



California Small Business Group Acceptance/Change Form Product and Benefit Selection Form

Effective January 1, 2021

Please indicate

New Business: Acceptance of new coverage

Renewals: Acceptance of renewal with new renewal rates: **Group #** _____
 Change existing coverage: **Group #** _____

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 ¹ being offered alongside UnitedHealthcare plans? <input type="checkbox"/> Yes <input type="checkbox"/> No				



Group Name _____

Metallic Level	Plan Category	Plan Description	Plan Code	Rx Code	Choice Simplified I <input type="checkbox"/> All Plans*	Choice Simplified II <input type="checkbox"/> All Plans*	Choice Simplified III <input type="checkbox"/> All Plans*	Multi-Choice State <input type="checkbox"/> All Plans*
Platinum	Select Plus	15/10%	CE-MJ	F85		<input type="radio"/>	<input type="radio"/>	
Platinum	Select Plus	15/250/20%	CE-MK	F85	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Platinum**	Select Plus	250/20%	CE-ML	F85	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Silver	Select Plus HDHP w/ Motion	2550/40%	CE-MM	F87		<input type="radio"/>	<input type="radio"/>	
Bronze	Select Plus HDHP w/ Motion	7000/0%	CE-MN	F86	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Bronze	Select Plus	7200/40%	CE-MO	F83		<input type="radio"/>	<input type="radio"/>	
Platinum	Core	15/10%	CE-MP	F85		<input type="radio"/>		
Platinum	Core	15/250/20%	CE-MQ	F85	<input type="radio"/>	<input type="radio"/>		
Platinum**	Core	250/20%	CE-MR	F85	<input type="radio"/>	<input type="radio"/>		
Silver	Core HDHP w/Motion	2550/40%	CE-MS	F87		<input type="radio"/>		
Bronze	Core HDHP w/Motion	7000/0%	CE-MT	F86		<input type="radio"/>		
Bronze	Core	7200/40%	CE-MU	F83		<input type="radio"/>		
Platinum	Doctors Plan	15/10%	CE-MV	F85			<input type="radio"/>	
Platinum	Doctors Plan	15/250/20%	CE-MW	F85			<input type="radio"/>	
Platinum	Doctors Plan	250/20%	CE-MX	F85			<input type="radio"/>	
Silver	Doctors Plan HDHP w/ Motion	2550/40%	CE-MY	F87			<input type="radio"/>	
Bronze	Doctors Plan HDHP w/ Motion	7000/0%	CE-MZ	F86			<input type="radio"/>	
Bronze	Doctors Plan	7200/40%	CE-M2	F83			<input type="radio"/>	
Gold	Select Plus	30/30%	CE-M3	F84		<input type="radio"/>	<input type="radio"/>	
Gold	Select Plus	30/500/20%	CE-M4	F80	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gold	Select Plus	35/1000/20%	CE-M5	F80	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gold**	Select Plus	1500/30%	CE-M6	F81	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Silver	Select Plus	55/1750/40%	CE-M7	F82	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Silver	Select Plus	55/2250/40%	CE-M8	F82	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gold	Core	30/30%	CE-M9	F84		<input type="radio"/>		
Gold	Core	30/500/20%	CE-NA	F80	<input type="radio"/>	<input type="radio"/>		
Gold	Core	35/1000/20%	CE-NB	F80	<input type="radio"/>	<input type="radio"/>		
Gold**	Core	1500/30%	CE-NC	F81	<input type="radio"/>	<input type="radio"/>		
Silver	Core	55/1750/40%	CE-ND	F82	<input type="radio"/>	<input type="radio"/>		
Silver	Core	55/2250/40%	CE-NE	F82	<input type="radio"/>	<input type="radio"/>		
Gold	Doctors Plan	30/30%	CE-NF	F84			<input type="radio"/>	
Gold	Doctors Plan	30/500/20%	CE-NG	F80			<input type="radio"/>	
Gold	Doctors Plan	35/1000/20%	CE-NH	F80			<input type="radio"/>	
Gold	Doctors Plan	1500/30%	CE-NI	F81			<input type="radio"/>	
Silver	Doctors Plan	55/1750/40%	CE-NJ	F82			<input type="radio"/>	
Silver	Doctors Plan	55/2250/40%	CE-NK	F82			<input type="radio"/>	
Silver	Non-Differential PPO	2250/30%	CE-MI	F82				<input type="radio"/>
Platinum	Signature	20-40/400d	CE-NL	F91	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Platinum**	Signature	0-80/20%	CE-NM	F92		<input type="radio"/>	<input type="radio"/>	
Platinum	Signature	20-40/20%	CE-NN	F91	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gold	Signature	30-70/800d	CE-NO	F95	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gold	Signature	30-70/20%/500ded	CE-NP	F93	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gold**	Signature	0-90/30%/1750ded	CE-NQ	F94		<input type="radio"/>	<input type="radio"/>	
Gold	Signature	30-70/30%/1250ded	CE-NR	F93	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Silver	Signature	50-90/40%/2250ded	CE-NS	F89	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Platinum	Advantage	20-40/400d	CE-NT	F91	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

*Some Networks may not be available in all ZIP codes within Counties and/or Rating Regions. Please check with your UnitedHealthcare representative to verify Network availability.
 ** Primary Advantage

Group Name _____

Metallic Level	Plan Category	Plan Description	Plan Code	Rx Code	Choice Simplified I <input type="checkbox"/> All Plans*	Choice Simplified II <input type="checkbox"/> All Plans*	Choice Simplified III <input type="checkbox"/> All Plans*	Multi-Choice State <input type="checkbox"/> All Plans*
Platinum**	Advantage	0-80/20%	CE-NU	F92		<input type="radio"/>	<input type="radio"/>	
Platinum	Advantage	20-40/20%	CE-NV	F91	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gold	Advantage	30-70/800d	CE-NW	F95	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gold	Advantage	30-70/20%/500ded	CE-NX	F93	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gold**	Advantage	0-90/30%/1750ded	CE-NY	F94		<input type="radio"/>	<input type="radio"/>	
Gold	Advantage	30-70/30%/1250ded	CE-NZ	F93	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Silver	Advantage	50-90/40%/2250ded	CE-N2	F89	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Platinum	Harmony	20-40/400d	CE-N3	F91	<input type="radio"/>			
Platinum	Harmony	20-40/20%	CE-N5	F91	<input type="radio"/>			
Gold	Harmony	30-70/800d	CE-N6	F95	<input type="radio"/>			
Gold	Harmony	30-70/20%/500ded	CE-N7	F93	<input type="radio"/>			
Gold	Harmony	30-70/30%/1250ded	CE-N9	F93	<input type="radio"/>			
Silver	Harmony	50-90/40%/2250ded	CE-OA	F89	<input type="radio"/>			
Silver	Harmony	30%/2250ded	CE-OB	F89	<input type="radio"/>			
Platinum	Alliance	20-40/400d	CE-OC	F91	<input type="radio"/>			
Platinum	Alliance	20-40/20%	CE-OE	F91	<input type="radio"/>			
Gold	Alliance	30-70/800d	CE-OF	F95	<input type="radio"/>			
Gold	Alliance	30-70/20%/500ded	CE-OG	F93	<input type="radio"/>			
Gold	Alliance	30-70/30%/1250ded	CE-OI	F93	<input type="radio"/>			
Silver	Alliance	50-90/40%/2250ded	CE-OJ	F89	<input type="radio"/>			
Platinum	Core	15/10%	CE-MA	F21L				<input type="radio"/>
Gold	Core	25/350/20%	CE-MB	C40L				<input type="radio"/>
Silver	Core	50/2250/30%	CE-MC	F22L				<input type="radio"/>
Bronze	Core	65/6300/40%	CE-MD	C42L				<input type="radio"/>
Platinum	Navigate (UHIC)	15/10%	CD-FB	F21L				<input type="radio"/>
Gold	Navigate (UHIC)	25/350/20%	CD-FC	C40L				<input type="radio"/>
Silver	Navigate (UHIC)	50/2250/30%	CD-FD	F22L				<input type="radio"/>
Bronze	Navigate (UHIC)	65/6300/40%	CD-FE	C42L				<input type="radio"/>
Platinum	Alliance	90 HMO 0/15	CE-OK	F96L				<input type="radio"/>
Gold	Alliance	80 HMO 350/25	CE-OL	F88L				<input type="radio"/>
Silver	Alliance	70 HMO 2250/50	CE-OM	F90L				<input type="radio"/>

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Group Name _____

Please Indicate Financial Protection Plan Selection	Supplemental Benefits
<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 Protection Plans available for groups with 51 or more eligible employees: <input type="checkbox"/> Critical Illness Protection <input type="checkbox"/> Accident Protection <input type="checkbox"/> Hospital Indemnity Protection	<input type="checkbox"/> Infertility (HMO only) Diagnosis and Treatment <input type="checkbox"/> Infertility (Core State Plans 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"/> <input type="checkbox"/> Other _____ UnitedHealthcare DPPO <input type="checkbox"/> Dental Plan Code _____	UnitedHealthcare DHMO <input type="checkbox"/> Dental Plan Code _____ Pacific Dental Benefits Direct Compensation DHMO <input type="checkbox"/> Direct Compensation Plan Code _____	UnitedHealthcare Vision <input type="checkbox"/> Vision Plan Code _____

HSA Supplemental Coverage
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

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. #



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 employees may offer one staff model HMO plan from another carrier alongside UnitedHealthcare plans.

² UnitedHealthcare Navigate®.

Formal product name: UnitedHealthcare Multi-Choice®.

Formal HMO product names:

Signature = UnitedHealthcare SignatureValue®
 Advantage = UnitedHealthcare SignatureValue Advantage
 Alliance = UnitedHealthcare SignatureValue Alliance
 Focus = UnitedHealthcare SignatureValue Focus
 Harmony = UnitedHealthcare SignatureValue Harmony

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.

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.

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).

UnitedHealthcare Life and Disability products are provided by Unimerica Life Insurance Company in California.