

California Small Business

Group Acceptance/Change Form Product and Benefit Selection Form

Effective Jan. 1, 2025

Please indicate

New Business	Acceptance of new c	overage	
Renewals	Acceptance of renew	val with new renewal rates:	
	PPO Customer#	/HMO policy #	

Change existing coverage (add or replace a renewal plan):

PPO Customer # /HMO policy #

	, , ,					
General information						
Group Name	Group I	Group Effective Date				
Agent Name						
Important: Please print or type all selecti	ions in black ink					
Legal name of group/DBA	Telephone			Fax		
Address	City	County		State		ZIP Code
Employer Contribution (Medical Only)		Total Number Employed				
Employee Premium Dependent Premium						
Total Permanent Full-Time Employees Total Permanent Part-Time Employees						
(working 30 or more hours per week) (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 enro	olling in. Then, select t	he spe	cific plans	you wish to	offer to em	ployees.
Is a staff-model HMO plan¹ being offered alongsid				Community	loolth Dlon Voice	or MadiEvaal Chara CIMCA
(May write alongside 2 other carriers; must be a staff-model carrier. Eligible staff models include Chinese Community Health Plan, Kaiser, MediExcel, Sharp, SIMSA,						

Metallic level	PPO/HMO platform	Network ²	Plan description	Incentive program	Plan code	Rx code	Choice Simplified	Multi-Choice State
Some networks may not be available in all ZIP codes within counties/regions. Please check with your UnitedHealthcare representative to verify network availability.						All plans	All plans*	
Platinum	PPO	Select Plus	15/10%	Core	DZ-HL	P56S		
Platinum	PPO	Select Plus	5/250/20%	Care Cash & Core Rewards	DZ-HP	P57S		
Platinum	PPO	Select Plus	15/250/10%	Core Rewards	DZ-HR	P56S		
Platinum	PPO	Select Plus	15/250/20%	Care Cash & Core Rewards	DZ-HM	P56S		
Platinum	PPO	Core	15/10%	Core Rewards	DZ-HA	P56S		
Platinum	PPO	Core	5/250/20%	Care Cash & Core Rewards	DZ-HE	P57S		
Platinum	PPO	Core	15/250/10%	Core Rewards	DZ-HG	P56S		
Platinum	PPO	Core	15/250/20%	Care Cash & Core Rewards	DZ-HB	P56S		
Gold	PPO	Select Plus	25/30%	Core Rewards	DZ-HQ	P58S		
Gold	PPO	Select Plus	30/500/20%	Core Rewards	DZ-HS	P59S		
Gold	PPO	Select Plus	30/1000/20%	Care Cash & Core Rewards	DZ-G8	P60S		
Gold	PPO	Select Plus	5/1500/30%	Care Cash & Core Rewards	DZ-HW	L40S		
Gold	PPO	Core	25/30%	Core Rewards	DZ-HF	P58S		
Gold	PPO	Core	30/500/20%	Core Rewards	DZ-HH	P59S		
Gold	PPO	Core	30/1000/20%	Care Cash & Core Rewards	DZ-G7	P60S		
Gold	PPO	Core	5/1500/30%	Care Cash & Core Rewards	DZ-G9	L40S		
Silver	PPO	Select Plus	60/1950/40%	Core Rewards	DZ-HT	L41S		
Silver	PPO	Select Plus	60/2550/40%	Care Cash & Core Rewards	DZ-HU	L41S		
Silver	PPO	Select Plus (HDHP)	2900/40%	HSA/Premium Rewards	DZ-HO	L46S		
Silver	PPO	Core	60/1950/40%	Core Rewards	DZ-HI	L41S		
Silver	PPO	Core	60/2550/40%	Care Cash & Core Rewards	DZ-HJ	L41S		
Silver	PPO	Core (HDHP)	2900/40%	HSA/Premium Rewards	DZ-HD	L46S		
Silver	PPO	Non-Differential PPO	2250/30%	Core Rewards	DZ-GY	F82		
Bronze	PPO	Select Plus	6500/40%	Premium Rewards	DZ-HN	L42S		
Bronze	PPO	Select Plus	7500/50%	Premium Rewards	DZ-G2	L65S		
Bronze	PPO	Select Plus (HDHP)	6000/40%	HSA/Premium Rewards	DZ-HV	L45S		
Bronze	PPO	Core	6500/40%	Premium Rewards	DZ-HC	L42S		
Bronze	PPO	Core	7500/50%	Premium Rewards	DZ-GZ	L65S		
Bronze	PPO	Core (HDHP)	6000/40%	HSA/Premium Rewards	DZ-HK	L45S		
Platinum	НМО	Signature	25-50/10%	Core Rewards	DZ-EY (6B6)	N93S (47W)		

 $^{^*}$ Some Networks may not be available in all ZIP codes within Counties and/or Rating Regions. Please check with your United Healthcare representative to verify Network availability.

Metallic level	PPO/HMO platform	Network ²	Plan description	Incentive program	Plan code	Rx code	Choice Simplified	Multi-Choice State
Platinum	НМО	Signature	25-50/20%	Core Rewards	DZ-FC (6D4)	F92S (47S)		
Platinum	НМО	Signature	20-40/300d	Core Rewards	DZ-E9 (6A4)	N92S (47U)		
Platinum	НМО	Signature	25-50/400d	Core Rewards	DZ-EX (6B2)	N93S (47W)		
Platinum	НМО	Alliance ³	25-50/10%	Core Rewards	DZ-E7 (6H6)	N93S (47W)		
Platinum	НМО	Alliance ³	25-50/20%	Core Rewards	DZ-FD (6K2)	F92S (47S)		
Platinum	НМО	Alliance ³	20-40/300d	Core Rewards	DZ-ER (6I2)	N92S (47U)		
Platinum	НМО	Alliance ³	25-50/400d	Core Rewards	DZ-E5 (6H2)	N93S (47W)		
Platinum	НМО	Harmony**	25-50/10%	Core Rewards	DZ-E6 (6N4)	N93S (4F2)		
Platinum	НМО	Harmony**	25-50/20%	Core Rewards	DZ-FB (6VT)	F92S (47S)		
Platinum	НМО	Harmony**	20-40/300d	Core Rewards	DZ-E8 (6O2)	N92S (47U)		
Platinum	НМО	Harmony**	25-50/400d	Core Rewards	DZ-E4 (6M6)	N93S (47W)		
Gold	НМО	Signature	35-70/600d	Core Rewards	DZ-FF (6E3)	P72S (48L)		
Gold	НМО	Signature	35-70/700d	Core Rewards	DZ-EZ (6C2)	N95S (4F7)		
Gold	НМО	Signature	35-70/20%/500ded	Core Rewards	DZ-FA (6C6)	N96S (47Y)		
Gold	НМО	Signature	35-70/25%/1250ded	Core Rewards	DZ-FI (6F2)	N96S (47Y)		
Gold	НМО	Alliance ³	35-70/600d	Core Rewards	DZ-FG (6K6)	P72S (48L)		
Gold	НМО	Alliance ³	35-70/700d	Core Rewards	DZ-ET (6I6)	N95S (47X)		
Gold	НМО	Alliance ³	35-70/20%/500ded	Core Rewards	DZ-EV (6J2)	N96S (47Y)		
Gold	НМО	Alliance ³	35-70/25%/1250ded	Core Rewards	DZ-FJ (6L3)	N96S (47Y)		
Gold	НМО	Harmony**	35-70/600d	Core Rewards	DZ-FE (6WN)	P72S (48L)		
Gold	НМО	Harmony**	35-70/700d	Core Rewards	DZ-ES (6UT)	N95S (47X)		
Gold	НМО	Harmony**	35-70/20%/500ded	Core Rewards	DZ-EU (6VN)	N96S (47Y)		
Gold	НМО	Harmony**	35-70/25%/1250ded	Core Rewards	DZ-FH (6WT)	N96S (47Y)		
Silver	НМО	Signature	60-95/40%/2400ded	Core Rewards	DZ-FK (6F6)	L61S (47T)		
Silver	НМО	Alliance ³	60-95/40%/2400ded	Core Rewards	DZ-FM (6M2)	L61S (47T)		
Silver	НМО	Harmony**	60-95/40%/2400ded	Core Rewards	DZ-FL (6XN)	L61S (47T)		
Silver	НМО	Harmony**	40%/2000ded	Core Rewards	DZ-FN (6XS)	L61S (47T)		
Platinum	PPO	Core	15/10%		DZ-GW	K89		
Platinum	PPO	Navigate	15/10%		DZ-G3	K89		
Gold	PPO	Core	25/350/20%		DZ-GV	K90		
Gold	PPO	Navigate	25/350/20%		DZ-G4	K90		
Silver	PPO	Core	55/2500/35%		DZ-GU	N53		
Silver	PPO	Navigate	55/2500/35%		DZ-G5	N53		
Silver	PPO	Non-Differential PPO	2250/30%	Core Rewards	DZ-GY	F82		
Bronze	PPO	Core	60/5800/40%		DZ-GX	Q58		
Bronze	PPO	Navigate	60/5800/40%		DZ-G6	Q58		
Platinum	НМО	Alliance ³	UHC Platinum 90 HMO 0/15, Alliance & Child Dental		DZ-E2 (6G2)	F96L (47Q)		
Gold	НМО	Alliance ³			DZ-E3 (6G6)	F88L (47P)		
Silver	НМО	Alliance ³			DZ-EW (6J6)	N91L (47R)		

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** Primary Advantage

Please indicate financial protection plan selection	Supplemental benefits				
Employee Basic Life and AD&D Dependent Basic Life and AD&D Supplemental Employee Life and AD&D Supplemental Dependent Life and AD&D Long-Term Disability Protection Plans available for groups with 51 or more eligible employees: Critical Illness Protection Accident Protection Hospital Indemnity Protection	Infertility (HMO only) 3.4% Premium Load* Diagnosis and Treatment Infertility (Select Plus and Core plans only) 4.9% Premium Load* Diagnosis and Treatment * The plan rates will increase by the percentage noted above when the infertility rider is added.				

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Please indicate dental and vision plan sel (Select up to a maximum of 2 HMO and PPO denta				
Dual Option Other	UnitedHealthcare DHMO Dental Plan Code	UnitedHealthcare Vision Vision Plan Code		
UnitedHealthcare DPPO Dental Plan Code	Pacific Dental Benefits Direct Compensation DHM Direct Compensation Plan Code			
HSA supplemental coverage				
HSA (if selected) - Bank to be used Opt	um Bank® Other			
-	ve small business group to apply for or change at the attached premium rates guaranteed fo , and is authorized to enter into a Medical and	r 12 months, effective		
Further, the undersigned agrees to make f accordance with the terms of the contract	full monthly premium payments to UnitedHea t.	thcare for the benefits received in		
Authorized Signature	Dat	e		
Print Name	Titl	Title		

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.

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.

- ¹ Groups with 5 or more enrolling California employees may offer one staff model HMO plan from another carrier alongside UnitedHealthcare plans.
- ² Formal product name for Choice Simplified: UnitedHealthcare Multi-Choice®. Formal product name for Navigate: UnitedHealthcare Navigate®. Formal HMO product names: Signature = UnitedHealthcare SignatureValue; Alliance = UnitedHealthcare SignatureValue Alliance; Harmony = UnitedHealthcare SignatureValue Harmony
- 3 Alliance product is available in select markets. Please contact your UnitedHealthcare representative for information.

Alliance network is available in the following counties: Fresno, Kern, Kings, Los Angeles, Madera, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, and Ventura.

 $Harmony\ network\ is\ available\ in\ the\ following\ counties: Los\ Angeles, Orange,\ Riverside,\ San\ Bernardino,\ and\ San\ Diego.$

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.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX (05/03) and UHCLD-POL 2/2008. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is located in Milwaukee, WI. 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., Optum Rx* or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC).



D.P. Only

Underwriting Approval

Internal use only: G.C.#