$250	\$300	Embedded	No	CE-M8	CE-NE	CE-NK	F82
Silver (HSA w/ Motion)	\$2,550	\$5,100	\$6,850	\$13,700	40%	50%	40%	40%	40%	40%	N/A	N/A	N/A	Non-Embedded	Yes	CE-MM	CE-MS	CE-MY	F87
Bronze (HSA w/ Motion)	\$7,000	\$14,000	\$7,000	\$14,000	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	Embedded	Yes	CE-MN	CE-MT	CE-MZ	F86
Bronze	\$7,200	\$14,400	\$8,500	\$17,000	40%	50%	40%	40%	40%	40%	N/A	N/A	N/A	Embedded	No	CE-MO	CE-MU	CE-M2	F83
Non-Differential PPO																			
Silver	\$2,250	N/A	\$8,500	N/A	30%	N/A	30%	30%	30%	30%	N/A	N/A	N/A	Embedded	No	CE-MI ⁵	N/A	N/A	F82
State Mirrored PPO/EPO																			
Platinum	N/A	\$1,000	\$4,500	\$9,000	10%	50%	\$15	\$30	\$200	10%	N/A	N/A	N/A	N/A	No	CE-MA	CD-FB	F21L	
Gold	\$350	\$1,400	\$7,800	\$12,800	20%	50%	\$25	\$50	20%	20%	N/A	N/A	N/A	Embedded	No	CE-MB	CD-FC	C40L	
Silver	\$2,250	\$4,500	\$8,200	\$15,900	30%	50%	\$50	\$85	30%	30%	N/A	N/A	N/A	Embedded	No	CE-MC	CD-FD	F22L	
Bronze	\$6,300	\$12,600	\$8,200	\$15,900	40%	50%	\$65	\$95	40%	40%	N/A	N/A	N/A	Embedded	No	CE-MD	CD-FE	C42L	

UnitedHealthcare

Medical and Pharmacy Plans

California
Small Business 1-100 Employees
Effective January 1, 2021

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	Alliance	Harmony	
HMO														
Platinum	N/A	\$3,000	\$20	\$40	\$400	\$400 ⁷	\$250	N/A	No	CE-NL	CE-NT	CE-OC	CE-N3	F91
Platinum (Primary Advantage)	N/A	\$4,000	\$0	\$80	20%	20%	20%	N/A	No	CE-NM	CE-NU	CE-OD	CE-N4	F92
Platinum	N/A	\$3,500	\$20	\$40	20%	20%	20%	N/A	No	CE-NN	CE-NV	CE-OE	CE-N5	F91
Gold	N/A	\$7,000	\$30	\$70	\$500	\$800 ⁷	\$500	N/A	No	CE-NO	CE-NW	CE-OF	CE-N6	F95
Gold	\$500	\$7,500	\$30	\$70	\$500	20%	20%	Embedded	No	CE-NP	CE-NX	CE-OG	CE-N7	F93
Gold (Primary Advantage)	\$1,750	\$8,000	\$0	\$90	30%	30%	30%	Embedded	No	CE-NQ	CE-NY	CE-OH	CE-N8	F94
Gold	\$1,250	\$7,800	\$30	\$70	30%	30%	30%	Embedded	No	CE-NR	CE-NZ	CE-OI	CE-N9	F93
Silver	\$2,250	\$8,550	\$50	\$90	40%	40%	40%	Embedded	No	CE-NS	CE-N2	CE-OJ	CE-OA	F89
Silver	\$2,250	\$8,550	30%	30%	30%	30%	30%	Embedded	No	N/A	N/A	N/A	CE-OB	F89
State Mirrored HMO														
Platinum	N/A	\$4,500	\$15	\$30	\$200	10%	10%	Embedded	No	N/A	N/A	CE-OK	N/A	F96L
Gold	\$350	\$7,800	\$25	\$50	20%	20%	20%	Embedded	No	N/A	N/A	CE-OL	N/A	F88L
Silver	\$2,250	\$8,200	\$50	\$85	30%	30%	30%	Embedded	No	N/A	N/A	CE-OM	N/A	F90L

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 CE-MM and CE-MS 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 and Doctors Plan are In-Network only products, and do not cover Out-of-Network services.

7 Inpatient Hospital Copayment is applicable per day, up to a maximum of 5 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		
\$300	\$600	\$10	\$40	\$85	25%	2.5	F80
\$300	\$600	\$5	\$50	\$100	25%	2.5	F81
\$300	\$600	\$15	\$70	\$115	25%	2.5	F82
\$350	\$700	\$15	\$70	\$115	25%	2.5	F83
N/A	N/A	\$10	\$40	\$85	25%	2.5	F84
N/A	N/A	\$5	\$35	\$80	25%	2.5	F85
Same as Medical	Same as Medical	No Copay	No Copay	No Copay	No Copay	No Copay	F86
Same as Medical	Same as Medical	\$15	\$70	\$115	25%	2.5	F87
N/A	N/A	\$10	\$25	\$40	10%	2.5	F21L
N/A	N/A	\$15	\$50	\$80	20%	2.5	C40L
\$300	\$600	\$17	\$70	\$100	30%	2.5	F22L
\$500	\$1,000	\$18	40%	40%	40%	2.5	C42L

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	F88L
\$300	\$600	\$15	\$50	\$100	25%	2	F89
\$300	\$600	\$17	\$70	\$100	30%	2	F90L
N/A	N/A	\$10	\$35	\$70	25%	2	F91
N/A	N/A	\$5	\$40	\$80	25%	2	F92
\$250	\$500	\$10	\$40	\$85	25%	2	F93
\$250	\$500	\$5	\$50	\$100	25%	2	F94
\$100	\$200	\$10	\$40	\$85	25%	2	F95
N/A	N/A	\$10	\$25	\$40	10%	2	F96L

¹ Deductible does not apply to Tier 1, except for RX plans subject to medical deductible and plan C42L.

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

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) or United Behavioral Health (UBH).

©2020 United HealthCare Services, Inc. Rev. 07/06/20