



California Small Business

Group Acceptance/Change Form Product and Benefit Selection Form

Effective January 1, 2024

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? <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
(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	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	PPO	Select Plus	15/10% (Core Rewards)	DH-98	P56S	<input type="checkbox"/>	
Platinum	PPO	Select Plus	5/250/20% (Care Cash & Core Rewards)	DI-AC	P57S	<input type="checkbox"/>	
Platinum	PPO	Select Plus	15/250/10% (Core Rewards)	DI-AE	P56S	<input type="checkbox"/>	
Platinum	PPO	Select Plus	15/250/20% (Core Rewards)	DH-99	P56S	<input type="checkbox"/>	
Platinum	PPO	Core	15/10% (Core Rewards)	DH-9V	P56S	<input type="checkbox"/>	
Platinum	PPO	Core	5/250/20% (Care Cash & Core Rewards)	DH-9Z	P57S	<input type="checkbox"/>	
Platinum	PPO	Core	15/250/10% (Core Rewards)	DH-93	P56S	<input type="checkbox"/>	
Platinum	PPO	Core	15/250/20% (Core Rewards)	DH-9W	P56S	<input type="checkbox"/>	
Gold	PPO	Select Plus	25/30% (Core Rewards)	DI-AD	P58S	<input type="checkbox"/>	
Gold	PPO	Select Plus	30/500/20% (Core Rewards)	DI-AF	P59S	<input type="checkbox"/>	
Gold	PPO	Select Plus	30/1000/20% (Care Cash & Core Rewards)	DH-9T	P60S	<input type="checkbox"/>	
Gold	PPO	Select Plus	10/1500/30% (Care Cash & Core Rewards)	DI-AJ	L40S	<input type="checkbox"/>	
Gold	PPO	Core	25/30% (Core Rewards)	DH-92	P58S	<input type="checkbox"/>	
Gold	PPO	Core	30/500/20% (Core Rewards)	DH-94	P59S	<input type="checkbox"/>	
Gold	PPO	Core	30/1000/20% (Care Cash & Core Rewards)	DH-9S	P60S	<input type="checkbox"/>	
Gold	PPO	Core	10/1500/30% (Care Cash & Core Rewards)	DH-9U	L40S	<input type="checkbox"/>	
Silver	PPO	Select Plus	55/1950/40% (Care Cash & Core Rewards)	DI-AG	L41S	<input type="checkbox"/>	
Silver	PPO	Select Plus	55/2450/40% (Care Cash & Core Rewards)	DI-AH	L41S	<input type="checkbox"/>	
Silver	PPO	Select Plus (HDHP)	2800/40% (HSA/Premium Rewards)	DI-AB	L46S	<input type="checkbox"/>	
Silver	PPO	Core	55/1950/40% (Care Cash & Core Rewards)	DH-95	L41S	<input type="checkbox"/>	
Silver	PPO	Core	55/2450/40% (Care Cash & Core Rewards)	DH-96	L41S	<input type="checkbox"/>	
Silver	PPO	Core (HDHP)	2800/40% (HSA/Premium Rewards)	DH-9Y	L46S	<input type="checkbox"/>	
Silver	PPO	Non-Differential PPO (Idaho Employees)	2250/30% (Core Rewards)	DH-9O	F82	<input type="checkbox"/>	
Bronze	PPO	Select Plus	6000/40% (Care Cash & Premium Rewards)	DI-AA	L42S	<input type="checkbox"/>	
Bronze	PPO	Select Plus	7500/50% (Care Cash & Premium Rewards)	DH-9Q	L65S	<input type="checkbox"/>	
Bronze	PPO	Select Plus (HDHP)	6000/40% (HSA/Premium Rewards)	DI-AI	L45S	<input type="checkbox"/>	
Bronze	PPO	Core	6000/40% (Care Cash & Premium Rewards)	DH-9X	L42S	<input type="checkbox"/>	
Bronze	PPO	Core	7500/50% (Care Cash & Premium Rewards)	DH-9P	L65S	<input type="checkbox"/>	
Bronze	PPO	Core (HDHP)	6000/40% (HSA/Premium Rewards)	DH-97	L45S	<input type="checkbox"/>	
Platinum	HMO	Signature	25-50/10% (Core Rewards)	CW-X6 (10J)	N93S (4W6)	<input type="checkbox"/>	
Platinum	HMO	Signature	25-50/20% (Core Rewards)	DI-O2 (1D6)	F92S (4CU)	<input type="checkbox"/>	
Platinum	HMO	Signature	20-40/300d (Core Rewards)	CW-XY (10A)	N92S (4XE)	<input type="checkbox"/>	
Platinum	HMO	Signature	25-50/400d (Core Rewards)	CW-X3 (10F)	N93S (4W6)	<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	Alliance*	25-50/10% (Core Rewards)	CW-X7 (1O4)	N93S (4W6)	<input type="checkbox"/>	
Platinum	HMO	Alliance*	25-50/20% (Core Rewards)	DI-O3 (1S3)	F92S (4CU)	<input type="checkbox"/>	
Platinum	HMO	Alliance*	20-40/300d (Core Rewards)	CW-XZ (1I0)	N92S (4XE)	<input type="checkbox"/>	
Platinum	HMO	Alliance*	25-50/400d (Core Rewards)	CW-X4 (1O0)	N93S (4W6)	<input type="checkbox"/>	
Platinum	HMO	Harmony**	25-50/10% (Core Rewards)	CW-X5 (11T)	N93S (4W6)	<input type="checkbox"/>	
Platinum	HMO	Harmony**	25-50/20% (Core Rewards)	DI-OZ (1D7)	F92S (4CU)	<input type="checkbox"/>	
Platinum	HMO	Harmony**	20-40/300d (Core Rewards)	CW-XX (11L)	N92S (4XE)	<input type="checkbox"/>	
Platinum	HMO	Harmony**	25-50/400d (Core Rewards)	CW-X2 (11P)	N93S (4W6)	<input type="checkbox"/>	
Gold	HMO	Signature	35-70/600d (Core Rewards)	DI-O5 (1H6)	P72S (4JB)	<input type="checkbox"/>	
Gold	HMO	Signature	35-70/700d (Core Rewards)	CW-YC (10R)	N95S (4W7)	<input type="checkbox"/>	
Gold	HMO	Signature	35-70/20%/500ded (Core Rewards)	CW-YF (10V)	N96S (4VH)	<input type="checkbox"/>	
Gold	HMO	Signature	35-70/25%/1250ded (Core Rewards)	DI-O8 (1L6)	N96S (4VH)	<input type="checkbox"/>	
Gold	HMO	Alliance*	35-70/600d (Core Rewards)	DI-O6 (1T2)	P72S (4JB)	<input type="checkbox"/>	
Gold	HMO	Alliance*	35-70/700d (Core Rewards)	CW-YD (1N0)	N95S (4W7)	<input type="checkbox"/>	
Gold	HMO	Alliance*	35-70/20%/500ded (Core Rewards)	CW-YG (1Q1)	N96S (4VH)	<input type="checkbox"/>	
Gold	HMO	Alliance*	35-70/25%/1250ded (Core Rewards)	DI-O9 (1U2)	N96S(4VH)	<input type="checkbox"/>	
Gold	HMO	Harmony**	35-70/600d (Core Rewards)	DI-O4 (1I7)	P72S (4JB)	<input type="checkbox"/>	
Gold	HMO	Harmony**	35-70/700d (Core Rewards)	CW-YB (12O)	N95S (4W7)	<input type="checkbox"/>	
Gold	HMO	Harmony**	35-70/20%/500ded (Core Rewards)	CW-YE (16O)	N96S (4VH)	<input type="checkbox"/>	
Gold	HMO	Harmony**	35-70/25%/1250ded (Core Rewards)	DI-O7 (1M7)	N96S(4VH)	<input type="checkbox"/>	
Silver	HMO	Signature	60-95/40%/2400ded (Core Rewards)	DI-PA (1P2)	L61S (4XF)	<input type="checkbox"/>	
Silver	HMO	Alliance*	60-95/40%/2400ded (Core Rewards)	DI-PC (1R7)	L61S(4XF)	<input type="checkbox"/>	
Silver	HMO	Harmony**	60-95/40%/2400ded (Core Rewards)	DI-PB (1Q2)	L61S(4XF)	<input type="checkbox"/>	
Silver	HMO	Harmony**	40%/2400ded (Core Rewards)	DI-PD (1R2)	L61S (4XF)	<input type="checkbox"/>	
Platinum	PPO	Core	15/10%	DI-KB	K89L		<input type="checkbox"/>
Platinum	PPO	Navigate	15/10%	DI-KC	K89L		<input type="checkbox"/>
Gold	PPO	Core	25/350/20%	DI-KA	K90L		<input type="checkbox"/>
Gold	PPO	Navigate	25/350/20%	DI-KD	K90L		<input type="checkbox"/>
Silver	PPO	Core	55/2500/35%	DI-J9	N53L		<input type="checkbox"/>
Silver	PPO	Navigate	55/2500/35%	DI-KF	N53L		<input type="checkbox"/>
Silver	PPO	Non-Differential PPO (Idaho Employees)	2250/30% (Core Rewards)	DH-9O	F82		<input type="checkbox"/>
Bronze	PPO	Core	60/6300/40%	DH-9N	P55L		<input type="checkbox"/>
Bronze	PPO	Navigate	60/6300/40%	DH-9R	P55L		<input type="checkbox"/>
Platinum	HMO	Alliance*	UHC Platinum 90 HMO 0/15, Alliance + Child Dental	CE-OK (9VZ)	F96L (4CR)		<input type="checkbox"/>
Gold	HMO	Alliance*	UHC Gold 80 HMO 350/25, Alliance + Child Dental	CE-OL (9X0)	F88L (4CN)		<input type="checkbox"/>
Silver	HMO	Alliance*	UHC Silver 70 HMO 2500/55, Alliance + Child Dental	CW-YO (1V1)	N91L (4VM)		<input type="checkbox"/>

Please indicate financial protection plan selection.	Supplemental medical benefit rider:
<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): 3.4% Premium Load Diagnosis and Treatment <input type="checkbox"/> Infertility (PPO only): 4.9% Premium Load Diagnosis and Treatment <small>* The plan rates will increase by the percentage noted above when the infertility rider is added.</small>
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"/> UnitedHealthcare DPPO <input type="checkbox"/> Dental Plan Code: _____ 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.	<div style="text-align: right;">UNDERWRITING APPROVAL</div> <div style="text-align: right; font-size: small;">D.P. Only</div> <hr/> 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> <small>1 Groups with 5 or more enrolling California employees may offer one staff model HMO plan from another carrier alongside UnitedHealthcare plans.</small> <small>2 Formal product name for Choice Simplified: UnitedHealthcare Multi-Choice®. Formal product name for Navigate: UnitedHealthcare Navigate®.</small> <small>Formal HMO product names: Signature = UnitedHealthcare SignatureValue ; Alliance = UnitedHealthcare SignatureValue Alliance; Harmony = UnitedHealthcare SignatureValue Harmony</small> <small>3 Alliance product is available in select markets. Please contact your UnitedHealthcare representative for information.</small> <small>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.</small>	
Network availability information	
*Alliance network is available in the following counties: <div style="margin-left: 20px;"> <input type="radio"/> Fresno, Kern, Kings, Los Angeles (parts of rating region 15 and all of rating region 16) Madera, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Ventura. </div>	
**Harmony network is available in the following counties: <div style="margin-left: 20px;"> <input type="radio"/> Alameda, Contra Costa, Marin, Napa, Santa Clara, Santa Cruz, San Francisco, San Mateo, Solano (partial county), Sonoma (partial county) Los Angeles, Orange, Riverside, San Bernardino, and San Diego. </div>	
<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.</small> <small>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).</small> <small>UnitedHealthcare Life and Disability products are provided by Unimerica Life Insurance Company in California.</small> <small>B2B EI20225926.1 8/23 © 2023 United HealthCare Services, Inc. 21-541261 400-6982 UHCCA756308-008</small>	