

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

Plan Code		Plan Description	Metallic Level	Deductible				Out-of-Pocket Maximum				Coinsurance		Copay/Coinsurance										Med Ded Type	Med/Rx Ded Type	Rx Plan	
Select Plus	Core			In-network		Out-of-Network		In-network		Out-of-Network		IN	OUT	Virtual Visit	PCP OV	Spec OV	UC	ER	OP Surg	IP Hosp	Lab/ X-ray	MRI, CT, PET					
				Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.																
PPO/EPO																											
DH-98	DH-9V	15/90%	Platinum (w/ Core Rewards)	N/A	N/A	\$1,000	\$2,000	\$3,800	\$7,600	\$7,600	\$15,200	90%	50%	100%	\$15	\$30	\$50	90% \$150	FS: 90% HOSP: 80%	90%	FS: 90% HOSP: 80%	FS: 90% HOSP: 80%	Emb	Sep	P56S		
DI-AE	DH-93	15/250/90%	Platinum (w/ Core Rewards)	\$250	\$500	\$1,000	\$2,000	\$3,800	\$7,600	\$7,600	\$15,200	90%	50%	100%	\$15	\$30	\$50	90% \$150 ¹	FS: 90% ¹ HOSP: 80% ¹	FS: 90% ¹ HOSP: 80% ¹	FS: 90% ¹ HOSP: 80% ¹	FS: 90% ¹ HOSP: 80% ¹	Emb	Sep	P56S		
DI-AC	DH-9Z	5/250/80%	Platinum (w/ Core Rewards and Care Cash)	\$250	\$500	\$1,000	\$2,000	\$4,350	\$8,700	\$8,700	\$17,400	80%	50%	100%	\$5	\$50	\$50	80% \$150 ¹	FS: 80% ¹ HOSP: 60% ¹	80% ¹	FS: 80% ¹ HOSP: 60% ¹	FS: 80% ¹ HOSP: 60% ¹	Emb	Sep	P57S		
DH-99	DH-9W	15/250/80%	Platinum (w/ Core Rewards)	\$250	\$500	\$1,000	\$2,000	\$3,800	\$7,600	\$7,600	\$15,200	80%	50%	100%	\$15	\$30	\$50	80% \$150 ¹	FS: 80% ¹ HOSP: 70% ¹	80% ¹	FS: 80% ¹ HOSP: 70% ¹	FS: 80% ¹ HOSP: 70% ¹	Emb	Sep	P56S		
DI-AD	DH-92	25/70%	Gold (w/ Core Rewards)	N/A	N/A	\$1,000	\$2,000	\$8,950	\$17,900	\$17,900	\$35,800	70%	50%	100%	\$25	\$50	\$50	70% \$250	FS: 70% HOSP: 50%	70%	FS: 70% HOSP: 50%	FS: 70% HOSP: 50%	Emb	Sep	P58S		
DI-AF	DH-94	30/500/80%	Gold (w/ Core Rewards)	\$500	\$1,000	\$1,000	\$2,000	\$8,950	\$17,900	\$17,900	\$35,800	80%	50%	100%	\$30	\$60	\$50	80% \$250 ¹	FS: 80% ¹ HOSP: 60% ¹	80% \$250 ¹	FS: 80% ¹ HOSP: 60% ¹	FS: 80% ¹ HOSP: 60% ¹	Emb	Sep	P59S		
DH-9T	DH-9S	30/1000/80%	Gold (w/ Core Rewards and Care Cash)	\$1,000	\$2,000	\$2,000	\$4,000	\$9,150	\$18,300	\$18,300	\$36,600	80%	50%	100%	\$30	\$60	\$50	80% \$250 ¹	FS: 80% ¹ HOSP: 60% ¹	80% \$250 ¹	FS: 80% ¹ HOSP: 60% ¹	FS: 80% ¹ HOSP: 60% ¹	Emb	Sep	P60S		
DI-AJ	DH-9U	10/1500/70%	Gold (w/ Core Rewards and Care Cash)	\$1,500	\$3,000	\$3,000	\$6,000	\$9,450	\$18,900	\$18,900	\$37,800	70%	50%	100%	\$10	\$70	\$50	70% \$250 ¹	FS: 70% ¹ HOSP: 50% ¹	70% \$250 ¹	FS: 70% ¹ HOSP: 50% ¹	FS: 70% ¹ HOSP: 50% ¹	Emb	Sep	L40S		
DI-AG	DH-95	55/1950/60%	Silver (w/ Core Rewards and Care Cash)	\$1,950	\$3,900	\$3,900	\$7,800	\$9,450	\$18,900	\$18,900	\$37,800	60%	50%	100%	\$55	\$95	\$80	60% \$300 ¹	FS: 60% ¹ HOSP: 50% ¹	60% \$250 ¹	FS: 60% ¹ HOSP: 50% ¹	FS: 60% ¹ HOSP: 50% ¹	Emb	Sep	L41S		
DI-AH	DH-96	55/2450/60%	Silver (w/ Core Rewards and Care Cash)	\$2,450	\$4,900	\$4,900	\$9,800	\$9,450	\$18,900	\$18,900	\$37,800	60%	50%	100%	\$55	\$95	\$80	60% \$300 ¹	FS: 60% ¹ HOSP: 50% ¹	60% \$250 ¹	FS: 60% ¹ HOSP: 50% ¹	FS: 60% ¹ HOSP: 50% ¹	Emb	Sep	L41S		
DI-AB ³	DH-9V ³	2800/60%	Silver (HSA w/ Premium Rewards)	\$2,800	\$3,200	\$5,600	\$6,400	\$8,000	\$16,000	\$16,000	\$32,000	60%	50%	100%	60% ¹	60% ¹	60% ¹	60% \$300 ¹	FS: 60% ¹ HOSP: 50% ¹	60% \$250 ¹	FS: 60% ¹ HOSP: 50% ¹	FS: 60% ¹ HOSP: 50% ¹	Ded NonEmb/ OOPM Emb	Comb	L46S		
DI-AI ⁴	DH-97 ⁴	6000/60%	Bronze (HSA w/ Premium Rewards)	\$6,000	\$12,000	\$12,000	\$24,000	\$8,000	\$16,000	\$16,000	\$32,000	60%	50%	100%	60% ¹	60% ¹	60% ¹	60% \$300 ¹	FS: 60% ¹ HOSP: 50% ¹	60% \$250 ¹	FS: 60% ¹ HOSP: 50% ¹	FS: 60% ¹ HOSP: 50% ¹	Emb	Comb	L45S		
DI-AA	DH-9X	6000/60%	Bronze (w/ Premium Rewards and Care Cash)	\$6,000	\$12,000	\$12,000	\$24,000	\$9,450	\$18,900	\$18,900	\$37,800	60%	50%	100%	60% ¹	60% ¹	60% ¹	60% \$300 ¹	FS: 60% ¹ HOSP: 50% ¹	60% \$250 ¹	FS: 60% ¹ HOSP: 50% ¹	FS: 60% ¹ HOSP: 50% ¹	Emb	Sep	L42S		
DH-9Q ⁵	DH-9P ⁵	7500/50%	Bronze (w/ Premium Rewards and Care Cash)	\$7,500	\$15,000	\$15,000	\$30,000	\$9,450	\$18,900	\$18,900	\$37,800	50%	50%	100%	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	50% ¹	Emb	Comb	L65S		
Non-Differential PPO																											
DH-9O ²		2250/70%	Silver (w/ Core Rewards)	\$2,250	\$4,500	N/A	N/A	\$8,500	\$17,000	N/A	N/A	70%	N/A	100%	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	70% ¹	Emb	Sep	F82		

¹ After Deductible

² Non-Differential PPO plan is on the Options PPO network.

³ HRA or HSA Employer Funding Amount \$0-\$250

⁴ HRA or HSA Employer Funding Amount \$0-\$100

⁵ Plan does not pass the Medicare Part D Creditable Coverage

Additional Plan Details

- A per occurrence deductible is separate from the annual deductible and accrues toward the out-of-pocket maximum. The outpatient cost share differential is based on place of service tiering, for services rendered at an in-network independent, non-hospital affiliated provider is plan coinsurance.

Plan Code		Plan Description	Metallic Level	Deductible				Out-of-Pocket Maximum				Coinsurance		Copay/Coinsurance										Med Ded Type	Med/Rx Ded Type	Rx Plan
Core	Navigate			In-network		Out-of-Network		In-network		Out-of-Network		IN	OUT	Virtual Visit	PCP OV	Spec OV	UC	ER	OP Surg/ IP Hosp	Lab	X-ray	MRI, CT, PET				
				Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.															
State Mirrored PPO/EPO																										
DI-KB	DI-KC	15/90%	Platinum	N/A	N/A	\$1,000	\$2,000	\$4,500	\$9,000	\$9,000	\$18,000	90%	50%	\$15	\$15	\$30	\$15	100%	\$200	90%	\$15	\$30	90%	Emb	Sep	K89L
DI-KA	DI-KD	25/350/80%	Gold	\$350	\$700	\$1,400	\$2,800	\$7,800	\$15,600	\$12,800	\$25,600	80%	50%	\$25	\$25	\$50	\$25	80% ¹	80%	\$25	\$65	80%	Emb	Sep	K90L	
DI-J9	DI-KF	55/2500/65%	Silver	\$2,500	\$5,000	\$5,000	\$10,000	\$8,600	\$17,200	\$17,200	\$34,400	65%	50%	\$55	\$55	\$90	\$55	65% ¹	65% ¹	\$55	\$90	65% ¹	Emb	Sep	N53L	
DH-9N ²	DH-9R ²	60/6300/60%	Bronze	\$6,300	\$12,600	\$12,600	\$25,200	\$9,100	\$18,200	\$18,200	\$36,400	60%	50%	\$60	\$60	\$95	\$60	60% ¹	60% ¹	\$40	60% ¹	60% ¹	Emb	Sep	P55L	

¹After Deductible

²10 Plan is limited to 3 PCP/Specialist office visits at the applicable copay. After 3 visits, deductible and coinsurance will apply.

CA Small Business 1-100 HMO Plans

HMO Plan Codes			Plan Description	Metallic Level	Deductible		Coinsurance	Out-of-Pocket Maximum		Copoly/Coinsurance										Med Ded Type	Med/Rx Ded Type	Rx Plan
Signature Value	Alliance	Harmony			In-network			In-network		Virtual Visit	PCP OV	Spec OV	UC	ER	OP Surg	IP Hosp	Lab/X-ray	MRI, CT, PET				
					Ind.	Fam.	Ind.	Fam.														
					HMO																	
CW-XY ²	CW-XZ ²	CW-XX ²	20-40/300d	Platinum (w/ Core Rewards)	N/A	N/A	100%	\$2,500	\$5,000	100%	\$20	\$40	\$75	\$250	\$200	\$300	\$20	\$150	Emb	Sep	N92S	
CW-X6	CW-X7	CW-X5	25-50/10%	Platinum (w/ Core Rewards)	N/A	N/A	90%	\$3,500	\$7,000	100%	\$25	\$50	\$75	\$400	90%	90%	\$25	\$200	Emb	Sep	N93S	
CW-X3 ³	CW-X4 ³	CW-X2 ³	25-50/400d	Platinum (w/ Core Rewards)	N/A	N/A	100%	\$3,000	\$6,000	100%	\$25	\$50	\$75	\$400	\$250	\$400	\$20	\$150	Emb	Sep	N93S	
DI-O2	DI-O3	DI-OZ	25-50/20%	Platinum (w/ Core Rewards)	N/A	N/A	80%	\$4,000	\$8,000	100%	\$25	\$50	\$75	80%	80%	80%	\$25	\$200	Emb	Sep	F92S	
DI-O5 ⁴	DI-O6 ⁴	DI-O4 ⁴	35-70/600d	Gold (w/ Core Rewards)	N/A	N/A	100%	\$7,500	\$15,000	100%	\$35	\$70	\$100	\$400	\$400	\$600	\$40	\$200	Emb	Sep	P72S	
CW-YC ⁵	CW-YD ⁵	CW-YB ⁵	35-70/700d	Gold (w/ Core Rewards)	N/A	N/A	100%	\$7,500	\$15,000	100%	\$35	\$70	\$100	\$500	\$500	\$700	\$40	\$300	Emb	Sep	N95S	
CW-YF	CW-YG	CW-YE	35-70/20%/500ded	Gold (w/ Core Rewards)	\$500	\$1,000	80%	\$8,000	\$16,000	100%	\$35	\$70	\$100	\$500 ¹	80% ¹	80% ¹	\$40	\$300	Emb	Sep	N96S	
DI-O8	DI-O9	DI-O7	35-70/25%/1250ded	Gold (w/ Core Rewards)	\$1,250	\$2,500	75%	\$7,250	\$14,500	100%	\$35	\$70	\$100	\$500 ¹	75% ¹	75% ¹	\$40	\$300	Emb	Sep	N96S	
DI-PA	DI-PC	DI-PB	60-95/40%/2400ded	Silver (w/ Core Rewards)	\$2,400	\$4,800	60%	\$9,400	\$18,800	100%	\$60	\$95	\$125	60% ¹	60% ¹	60% ¹	\$45	\$400	Emb	Sep	L61S	
		DI-PD	40%/2400ded	Silver (w/ Core Rewards)	\$2,400	\$4,800	60%	\$9,400	\$18,800	100%	60% ¹	60% ¹	60% ¹	60% ¹	60% ¹	60% ¹	60% ¹	60% ¹	Emb	Sep	L61S	

¹After Deductible

²Inpatient copay max is \$900/day

³Inpatient copay max is \$2000/day

⁴Inpatient copay max is \$2400/day

⁵Inpatient copay max is \$3500/day

HMO Plan Codes	Plan Description	Metallic Level	Deductible		Coinsurance	Out-of-Pocket Maximum		Copay/Coinsurance									Med Ded Type	Med/Rx Ded Type	Rx Plan
Alliance			In-network			In-network		Virtual Visit	PCP OV	Spec OV	UC	ER	OP Surg/ IP Hosp	Lab	X-ray	MRI, CT, PET			
			Ind.	Fam.	IN	Ind.	Fam.												
State Mirrored HMO																			
CE-OK	UHC Platinum 90 HMO 0/15 Alliance + Child Dental	Platinum	N/A	N/A	90%	\$4,500	\$9,000	\$15	\$15	\$30	\$15	\$200	90%	\$15	\$30	90%	Emb	Sep	F96L
CE-OL	UHC Gold 80 HMO 350/25 Alliance + Child Dental	Gold	\$350	\$700	80%	\$7,800	\$15,600	\$25	\$25	\$50	\$25	80% ¹	80%	\$25	\$65	80%	Emb	Sep	F88L
CW-YO	UHC Silver 70 HMO 2500/55 Alliance + Child Dental	Silver	\$2,500	\$5,000	65%	\$8,600	\$17,200	\$55	\$55	\$90	\$55	65% ¹	65% ¹	\$55	\$90	65% ¹	Emb	Sep	N91L

¹ After Deductible

Pharmacy Plans

Rx Plan Code	Pharmacy Network	Deductible		Ded applies to which tiers?	Copay/Coinsurance								Rx Ded Type	Mail Order
		Ind	Fam		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty		
Custom Advantage (State Mandated)														
F82	National	\$300	\$600	2&3&4	\$15	N/A	\$70	N/A	\$115	N/A	25% max \$250	N/A	Sep	2.5
N53L	Standard Select - Walgreens	\$300	\$600	2&3&4	\$20	N/A	\$75	N/A	\$105	N/A	30% max \$250	N/A	Sep	2.5
P55L	Standard Select - Walgreens	\$500	\$1,000	All	\$17	N/A	40% max \$500	N/A	40% max \$500	N/A	40% max \$500	N/A	Sep	2.5
K89L	Standard Select - Walgreens	N/A	N/A	N/A	\$10	N/A	\$25	N/A	\$40	N/A	10% max \$250	N/A	Sep	2.5
K90L	Standard Select - Walgreens	N/A	N/A	N/A	\$15	N/A	\$50	N/A	\$80	N/A	20% max \$250	N/A	Sep	2.5
Custom Advantage (State Mandated) w/ SMCS Drugs														
L40S	National	\$300	\$600	2&3&4	\$5	\$5	\$50	\$150	\$100	\$250	25% max \$250		Sep	2.5
P59S	National	\$300	\$600	2&3&4	\$15	\$15	\$50	\$150	\$90	\$250	25% max \$250		Sep	2.5
P60S	National	\$300	\$600	2&3&4	\$15	\$15	\$50	\$150	\$100	\$250	25% max \$250		Sep	2.5
L41S	National	\$350	\$700	2&3&4	\$20	\$20	\$85	\$150	\$135	\$250	25% max \$250		Sep	2.5
L42S	National	\$500	\$1,000	2&3&4	\$20	\$20	\$85	\$150	\$135	\$250	25% max \$500		Sep	2.5
P57S	National	N/A	N/A	N/A	\$5	\$5	\$35	\$150	\$70	\$250	25% max \$250		Sep	2.5
P56S	National	N/A	N/A	N/A	\$10	\$10	\$35	\$150	\$70	\$250	25% max \$250		Sep	2.5
P58S	National	N/A	N/A	N/A	\$15	\$15	\$50	\$150	\$90	\$250	25% max \$250		Sep	2.5
L45S	National	Same as Medical		All	40% max \$500		40% max \$500		40% max \$500		40% max \$500		Comb	2.5
L65S	National	Same as Medical		All	50% max \$500		50% max \$500		50% max \$500		50% max \$500		Comb	2.5
L46S	National	Same as Medical		All	\$20	\$20	\$85	\$150	\$135	\$250	25% max \$250		Comb	2.5

HMO Pharmacy Plans

Rx Plan Code	Pharmacy Network	Deductible		Ded applies to which tiers?	Copay/Coinsurance								Rx Ded Type	Mail Order
		Ind	Fam		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty		
Custom Advantage (State Mandated)														
N91L	National	\$300	\$600	2&3&4	\$20	N/A	\$75	N/A	\$105	N/A	30% max \$250	N/A	Sep	2
F96L	National	N/A	N/A	N/A	\$10	N/A	\$25	N/A	\$40	N/A	10% max \$250	N/A	Sep	2
F88L	National	N/A	N/A	N/A	\$15	N/A	\$50	N/A	\$80	N/A	20% max \$250	N/A	Sep	2
Custom Advantage (State Mandated) w/ SMCS Drugs														
N96S	National	\$100	\$200	2&3&4	\$15	\$15	\$50	\$150	\$100	\$250	25% max \$250		Sep	2
L61S	National	\$400	\$800	2&3&4	\$20	\$20	\$80	\$150	\$125	\$250	25% max \$250		Sep	2
N93S	National	N/A	N/A	N/A	\$5	\$5	\$30	\$150	\$60	\$250	25% max \$250		Sep	2
F92S	National	N/A	N/A	N/A	\$5	\$5	\$40	\$150	\$80	\$250	25% max \$250		Sep	2
N92S	National	N/A	N/A	N/A	\$5	\$5	\$20	\$150	\$50	\$250	25% max \$250		Sep	2
P72S	National	N/A	N/A	N/A	\$15	\$15	\$50	\$150	\$85	\$250	25% max \$250		Sep	2
N95S	National	N/A	N/A	N/A	\$15	\$15	\$50	\$150	\$100	\$250	25% max \$250		Sep	2

Care Cash

Care Cash is a prefunded debit card program supporting first-dollar coverage and is available to use for specific health care expenses. It comes loaded with \$200 for individuals or \$500 for family plans.

UnitedHealthcare Rewards

UnitedHealthcare Rewards is a digital wellness program built to help participants increase exercise and improve sleep. By completing different activities and actions, members can earn up to an annual \$300 incentive limit for the UHC Rewards Core version. The UHC Rewards Premium level offers a \$1,000 annual incentive.

These grids are intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. The agreement/policy has exclusions, limitations, and terms under which the agreement/policy may be continued or discontinued. For a complete listing of coverage and exclusions, please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits.

In 2024, the maximum HSA contribution is \$4,150 single/\$8,300 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over. The UnitedHealthcare Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through OptumHealth Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with OptumHealth Bank and not to the associated HDHP.

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).

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