United Healthcare

California Small Business

Group Acceptance/Change Form
Product and Benefit Selection Form

Effective January 1, 2026

Please indicate

New Business: ☐ Acceptance of new coverage

Renewals: ☐ Acceptance of renewal 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 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[1] being offered alongside UnitedHealthcare plans? ☐ Yes ☐ No

(May write alongside 2 other carriers; must be a staff-model carrier. Eligible staff models include Chinese Community Health Plan, Kaiser, MediExcel, Sharp, SIMSA, Sutter and Western Health Advantage. May not write alongside California Choice or Covered California.)

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 Rewards	EP-1R	P56S	☐	
Platinum	PPO	Select Plus	15/250/20%	Core Rewards	EP-1S	P56S	☐	
Platinum	PPO	Select Plus	15/250/10%	Core Rewards	EP-1W	P56S	☐	
Platinum	PPO	Select Plus	10/10%	Core Rewards	EP-2D	P56S	☐	
Platinum	PPO	Core	15/10%	Core Rewards	EP-15	P56S	☐	
Platinum	PPO	Core	15/250/20%	Core Rewards	EP-16	P56S	☐	
Platinum	PPO	Core	15/250/10%	Core Rewards	EP-1M	P56S	☐	
Platinum	PPO	Core	10/10%	Core Rewards	EP-2C	P56S	☐	
Gold	PPO	Select Plus	30/30%	Core Rewards	EP-1V	R55S	☐	
Gold	PPO	Select Plus	35/500/20%	Core Rewards	EP-1X	R56S	☐	
Gold	PPO	Select Plus	35/1000/20%	Core Rewards	EP-13	R57S	☐	
Gold	PPO	Select Plus	5/1500/30%	Core Rewards	EP-2B	R58S	☐	
Gold	PPO	Core	30/30%	Core Rewards	EP-19	R55S	☐	
Gold	PPO	Core	35/500/20%	Core Rewards	EP-1N	R56S	☐	
Gold	PPO	Core	35/1000/20%	Core Rewards	EP-12	R57S	☐	
Gold	PPO	Core	5/1500/30%	Core Rewards	EP-14	R58S	☐	
Silver	PPO	Select Plus	65/1950/40%	Core Rewards	EP-1Y	L41S	☐	
Silver	PPO	Select Plus	65/2550/40%	Core Rewards	EP-1Z	L41S	☐	
Silver	PPO	Select Plus (HDHP)	2900/40%	HSA/Premium Rewards	EP-1U	L46S	☐	
Silver	PPO	Select Plus	55/1750/40%	Core Rewards	EP-2F	L41S	☐	
Silver	PPO	Core	65/1950/40%	Core Rewards	EP-1O	L41S	☐	
Silver	PPO	Core	65/2550/40%	Core Rewards	EP-1P	L41S	☐	
Silver	PPO	Core (HDHP)	2900/40%	HSA/Premium Rewards	EP-18	L46S	☐	
Silver	PPO	Core	55/1750/40%	Core Rewards	EP-2E	L41S	☐	
Silver	PPO	Non- Differential PPO	2550/30%	Core Rewards	EP-1K	L41S	☐	
Bronze	PPO	Select Plus	6950/40%	Premium Rewards	EP-1T	R59S	☐	
Bronze	PPO	Select Plus (HDHP)	6000/40%	HSA/Premium Rewards	EP-2A	L45S	☐	
Bronze	PPO	Core	6950/40%	Premium Rewards	EP-17	R59S	☐	
Bronze	PPO	Core (HDHP)	6000/40%	HSA/Premium Rewards	EP-1Q	L45S	☐	

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** Primary Advantage

Metallic level	PPO/HMO platform	Network[2]	Plan description	Incentive program	Plan code	Rx code	Choice Simplified	Multi-Choice State
Platinum	HMO	Signature	30-55/20%	Core Rewards	EP-2O (729)	F92S (48P)	☐	
Platinum	HMO	Signature	20-40/300d	Core Rewards	DZ-E9 (6A4)	N92S (48Q)	☐	
Platinum	HMO	Signature	25-50/400d	Core Rewards	EP-28 (707)	N93S (48U)	☐	
Platinum	HMO	Alliance[3]	30-55/20%	Core Rewards	EP-2P (790)	F92S (48P)	☐	
Platinum	HMO	Alliance[3]	20-40/300d	Core Rewards	DZ-ER (6I2)	N92S (48Q)	☐	
Platinum	HMO	Alliance[3]	25-50/400d	Core Rewards	EP-23 (770)	N93S (48U)	☐	
Platinum	HMO	Harmony**	30-55/20%	Core Rewards	EP-2N (66K)	F92S (48P)	☐	
Platinum	HMO	Harmony**	20-40/300d	Core Rewards	DZ-E8 (6O2)	N92S (48Q)	☐	
Platinum	HMO	Harmony**	25-50/400d	Core Rewards	EP-22 (62J)	N93S (48U)	☐	
Gold	HMO	Signature	35-70/600d	Core Rewards	EP-2R (733)	P72S (48X)	☐	
Gold	HMO	Signature	35-70/700d	Core Rewards	EP-2L (712)	N95S (48V)	☐	
Gold	HMO	Signature	35-70/20%/500ded	Core Rewards	EP-2M (720)	N96S (48W)	☐	
Gold	HMO	Signature	35-70/25%/1500ded	Core Rewards	EP-2U (741)	N96S (48W)	☐	
Gold	HMO	Alliance[3]	35-70/600d	Core Rewards	EP-2S (798)	P72S (48X)	☐	
Gold	HMO	Alliance[3]	35-70/700d	Core Rewards	EP-25 (778)	N95S (48V)	☐	
Gold	HMO	Alliance[3]	35-70/20%/500ded	Core Rewards	EP-27 (786)	N96S (48W)	☐	
Gold	HMO	Alliance[3]	35-70/25%/1500ded	Core Rewards	EP-2V (846)	N96S(48W)	☐	
Gold	HMO	Harmony**	35-70/600d	Core Rewards	EP-2Q (67M)	P72S (48X)	☐	
Gold	HMO	Harmony**	35-70/700d	Core Rewards	EP-24 (63M)	N95S (48V)	☐	
Gold	HMO	Harmony**	35-70/20%/500ded	Core Rewards	EP-26 (64Q)	N96S (48W)	☐	
Gold	HMO	Harmony**	35-70/25%/1500ded	Core Rewards	EP-2T (68P)	N96S(48W)	☐	
Silver	HMO	Signature	60-95/40%/2500ded	Core Rewards	EP-2W (74Y)	R60S (48Y)	☐	
Silver	HMO	Alliance[3]	60-95/40%/2500ded	Core Rewards	EP-2Y (875)	R60S(48Y)	☐	
Silver	HMO	Harmony**	60-95/40%/2500ded	Core Rewards	EP-2X (6X6)	R60S(48Y)	☐	
Silver	HMO	Harmony**	40%/2500ded	Core Rewards	EP-2Z (6Y8)	R60S (48Y)	☐	
Platinum	PPO	Core	15/10%		EQ-N7	K89		☐
Platinum	PPO	Navigate	15/10%		DZ-G3	K89		☐
Gold	PPO	Core	25/350/20%		EQ-N6	K90		☐
Gold	PPO	Navigate	25/350/20%		DZ-G4	K90		☐
Silver	PPO	Core	55/2500/35%		EQ-N5	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%		EP-1J	R54		☐
Bronze	PPO	Navigate	60/5800/40%		EP-1L	R54		☐
Platinum	HMO	Alliance[3]	UHC Platinum 90 HMO 0/15, Alliance & Child Dental		DZ-E2 (6G2)	F96L (49X)		☐
Gold	HMO	Alliance[3]	UHC Gold 80 HMO 350/25, Alliance & Child Dental		DZ-E3 (6G6)	F88L (49N)		☐
Silver	HMO	Alliance[3]	UHC Silver 70 HMO 2500/55, Alliance & Child Dental		DZ-EW (6J6)	N91L (48N)		☐

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** Primary Advantage

Please indicate financial protection plan selection.

- ☐ 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

Supplemental benefits

☐ **Infertility (HMO only)**
3.4% Premium Load
Diagnosis and Treatment

☐ **Infertility (Core State 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.

Please indicate dental and vision plan selection

(Select up to a maximum of 2 HMO and PPO dental plans. Select up to a maximum of 1 vision plan.)

Dual Option ☐
☐ Other

UnitedHealthcare DPPO
☐ 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

D.P. Only

Internal use only: G.C. #

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.

[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.

Network Availability 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.

United Healthcare®