

California Small Business

Group Acceptance/Change Form Product and Benefit Selection Form

Effective Jan. 1, 2025

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)			Total Number Employed	
Employee Premium	Dependent Premium			
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 plan¹ 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	DZ-HL	P56S		
Platinum	PPO	Select Plus	5/250/20%	Care Cash & Core Rewards	DZ-HP	P57S		
Platinum	PPO	Select Plus	15/250/10%	Core Rewards	DZ-HR	P56S		
Platinum	PPO	Select Plus	15/250/20%	Care Cash & Core Rewards	DZ-HM	P56S		
Platinum	PPO	Core	15/10%	Core Rewards	DZ-HA	P56S		
Platinum	PPO	Core	5/250/20%	Care Cash & Core Rewards	DZ-HE	P57S		
Platinum	PPO	Core	15/250/10%	Core Rewards	DZ-HG	P56S		
Platinum	PPO	Core	15/250/20%	Care Cash & Core Rewards	DZ-HB	P56S		
Gold	PPO	Select Plus	25/30%	Core Rewards	DZ-HQ	P58S		
Gold	PPO	Select Plus	30/500/20%	Core Rewards	DZ-HS	P59S		
Gold	PPO	Select Plus	30/1000/20%	Care Cash & Core Rewards	DZ-G8	P60S		
Gold	PPO	Select Plus	5/1500/30%	Care Cash & Core Rewards	DZ-HW	L40S		
Gold	PPO	Core	25/30%	Core Rewards	DZ-HF	P58S		
Gold	PPO	Core	30/500/20%	Core Rewards	DZ-HH	P59S		
Gold	PPO	Core	30/1000/20%	Care Cash & Core Rewards	DZ-G7	P60S		
Gold	PPO	Core	5/1500/30%	Care Cash & Core Rewards	DZ-G9	L40S		
Silver	PPO	Select Plus	60/1950/40%	Core Rewards	DZ-HT	L41S		
Silver	PPO	Select Plus	60/2550/40%	Care Cash & Core Rewards	DZ-HU	L41S		
Silver	PPO	Select Plus (HDHP)	2900/40%	HSA/Premium Rewards	DZ-HO	L46S		
Silver	PPO	Core	60/1950/40%	Core Rewards	DZ-HI	L41S		
Silver	PPO	Core	60/2550/40%	Care Cash & Core Rewards	DZ-HJ	L41S		
Silver	PPO	Core (HDHP)	2900/40%	HSA/Premium Rewards	DZ-HD	L46S		
Silver	PPO	Non-Differential PPO	2250/30%	Core Rewards	DZ-GY	F82		
Bronze	PPO	Select Plus	6500/40%	Premium Rewards	DZ-HN	L42S		
Bronze	PPO	Select Plus	7500/50%	Premium Rewards	DZ-G2	L65S		
Bronze	PPO	Select Plus (HDHP)	6000/40%	HSA/Premium Rewards	DZ-HV	L45S		
Bronze	PPO	Core	6500/40%	Premium Rewards	DZ-HC	L42S		
Bronze	PPO	Core	7500/50%	Premium Rewards	DZ-GZ	L65S		
Bronze	PPO	Core (HDHP)	6000/40%	HSA/Premium Rewards	DZ-HK	L45S		
Platinum	HMO	Signature	25-50/10%	Core Rewards	DZ-EY (6B6)	N93S (47W)		

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Metallic level	PPO/HMO platform	Network ²	Plan description	Incentive program	Plan code	Rx code	Choice Simplified	Multi-Choice State
Platinum	HMO	Signature	25-50/20%	Core Rewards	DZ-FC (6D4)	F92S (47S)		
Platinum	HMO	Signature	20-40/300d	Core Rewards	DZ-E9 (6A4)	N92S (47U)		
Platinum	HMO	Signature	25-50/400d	Core Rewards	DZ-EX (6B2)	N93S (47W)		
Platinum	HMO	Alliance ³	25-50/10%	Core Rewards	DZ-E7 (6H6)	N93S (47W)		
Platinum	HMO	Alliance ³	25-50/20%	Core Rewards	DZ-FD (6K2)	F92S (47S)		
Platinum	HMO	Alliance ³	20-40/300d	Core Rewards	DZ-ER (6I2)	N92S (47U)		
Platinum	HMO	Alliance ³	25-50/400d	Core Rewards	DZ-E5 (6H2)	N93S (47W)		
Platinum	HMO	Harmony**	25-50/10%	Core Rewards	DZ-E6 (6N4)	N93S (4F2)		
Platinum	HMO	Harmony**	25-50/20%	Core Rewards	DZ-FB (6VT)	F92S (47S)		
Platinum	HMO	Harmony**	20-40/300d	Core Rewards	DZ-E8 (6O2)	N92S (47U)		
Platinum	HMO	Harmony**	25-50/400d	Core Rewards	DZ-E4 (6M6)	N93S (47W)		
Gold	HMO	Signature	35-70/600d	Core Rewards	DZ-FF (6E3)	P72S (48L)		
Gold	HMO	Signature	35-70/700d	Core Rewards	DZ-EZ (6C2)	N95S (4F7)		
Gold	HMO	Signature	35-70/20%/500ded	Core Rewards	DZ-FA (6C6)	N96S (47Y)		
Gold	HMO	Signature	35-70/25%/1250ded	Core Rewards	DZ-FI (6F2)	N96S (47Y)		
Gold	HMO	Alliance ³	35-70/600d	Core Rewards	DZ-FG (6K6)	P72S (48L)		
Gold	HMO	Alliance ³	35-70/700d	Core Rewards	DZ-ET (6I6)	N95S (47X)		
Gold	HMO	Alliance ³	35-70/20%/500ded	Core Rewards	DZ-EV (6J2)	N96S (47Y)		
Gold	HMO	Alliance ³	35-70/25%/1250ded	Core Rewards	DZ-FJ (6L3)	N96S (47Y)		
Gold	HMO	Harmony**	35-70/600d	Core Rewards	DZ-FE (6WN)	P72S (48L)		
Gold	HMO	Harmony**	35-70/700d	Core Rewards	DZ-ES (6UT)	N95S (47X)		
Gold	HMO	Harmony**	35-70/20%/500ded	Core Rewards	DZ-EU (6VN)	N96S (47Y)		
Gold	HMO	Harmony**	35-70/25%/1250ded	Core Rewards	DZ-FH (6WT)	N96S (47Y)		
Silver	HMO	Signature	60-95/40%/2400ded	Core Rewards	DZ-FK (6F6)	L61S (47T)		
Silver	HMO	Alliance ³	60-95/40%/2400ded	Core Rewards	DZ-FM (6M2)	L61S (47T)		
Silver	HMO	Harmony**	60-95/40%/2400ded	Core Rewards	DZ-FL (6XN)	L61S (47T)		
Silver	HMO	Harmony**	40%/2000ded	Core Rewards	DZ-FN (6XS)	L61S (47T)		
Platinum	PPO	Core	15/10%		DZ-GW	K89		
Platinum	PPO	Navigate	15/10%		DZ-G3	K89		
Gold	PPO	Core	25/350/20%		DZ-GV	K90		
Gold	PPO	Navigate	25/350/20%		DZ-G4	K90		
Silver	PPO	Core	55/2500/35%		DZ-GU	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	60/5400/40%		DZ-GX	P55L		
Bronze	PPO	Navigate	60/5400/40%		DZ-G6	Q58		
Platinum	HMO	Alliance ³	UHC Platinum 90 HMO 0/15, Alliance & Child Dental		DZ-E2 (6G2)	F96L (47Q)		
Gold	HMO	Alliance ³			DZ-E3 (6G6)	F88L (47P)		
Silver	HMO	Alliance ³			DZ-EW (6J6)	N91L (47R)		

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** Primary Advantage

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) 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 DHMO Dental Plan Code	UnitedHealthcare Vision Vision Plan Code
UnitedHealthcare DPPO Dental Plan Code	Pacific Dental Benefits Direct Compensation DHMO Direct Compensation 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.

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.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX (05/03) and UHCLD-POL 2/2008-TX and in Virginia on LASD-POL (05/03) and UHCLD-POL 2/2008. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is located in Milwaukee, WI. 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., Optum Rx® or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC).

