



California Small Business

Group Acceptance/Change Form Product and Benefit Selection Form

Effective January 1, 2022

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: (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 plan being offered alongside UnitedHealthcare plans?	Yes	No
(Example: Is Kaiser, SIMSA or Sutter offered alongside UHC?)		

Metallic Level	PPO / HMO Platform	Network	Plan Description	Plan Code	RxCode	Choice Simplified <input type="checkbox"/> All Plans*	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	PPO	Select Plus	15/10%	CO-9Y	L44S	<input type="checkbox"/>	
Platinum	PPO	Select Plus	15/250/20%	CO-9Z	L44S	<input type="checkbox"/>	
Platinum	PPO	Select Plus	250/20%	CO-92	L47S	<input type="checkbox"/>	
Platinum	PPO	Core	15/10%	CO-95	L44S	<input type="checkbox"/>	
Platinum	PPO	Core	15/250/20%	CO-96	L44S	<input type="checkbox"/>	
Platinum	PPO	Core	250/20%	CO-97	L47S	<input type="checkbox"/>	
Platinum	PPO	Core	15/10%	CE-MA	K89L		<input type="checkbox"/>
Platinum	PPO	Doctors Plan*	15/10%	CP-AA	L44S	<input type="checkbox"/>	
Platinum	PPO	Doctors Plan*	15/250/20%	CP-AB	L44S	<input type="checkbox"/>	
Platinum	PPO	Doctors Plan*	250/20%	CP-AC	L47S	<input type="checkbox"/>	
Platinum	PPO	Navigate (UHIC)	15/10%	CD-FB	K89L		<input type="checkbox"/>
Gold	PPO	Select Plus	30/30%	CP-AF	L43S	<input type="checkbox"/>	
Gold	PPO	Select Plus	35/500/20%	CP-AG	L39S	<input type="checkbox"/>	
Gold	PPO	Select Plus	35/1000/20%	CP-AH	L39S	<input type="checkbox"/>	
Gold	PPO	Select Plus	1500/30%	CP-AI	L40S	<input type="checkbox"/>	
Gold	PPO	Core	30/30%	CP-AL	L43S	<input type="checkbox"/>	
Gold	PPO	Core	35/500/20%	CP-AM	L39S	<input type="checkbox"/>	
Gold	PPO	Core	35/1000/20%	CP-AN	L39S	<input type="checkbox"/>	
Gold	PPO	Core	1500/30%	CP-AO	L40S	<input type="checkbox"/>	
Gold	PPO	Core	25/350/20%	CE-MB	K90L		<input type="checkbox"/>
Gold	PPO	Doctors Plan*	30/30%	CP-J3	L43S	<input type="checkbox"/>	
Gold	PPO	Doctors Plan*	35/500/20%	CP-J4	L39S	<input type="checkbox"/>	
Gold	PPO	Doctors Plan*	35/1000/20%	CP-J5	L39S	<input type="checkbox"/>	
Gold	PPO	Doctors Plan*	1500/30%	CP-J6	L40S	<input type="checkbox"/>	
Gold	PPO	Navigate (UHIC)	25/350/20%	CD-FC	K90L		<input type="checkbox"/>
Silver	PPO	Select Plus	55/1950/40%	CP-AJ	L41S	<input type="checkbox"/>	
Silver	PPO	Select Plus	55/2350/40%	CP-AK	L41S	<input type="checkbox"/>	
Silver	PPO	Select Plus HDHP	2700/40%	CO-93	L46S	<input type="checkbox"/>	
Silver	PPO	Core	55/1950/40%	CP-AP	L41S	<input type="checkbox"/>	
Silver	PPO	Core	55/2350/40%	CP-AQ	L41S	<input type="checkbox"/>	
Silver	PPO	Core HDHP	2700/40%	CO-98	L46S	<input type="checkbox"/>	
Silver	PPO	Core	50/2250/30%	CE-MC	K91L		<input type="checkbox"/>
Silver	PPO	Doctors Plan*	55/1950/40%	CP-J7	L41S	<input type="checkbox"/>	
Silver	PPO	Doctors Plan*	55/2350/40%	CP-J8	L41S	<input type="checkbox"/>	
Silver	PPO	Doctors Plan HDHP	2700/40%	CP-AD	L46S	<input type="checkbox"/>	
Silver	PPO	Navigate (UHIC)	50/2250/30%	CD-FD	K91L		<input type="checkbox"/>
Silver	PPO	Non-Differential PPO	2250/30%	CE-MI	F82		<input type="checkbox"/>
Bronze	PPO	Select Plus	5000/40%	CO-94	L42Y	<input type="checkbox"/>	
Bronze	PPO	Select Plus HDHP	6000/40%	CP-AR	L45Y	<input type="checkbox"/>	
Bronze	PPO	Select Plus	7200/50%	CP-WQ	L65Y	<input type="checkbox"/>	
Bronze	PPO	Core	5000/40%	CO-99	L42Y	<input type="checkbox"/>	
Bronze	PPO	Core HDHP	6000/40%	CP-AS	L45Y	<input type="checkbox"/>	
Bronze	PPO	Core	7200/50%	CP-WR	L65Y	<input type="checkbox"/>	
Bronze	PPO	Core	65/6300/40%	CE-MD	K92L		<input type="checkbox"/>
Bronze	PPO	Doctors Plan*	5000/40%	CP-AE	L42Y	<input type="checkbox"/>	
Bronze	PPO	Doctors Plan HDHP	6000/40%	CP-AT	L45Y	<input type="checkbox"/>	
Bronze	PPO	Doctors Plan	7200/50%	CP-WS	L65Y	<input type="checkbox"/>	
Bronze	PPO	Navigate (UHIC)	65/6300/40%	CD-FE	K92L		<input type="checkbox"/>

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*
* 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	20-40/400d	CP-SK	F92S	<input type="checkbox"/>	
Platinum	HMO	Signature	25-50/20%	CP-SM	F92S	<input type="checkbox"/>	
Platinum ₂	HMO	Signature	0-80/20%	CP-SL	F92S	<input type="checkbox"/>	
Platinum	HMO	Alliance**	20-40/400d	CP-ST	F92S	<input type="checkbox"/>	
Platinum	HMO	Alliance**	25-50/20%	CP-SU	F92S	<input type="checkbox"/>	
Platinum ₂	HMO	Alliance**	0-80/20%	CP-S2	F92S	<input type="checkbox"/>	
Platinum	HMO	Alliance**	15/10%	CE-OK	F96L		<input type="checkbox"/>
Platinum	HMO	Harmony***	20-40/400d	CP-SF	F92S	<input type="checkbox"/>	
Platinum	HMO	Harmony***	25-50/20%	CP-SG	F92S	<input type="checkbox"/>	
Platinum ₂	HMO	Harmony***	0-80/20%	CP-S5	F92S	<input type="checkbox"/>	
Gold	HMO	Signature	35-70/800d	CP-SN	L63S	<input type="checkbox"/>	
Gold	HMO	Signature	35-70/20%/500ded	CP-SO	L62S	<input type="checkbox"/>	
Gold	HMO	Signature	35-70/30%/1250ded	CP-SQ	L62S	<input type="checkbox"/>	
Gold ₂	HMO	Signature	0-85/40%/2000ded	CP-SP	F94S	<input type="checkbox"/>	
Gold	HMO	Alliance**	35-70/800d	CP-SV	L63S	<input type="checkbox"/>	
Gold	HMO	Alliance**	35-70/20%/500ded	CP-SW	L62S	<input type="checkbox"/>	
Gold	HMO	Alliance**	35-70/30%/1250ded	CP-SX	L62S	<input type="checkbox"/>	
Gold ₂	HMO	Alliance**	0-85/40%/2000ded	CP-S3	F94S	<input type="checkbox"/>	
Gold	HMO	Alliance**	25/350/20%	CE-OL	F88L		<input type="checkbox"/>
Gold	HMO	Harmony***	35-70/800d	CP-SH	L63S	<input type="checkbox"/>	
Gold	HMO	Harmony***	35-70/20%/500ded	CP-SI	L62S	<input type="checkbox"/>	
Gold	HMO	Harmony***	35-70/30%/1250ded	CP-SJ	L62S	<input type="checkbox"/>	
Gold ₂	HMO	Harmony***	0-85/40%/2000ded	CP-S4	F94S	<input type="checkbox"/>	
Silver	HMO	Signature	55-95/40%/2350ded	CP-SR	L61S	<input type="checkbox"/>	
Silver	HMO	Alliance**	55-95/40%/2350ded	CP-SY	L61S	<input type="checkbox"/>	
Silver	HMO	Alliance**	50/2250/30%	CE-OM	F90L		<input type="checkbox"/>
Silver	HMO	Harmony***	30%/2250ded	CE-OB	F89	<input type="checkbox"/>	
Silver	HMO	Harmony***	55-95/40%/2350ded	CP-SS	L61S	<input type="checkbox"/>	
Silver	HMO	Harmony***	40%/2350ded	CP-SZ	L64S	<input type="checkbox"/>	

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) Diagnosis and Treatment Infertility (PPO only) Diagnosis and Treatment
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.)		
Dual Option <input type="checkbox"/> Other: _____ UnitedHealthcare DPPO <input type="checkbox"/> Dental Plan Code: _____	UnitedHealthcare DHMO Dental Plan Code: _____ Pacific Dental Benefits Direct Compensation DHMO Direct Compensation Plan Code: _____	UnitedHealthcare Vision Vision Plan Code: _____
HSA supplemental coverage		
HSA (if selected) – Bank to be used: Optum Bank® 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
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.	UNDERWRITING APPROVAL <small>D.P. Only</small>
	INTERNAL USE ONLY: G.C. #
<p>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.</p> <p>1 Groups with 5 or more enrolling employees may offer one staff model HMO plan from another carrier alongside UnitedHealthcare plans.</p> <p>2 Primary Advantage plans</p> <p>Formal product name for Choice Simplified: UnitedHealthcare Multi-Choice®. Formal product name for Navigate: UnitedHealthcare Navigate®.</p> <p>Formal HMO product names: Signature = UnitedHealthcare SignatureValue® Advantage = UnitedHealthcare SignatureValue Advantage Alliance = UnitedHealthcare SignatureValue Alliance Harmony = UnitedHealthcare SignatureValue Harmony 3</p> <p>Alliance product is available in select markets. Please contact your UnitedHealthcare representative for information.</p> <p>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.</p> <p style="text-align: center;">***Network availability information***</p> <p>*Doctors Plan network available in the following counties:</p> <ul style="list-style-type: none"> o Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano (partial county) & Sonoma (partial county) <p>**Alliance network available in the following counties:</p> <ul style="list-style-type: none"> 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. <p>***Harmony network is available in the following counties:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>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).</p> <p>UnitedHealthcare Life and Disability products are provided by Unimerica Life Insurance Company in California.</p> <p>B2B E120225926.1 2/21 © 2021 United HealthCare Services, Inc. 21-541261 400-6982 UHCCA756308-008</p>	