



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

Effective July 1, 2021

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<br>(       ) | Fax<br>(       )  |                        |          |
| Address  | City                   | County  | State                  | ZIP Code |
| Employer Contribution (Medical Only):<br>Employee Premium = _____ Dependent Premium = _____  |                        |   | Total Number Employed: |          |
| Total Permanent Full-Time Employees:<br><i>(working 30 or more hours per week)</i>   |                        | Total Permanent Part-Time Employees:<br><i>(working 20–29 hours per week)</i> |                        |          |
| Do you wish to offer coverage to <b>ALL</b> employees working 20–29 hours per week?<br><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 being offered alongside UnitedHealthcare plans? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <i>(Example: Is Kaiser, SIMSA or Sutter offered alongside UHC?)</i>  |  |

| Metallc Level  | PPO / HMO Platform | Network                        | Plan Description | Plan Code | Rx Code | Choice Simplified<br><input type="checkbox"/> All Plans* | Multi-Choice State<br><input type="checkbox"/> All Plans* |
|--|--------------------|--------------------------------|------------------|-----------|---------|--|---|
| <b>* Some networks may not be available in all ZIP codes within Counties/Regions. Please check with your UnitedHealthcare representative to verify network availability.</b> |                    |                                |                  |           |         |  |   |
| Platinum   | PPO                | Select Plus                    | 15/10%           | CE-MJ     | F85     | <input type="checkbox"/>                                 |   |
| Platinum   | PPO                | Select Plus                    | 15/250/20%       | CE-MK     | F85     | <input type="checkbox"/>                                 |   |
| Platinum   | PPO                | Core                           | 15/10%           | CE-MP     | F85     | <input type="checkbox"/>                                 |   |
| Platinum   | PPO                | Core                           | 15/250/20%       | CE-MQ     | F85     | <input type="checkbox"/>                                 |   |
| Platinum   | PPO                | Core                           | 15/10%           | CE-MA     | F21L    |  | <input type="checkbox"/>                                  |
| Platinum   | PPO                | Doctors Plan*                  | 15/10%           | CE-MV     | F85     | <input type="checkbox"/>                                 |   |
| Platinum   | PPO                | Doctors Plan*                  | 15/250/20%       | CE-MW     | F85     | <input type="checkbox"/>                                 |   |
| Platinum   | PPO                | Doctors Plan*                  | 250/20%          | CE-MX     | F85     | <input type="checkbox"/>                                 |   |
| Platinum   | PPO                | Navigate (UHIC)                | 15/10%           | CD-FB     | F21L    |  | <input type="checkbox"/>                                  |
| Platinum:  | PPO                | Select Plus                    | 250/20%          | CE-ML     | F85     | <input type="checkbox"/>                                 |   |
| Platinum:  | PPO                | Core                           | 250/20%          | CE-MR     | F85     | <input type="checkbox"/>                                 |   |
| Gold   | PPO                | Select Plus                    | 30/30%           | CE-M3     | F84     | <input type="checkbox"/>                                 |   |
| Gold   | PPO                | Select Plus                    | 30/500/20%       | CE-M4     | F80     | <input type="checkbox"/>                                 |   |
| Gold   | PPO                | Select Plus                    | 35/1000/20%      | CE-M5     | F80     | <input type="checkbox"/>                                 |   |
| Gold   | PPO                | Core                           | 30/30%           | CE-M9     | F84     | <input type="checkbox"/>                                 |   |
| Gold   | PPO                | Core                           | 30/500/20%       | CE-NA     | F80     | <input type="checkbox"/>                                 |   |
| Gold   | PPO                | Core                           | 35/1000/20%      | CE-NB     | F80     | <input type="checkbox"/>                                 |   |
| Gold   | PPO                | Core                           | 25/350/20%       | CE-MB     | C40L    |  | <input type="checkbox"/>                                  |
| Gold   | PPO                | Doctors Plan*                  | 30/30%           | CE-NF     | F84     | <input type="checkbox"/>                                 |   |
| Gold   | PPO                | Doctors Plan*                  | 30/500/20%       | CE-NG     | F80     | <input type="checkbox"/>                                 |   |
| Gold   | PPO                | Doctors Plan*                  | 35/1000/20%      | CE-NH     | F80     | <input type="checkbox"/>                                 |   |
| Gold   | PPO                | Doctors Plan*                  | 1500/30%         | CE-NI     | F81     | <input type="checkbox"/>                                 |   |
| Gold   | PPO                | Navigate (UHIC)                | 25/350/20%       | CD-FC     | C40L    |  | <input type="checkbox"/>                                  |
| Gold:  | PPO                | Select Plus                    | 1500/30%         | CE-M6     | F81     | <input type="checkbox"/>                                 |   |
| Gold:  | PPO                | Core                           | 1500/30%         | CE-NC     | F81     | <input type="checkbox"/>                                 |   |
| Silver   | PPO                | Select Plus                    | 55/1750/40%      | CE-M7     | F82     | <input type="checkbox"/>                                 |   |
| Silver   | PPO                | Select Plus                    | 55/2250/40%      | CE-M8     | F82     | <input type="checkbox"/>                                 |   |
| Silver   | PPO                | Core                           | 55/1750/40%      | CE-ND     | F82     | <input type="checkbox"/>                                 |   |
| Silver   | PPO                | Core                           | 55/2250/40%      | CE-NE     | F82     | <input type="checkbox"/>                                 |   |
| Silver   | PPO                | Core                           | 50/2250/30%      | CE-MC     | F22L    |  | <input type="checkbox"/>                                  |
| Silver   | PPO                | Doctors Plan*                  | 55/1750/40%      | CE-NJ     | F82     | <input type="checkbox"/>                                 |   |
| Silver   | PPO                | Doctors Plan*                  | 55/2250/40%      | CE-NK     | F82     | <input type="checkbox"/>                                 |   |
| Silver   | PPO                | Core HDHP w/ Motion            | 2550/40%         | CE-MS     | F87     | <input type="checkbox"/>                                 |   |
| Silver   | PPO                | Doctors Plan HDHP with Motion* | 2550/40%         | CE-MY     | F87     | <input type="checkbox"/>                                 |   |
| Silver   | PPO                | Navigate (UHIC)                | 50/2250/30%      | CD-FD     | F22L    |  | <input type="checkbox"/>                                  |
| Silver   | PPO                | Non-Differential PPO           | 2250/30%         | CE-MI     | F82     | <input type="checkbox"/>                                 | <input type="checkbox"/>                                  |
| Silver   | PPO                | Select Plus HDHP with Motion   | 2550/40%         | CE-MM     | F87     | <input type="checkbox"/>                                 |   |
| Bronze   | PPO                | Select Plus                    | 7200/40%         | CE-MO     | F83     | <input type="checkbox"/>                                 |   |
| Bronze   | PPO                | Core                           | 7200/40%         | CE-MU     | F83     | <input type="checkbox"/>                                 |   |
| Bronze   | PPO                | Core                           | 65/6300/40%      | CE-MD     | C42L    |  | <input type="checkbox"/>                                  |
| Bronze   | PPO                | Doctors Plan*                  | 7200/40%         | CE-M2     | F83     | <input type="checkbox"/>                                 |   |
| Bronze   | PPO                | Core HDHP with Motion          | 7000/0%          | CE-MT     | F86     | <input type="checkbox"/>                                 |   |
| Bronze   | PPO                | Doctors Plan HDHP with Motion* | 7000/0%          | CE-MZ     | F86     | <input type="checkbox"/>                                 |   |
| Bronze   | PPO                | Navigate (UHIC)                | 65/6300/40%      | CD-FE     | C42L    |  | <input type="checkbox"/>                                  |
| Bronze   | PPO                | Select Plus HDHP with Motion   | 7000/0%          | CE-MN     | F86     | <input type="checkbox"/>                                 |   |

| Metallic Level  | PPO / HMO Platform | Network    | Plan Description  | Plan Code | Rx Code | Choice Simplified<br><input type="checkbox"/> All Plans* | Multi-Choice State<br><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  | 20-40/20%         | CE-NN     | F91     | <input type="checkbox"/>                                 |   |
| Platinum  | HMO                | Signature  | 20-40/400d        | CE-NL     | F91     | <input type="checkbox"/>                                 |   |
| Platinum  | HMO                | Advantage  | 20-40/400d        | CE-NT     | F91     | <input type="checkbox"/>                                 |   |
| Platinum  | HMO                | Advantage  | 20-40/20%         | CE-NV     | F91     | <input type="checkbox"/>                                 |   |
| Platinum  | HMO                | Alliance** | 20-40/400d        | CE-OC     | F91     | <input type="checkbox"/>                                 |   |
| Platinum  | HMO                | Alliance** | 20-40/20%         | CE-OE     | F91     | <input type="checkbox"/>                                 |   |
| Platinum  | HMO                | Alliance** | 90 HMO 0/15       | CE-OK     | F96L    |  | <input type="checkbox"/>                                  |
| Platinum  | HMO                | Harmony*** | 20-40/400d        | CE-N3     | F91     | <input type="checkbox"/>                                 |   |
| Platinum  | HMO                | Harmony*** | 20-40/20%         | CE-N5     | F91     | <input type="checkbox"/>                                 |   |
| Platinum.   | HMO                | Signature  | 0-80/20%          | CE-NM     | F92     | <input type="checkbox"/>                                 |   |
| Platinum.   | HMO                | Advantage  | 0-80/20%          | CE-NU     | F92     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Signature  | 30-70/800d        | CE-NO     | F95     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Signature  | 30-70/20%/500ded  | CE-NP     | F93     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Signature  | 30-70/30%/1250ded | CE-NR     | F93     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Advantage  | 30-70/800d        | CE-NW     | F95     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Advantage  | 30-70/20%/500ded  | CE-NX     | F93     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Advantage  | 30-70/30%/1250ded | CE-NZ     | F93     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Alliance** | 30-70/800d        | CE-OF     | F95     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Alliance** | 30-70/20%/500ded  | CE-OG     | F93     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Alliance** | 30-70/30%/1250ded | CE-OI     | F93     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Alliance** | 80 HMO 350/25     | CE-OL     | F88L    |  | <input type="checkbox"/>                                  |
| Gold  | HMO                | Harmony*** | 30-70/800d        | CE-N6     | F95     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Harmony*** | 30-70/20%/500ded  | CE-N7     | F93     | <input type="checkbox"/>                                 |   |
| Gold  | HMO                | Harmony*** | 30-70/30%/1250ded | CE-N9     | F93     | <input type="checkbox"/>                                 |   |
| Gold.   | HMO                | Signature  | 0-90/30%/1750ded  | CE-NQ     | F94     | <input type="checkbox"/>                                 |   |
| Gold.   | HMO                | Advantage  | 0-90/30%/1750ded  | CE-NY     | F94     | <input type="checkbox"/>                                 |   |
| Silver  | HMO                | Signature  | 50-90/40%/2250ded | CE-NS     | F89     | <input type="checkbox"/>                                 |   |
| Silver  | HMO                | Advantage  | 50-90/40%/2250ded | CE-N2     | F89     | <input type="checkbox"/>                                 |   |
| Silver  | HMO                | Alliance** | 50-90/40%/2250ded | CE-OJ     | F89     | <input type="checkbox"/>                                 |   |
| Silver  | HMO                | Alliance** | 70 HMO 2250/50    | CE-OM     | F90L    |  | <input type="checkbox"/>                                  |
| Silver  | HMO                | Harmony*** | 50-90/40%/2250ded | CE-OA     | F89     | <input type="checkbox"/>                                 |   |
| Silver  | HMO                | Harmony*** | 30%/2250ded       | CE-OB     | F89     | <input type="checkbox"/>                                 |   |

|  |  |   |
|--|--|---|
| <b>Please indicate financial protection plan selection.</b><br><input type="checkbox"/> Employee Basic Life and AD&D<br><input type="checkbox"/> Dependent Basic Life and AD&D<br><input type="checkbox"/> Supplemental Employee Life and AD&D<br><input type="checkbox"/> Supplemental Dependent Life and AD&D<br><input type="checkbox"/> Long-Term Disability<br><br><b>Protection Plans available for groups with 51 or more eligible employees:</b><br><input type="checkbox"/> Critical Illness Protection<br><input type="checkbox"/> Accident Protection<br><input type="checkbox"/> Hospital Indemnity Protection |  | <b>Supplemental benefits</b><br><br><input type="checkbox"/> <b>Infertility (HMO only)</b><br>Diagnosis and Treatment<br><br><input type="checkbox"/> <b>Infertility (Core State Plans only)</b><br>Diagnosis and Treatment |
| <b>Please indicate dental and vision plan selection</b><br>(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"/><br><input type="checkbox"/> Other _____<br>UnitedHealthcare DPPO<br><input type="checkbox"/> Dental Plan Code _____   | UnitedHealthcare DHMO<br><input type="checkbox"/> Dental Plan Code: _____<br>Pacific Dental Benefits Direct Compensation DHMO<br><input type="checkbox"/> Direct Compensation Plan Code: _____ | <b>UnitedHealthcare Vision</b><br><input type="checkbox"/> Vision Plan Code   |
| <b>HSA supplemental coverage</b>   |  |   |
| 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  |
| <b>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.</b>   | <b>UNDERWRITING APPROVAL</b><br><small>D.P. Only</small> |
|  | INTERNAL USE ONLY: G.C. #                                |
| <small>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.</small><br><small><sup>1</sup> Groups with 5 or more enrolling employees may offer one staff model HMO plan from another carrier alongside UnitedHealthcare plans.</small><br><small><sup>2</sup> Primary Advantage plans</small><br><small>Formal product name for Choice Simplified: UnitedHealthcare Multi-Choice®. Formal product name for Navigate: UnitedHealthcare Navigate®. 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. Formal HMO product names: Signature = UnitedHealthcare SignatureValue®; Advantage = UnitedHealthcare SignatureValue Advantage; Alliance = UnitedHealthcare SignatureValue Alliance; Focus = UnitedHealthcare SignatureValue Focus; Harmony = UnitedHealthcare SignatureValue Harmony</small><br><p style="text-align: center;"><b>***Network availability information***</b></p> <p><b>*Doctors Plan network</b> available in the following counties:</p> <ul style="list-style-type: none"> <li>o Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano (partial county) &amp; Sonoma (partial county)</li> </ul> <p><b>**Alliance network</b> available in the following counties:</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>***Harmony network</b> is available in the following counties:</p> <ul style="list-style-type: none"> <li>o Los Angeles, Orange, Riverside, San Bernardino, and San Diego.</li> </ul> <small>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.<br/> 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).<br/> UnitedHealthcare Life and Disability products are provided by Unimerica Life Insurance Company in California.</small><br><small>B2B EI20225926.1 2/21 © 2021 United HealthCare Services, Inc. 21-541261 400-6982 UHCCA756308-008</small> |  |