



# California Small Business

## Group Acceptance/Change Form Product and Benefit Selection Form

Effective January 1, 2023

Please indicate

New Business:  Acceptance of new coverage

Renewals:  Acceptance of the renewal plan(s) with the renewal rates: PPO Customer # \_\_\_\_\_ / HMO policy # \_\_\_\_\_

Change existing coverage (add or replace a renewal plan): PPO Customer # \_\_\_\_\_ / HMO policy # \_\_\_\_\_

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: <i>(working 30 or more hours per week)</i>		Total Permanent Part-Time Employees: <i>(working 20–29 hours per week)</i>		
Do you wish to offer coverage to ALL employees working 20–29 hours per week? <input type="checkbox"/> Yes Effective Date _____ <input type="checkbox"/> 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 plan being offered alongside UnitedHealthcare plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Example: Is Kaiser, SIMSA or Sutter offered alongside UHC?)	

Metallic Level	PPO / HMO Platform	Network	Plan Description	Plan Code	Rx Code	Choice Simplified <input type="checkbox"/> All Plans*	Multi-Choice State <input type="checkbox"/> All Plans*
<b>* Some networks may not be available in all ZIP codes within Counties/Regions. Please check with your UnitedHealthcare representative to verify network availability.</b>							
Platinum	PPO	Select Plus	15/10%	CV-QN	L44S		
Platinum	PPO	Select Plus	15/250/10%	CV-QT	L44S		
Platinum	PPO	Select Plus	15/250/20%	CV-QO	L44S		
Platinum	PPO	Select Plus	5/250/20%	CV-QR	L47S		
Platinum	PPO	Core	15/10%	CV-QA	L44S		
Platinum	PPO	Core	15/250/10%	CV-QG	L44S		
Platinum	PPO	Core	15/250/20%	CV-QB	L44S		
Platinum	PPO	Core	5/250/20%	CV-QE	L47S		
Platinum	PPO	Core	15/10%	CE-MA	K89L		
Platinum	PPO	Doctors Plan*	15/10%	CV-PZ	L44S		
Platinum	PPO	Doctors Plan*	15/250/10%	CV-QM	L44S		
Platinum	PPO	Doctors Plan*	15/250/20%	CV-PX	L44S		
Platinum	PPO	Doctors Plan*	5/250/20%	CV-PY	L47S		
Platinum	PPO	Navigate (UHIC)	15/10%	CD-FB	K89L		
Gold	PPO	Select Plus	30/30%	CV-QS	N54S		
Gold	PPO	Select Plus	35/500/20%	CV-QU	N55S		
Gold	PPO	Select Plus	35/1000/20%	CV-QV	N55S		
Gold	PPO	Select Plus	5/1500/30%	CV-QZ	L40S		
Gold	PPO	Core	30/30%	CV-QF	N54S		
Gold	PPO	Core	35/500/20%	CV-QH	N55S		
Gold	PPO	Core	35/1000/20%	CV-QI	N55S		
Gold	PPO	Core	5/1500/30%	CV-PV	L40S		
Gold	PPO	Core	25/350/20%	CE-MB	K90L		
Gold	PPO	Doctors Plan*	30/30%	CV-P9	N54S		
Gold	PPO	Doctors Plan*	35/500/20%	CV-P3	N55S		
Gold	PPO	Doctors Plan*	35/1000/20%	CV-P4	N55S		
Gold	PPO	Doctors Plan*	5/1500/30%	CV-P5	L40S		
Gold	PPO	Navigate (UHIC)	25/350/20%	CD-FC	K90L		
Silver	PPO	Select Plus	55/1950/40%	CV-QW	L41S		
Silver	PPO	Select Plus	55/2450/40%	CV-QX	L41S		
Silver	PPO	Select Plus HDHP	2800/40%	CV-QQ	L46S		
Silver	PPO	Core	55/1950/40%	CV-QJ	L41S		
Silver	PPO	Core	55/2450/40%	CV-QK	L41S		
Silver	PPO	Core HDHP	2800/40%	CV-QD	L46S		
Silver	PPO	Core	55/2500/35%	CV-PT	N53L		
Silver	PPO	Doctors Plan*	55/1950/40%	CV-P6	L41S		
Silver	PPO	Doctors Plan*	55/2450/40%	CV-P7	L41S		
Silver	PPO	Doctors Plan HDHP	2800/40%	CV-PW	L46S		
Silver	PPO	Navigate (UHIC)	55/2500/35%	CU-VI	N53L		
Silver	PPO	Non-Differential PPO	2250/30%	CE-MI	F82		
Bronze	PPO	Select Plus	5500/40%	CV-QP	L42Y		
Bronze	PPO	Select Plus HDHP	6000/40%	CV-QY	L45Y		
Bronze	PPO	Select Plus	7500/50%	CV-PU	L65Y		
Bronze	PPO	Select Plus	7500/50%	CV-2P	L65Y		
Bronze	PPO	Core	5500/40%	CV-QC	L42Y		
Bronze	PPO	Core HDHP	6000/40%	CV-QL	L45Y		
Bronze	PPO	Core	7500/50%	CV-PS	L65Y		
Bronze	PPO	Core	7500/50%	CV-2O	L65Y		
Bronze	PPO	Core	65/6300/40%	CE-MD	K92L		
Bronze	PPO	Doctors Plan*	5500/40%	CV-P8	L42Y		
Bronze	PPO	Doctors Plan HDHP	6000/40%	CV-P2	L45Y		
Bronze	PPO	Doctors Plan	7500/50%	CV-PR	L65Y		
Bronze	PPO	Navigate (UHIC)	65/6300/40%	CD-FE	K92L		

Metallic Level	PPO / HMO Platform	Network	Plan Description	Plan Code	Rx Code	Choice Simplified <input type="checkbox"/> AllPlans*	Multi-Choice State <input type="checkbox"/> All Plans*
* Some networks may not be available in all ZIP codes within Counties/Regions. Please check with your UnitedHealthcare representative to verify network availability.							
Platinum	HMO	Signature	20-40/300d	CW-XY	N92S		
Platinum	HMO	Signature	25-50/400d	CW-X3	N93S		
Platinum	HMO	Signature	25-50/10%	CW-X6	N93S		
Platinum	HMO	Signature	25-50/20%	CP-SM	F92S		
Platinum	HMO	Alliance**	20-40/300d	CW-XZ	N92S		
Platinum	HMO	Alliance**	25-50/400d	CW-X4	N93S		
Platinum	HMO	Alliance**	25-50/10%	CW-X7	N93S		
Platinum	HMO	Alliance**	25-50/20%	CP-SU	F92S		
Platinum	HMO	Alliance**	15/10%	CE-OK	F96L		
Platinum	HMO	Harmony***	20-40/300d	CW-XX	N92S		
Platinum	HMO	Harmony***	25-50/400d	CW-X2	N93S		
Platinum	HMO	Harmony***	25-50/10%	CW-X5	N93S		
Platinum	HMO	Harmony***	25-50/20%	CP-SG	F92S		
Gold	HMO	Signature	35-70/600d	CW-X9	N94S		
Gold	HMO	Signature	35-70/700d	CW-YC	N95S		
Gold	HMO	Signature	35-70/20%/500ded	CW-YF	N96S		
Gold	HMO	Signature	35-70/30%/1500ded	CW-YI	N96S		
Gold	HMO	Alliance**	35-70/600d	CW-YA	N94S		
Gold	HMO	Alliance**	35-70/700d	CW-YD	N95S		
Gold	HMO	Alliance**	35-70/20%/500ded	CW-YG	N96S		
Gold	HMO	Alliance**	35-70/30%/1500ded	CW-YJ	N96S		
Gold	HMO	Alliance**	25-50/350/20%	CE-OL	F88L		
Gold	HMO	Harmony***	35-70/600d	CW-X8	N94S		
Gold	HMO	Harmony***	35-70/700d	CW-YB	N95S		
Gold	HMO	Harmony***	35-70/20%/500ded	CW-YE	N96S		
Gold	HMO	Harmony***	35-70/30%/1500ded	CW-YH	N96S		
Silver	HMO	Signature	60-95/40%/2400ded	CW-YK	L61S		
Silver	HMO	Alliance**	60-95/40%/2400ded	CW-YM	L61S		
Silver	HMO	Alliance**	55-90/2500/35%	CW-YO	N91L		
Silver	HMO	Harmony***	60-95/40%/2400ded	CW-YL	L61S		
Silver	HMO	Harmony***	40%/2400ded	CW-YN	L61S		

<b>Please indicate financial protection plan selection.</b> <input type="checkbox"/> Employee Basic Life and AD&D: _____ <input type="checkbox"/> Dependent Basic Life and AD&D <input type="checkbox"/> Supplemental Employee Life and AD&D <input type="checkbox"/> Supplemental Dependent Life and AD&D <input type="checkbox"/> Long-Term Disability  <b>Protection Plans available for groups with 51 or more eligible employees:</b> <input type="checkbox"/> Critical Illness Protection <input type="checkbox"/> Accident Protection <input type="checkbox"/> Hospital Indemnity Protection		<b>Supplemental benefits</b>  <input type="checkbox"/> <b>Infertility (HMO only)</b> Diagnosis and Treatment <input type="checkbox"/> <b>Infertility (PPO only)</b> Diagnosis and Treatment
<b>Please indicate dental and vision plan selection</b> (Select up to a maximum of two HMO and PPO dental plans. Select up to a maximum of one vision plan.)		
<b>Dual Option</b> <input type="checkbox"/> UnitedHealthcare DPPO Dental Plan Code: _____ UnitedHealthcare DPPO Dental Plan Code: _____	<b>UnitedHealthcare DHMO</b> <input type="checkbox"/> Dental Plan Code: _____ Pacific Dental Benefits Direct Compensation DHMO <input type="checkbox"/> Direct Compensation Plan Code: _____	<b>UnitedHealthcare Vision</b> <input type="checkbox"/> Vision Plan Code: _____
<b>HSA supplemental coverage</b>  HSA (if selected) – Bank to be used: <input type="checkbox"/> Optum Bank® <input type="checkbox"/> Other		

The undersigned is authorized by the above Small Business Group to apply for or change group coverage offered by UnitedHealthcare Insurance Company at the attached premium rates guaranteed for 12 months, effective \_\_\_\_\_, and is authorized to enter into a Medical and Hospital Group Master Policy. Further, the undersigned agrees to make full monthly premium payments to UnitedHealthcare for the benefits received in accordance with the terms of the contract.

Authorized Signature	Date
Print Name	Title
<b>California law prohibits an HIV test from being required or used by health CARE SERVICE PLANS and insurance companies as a condition of obtaining coverage.</b>	<b>UNDERWRITING APPROVAL</b> <small>D.P. Only</small>
	INTERNAL USE ONLY: G.C. #
<small>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.</small> <small>1 Groups with 5 or more enrolling employees may offer one staff model HMO plan from another carrier alongside UnitedHealthcare plans.</small> <small>2 Formal product name for Choice Simplified: UnitedHealthcare Multi-Choice®. Formal product name for Navigate: UnitedHealthcare Navigate®.</small> <small>Formal HMO product names: Signature = UnitedHealthcare SignatureValue ; Alliance = UnitedHealthcare SignatureValue Alliance; Harmony = UnitedHealthcare SignatureValue Harmony</small> <small>3 Alliance product is available in select markets. Please contact your UnitedHealthcare representative for information.</small>  <small>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.</small>  <p style="text-align: center;"><b>***Network availability information***</b></p> <p><b>*Doctors Plan network</b> available in the following counties:</p> <ul style="list-style-type: none"> <li>o Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano (partial county) &amp; Sonoma (partial county)</li> </ul> <p><b>**Alliance network</b> available in the following counties:</p> <ul style="list-style-type: none"> <li>o Fresno, Kings, Madera, SLO, Ventura, Kern, Los Angeles (parts of rating region 15 and all of rating region 16), Riverside, San Bernardino, Orange, San Diego.</li> </ul> <p><b>***Harmony network</b> is available in the following counties:</p> <ul style="list-style-type: none"> <li>o Alameda, Contra Costa, Marin, Santa Clara, Santa Cruz, San Francisco, San Mateo, Solano (partial county), Sonoma (partial county) Los Angeles, Orange, Riverside, San Bernardino, and San Diego.</li> </ul> <small>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.</small> <small>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).</small> <small>UnitedHealthcare Life and Disability products are provided by Unimerica Life Insurance Company in California.</small> <small>828 E102025926.1 2/21 © 2021 United HealthCare Services, Inc. 21-541261 400-6982 UHCCA756308-008</small>	