California Small Business Group Acceptance/Change Form



Effective January 1, 2020

Please indicate reason for change: Source Code											
New Business:											
Renewals: Acceptance of renewal with new renewal rates: Group #									Tracking #		
Important: Please print or type all selections in black ink.											
Legal Name of Group/DBA Telephone Fax)			
Address			City County			State			ZIP Code		
Employe	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)					
	vish to offer coverage Effective Date		es working 20–2	9 hours p	er week?	Total Ful	ll-time Equivale	ents:			
Decide or	n the package your gr	roup is enrolling in	then select the s	specific pla	ane vou wie	h to offer	to employees				
							-to employees.				
is a staff r	nodel HMO plan¹ being	y onereu alongside									
Metallic Level	Plan Category	Plan Descriptior		Rx Cod	e Simp ■ All	bice lified I Plans*	Choice Simplified II ■ All Plans*	Sim ∎ Al	hoice olified III I Plans*	Choice Simplified IV ■ All Plans*	Multi-Choice State ■ All Plans*
	Networks may not be ava							ealthcare		,	vork availability.
Platinum	Select Plus	10/10%	BR-JF	854							
Platinum**	Select Plus	250/20%	BR-JH	A67							
Platinum	Select Plus	15/250/20%	BR-JG	854							
Gold	Select Plus	25/30%	BR-J3	852		_					
Gold	Select Plus	25/500/20%	BR-J4	B75	I						
Gold	Select Plus	25/1000/20%	BR-J5	B75		_					
Gold**	Select Plus	1500/30%	BR-J6	B76							
Silver	Select Plus	50/1500/40%	BR-J7	B77							
Silver	Select Plus Select Plus HDHP w/	50/2250/40%	BR-J8	B77							
Silver	Motion	2300/30%	BR-JI	551							
Bronze	Select Plus HDHP w/ Motion	6900/0%	BR-JJ	856	I						
Bronze	Select Plus	7200/40%	BR-JK	B81							
Platinum	Core	10/10%	BR-JL	854				_			
Platinum**	Core	250/20%	BR-JN	A67	I						
Platinum	Core	15/250/20%	BR-JM	854							
Gold	Core	25/30%	BR-J9	852							
Gold	Core	25/500/20%	BR-KA	B75							
Gold	Core	25/1000/20%	BR-KB	B75		_					
Gold**	Core	1500/30%	BR-KC	B76							
Silver	Core	50/1500/40%	BR-KD	B77	I						
Silver	Core Core HDHP w/	50/2250/40%	BR-KE	B77							
Silver	Core HDHP w/ Motion Core HDHP w/	2300/30%	BR-JO	551							
Bronze	Motion	6900/0%	BR-JP	856							
Bronze	Core	7200/40%	BR-JQ	B81							
Silver	Non-Differential PPO	2250/30%	BR-SK	405							
Platinum	Signature	20-40/500d	BR-SO	B86							
Platinum**	Signature	0-80/20%	BR-SP	B87	I						
Platinum	Signature	20-40/20%	BR-SQ	B86							

Group Name _____

Metallic Level	Plan Category	Plan Description	Plan Code	Rx Code	Choice Simplified I ■ All Plans*	Choice Simplified II ■ All Plans*	Choice Simplified III ■ All Plans*	Choice Simplified IV ■ All Plans*	Multi-Choice State ■ All Plans*
Gold	Signature	30-60/1000d	BH-GT	B91					
Gold	Signature	30-60/20%/500ded	BR-SR	B88					
Gold**	Signature	0-80/30%/1500ded	BR-SS	B89					
Gold	Signature	30-60/30%/1250ded	BR-ST	B88					
Silver	Signature	55-80/40%/2250ded	BR-SU	B83					
Platinum	Advantage	20-40/500d	BR-SV	B86					
Platinum**	Advantage	0-80/20%	BR-SW	B87					
Platinum	Advantage	20-40/20%	BR-SX	B86					
Gold	Advantage	30-60/1000d	BH-GZ	B91					
Gold	Advantage	30-60/20%/500ded	BR-SY	B88					
Gold	Advantage	30-60/30%/1250ded	BR-S2	B88					
Gold**	Advantage	0-80/30%/1500ded	BR-SZ	B89					
Silver	Advantage	55-80/40%/2250ded	BR-S3	B83					
Platinum	Focus	20-40/500d	BR-S4	B86					
Platinum**	Focus	0-80/20%	BR-S5	B87					
Platinum	Focus	20-40/20%	BR-S6	B86					
Gold	Focus	30-60/1000d	BH-G7	B91					
Gold	Focus	30-60/20%/500ded	BR-S7	B88					
Gold	Focus	30-60/30%/1250ded	BR-S9	B88					
Gold**	Focus	0-80/30%/1500ded	BR-S8	B89					
Silver	Focus	55-80/40%/2250ded	BR-TA	B83					
Platinum	Alliance	20-40/500d	BR-TM	B86					
Platinum**	Alliance	0-80/20%	BR-TN	B87					
Platinum	Alliance	20-40/20%	BR-TO	B86					
Gold	Alliance	30-60/1000d	BH-HD	B91					
Gold	Alliance	30-60/20%/500ded	BR-TP	B88					
Gold	Alliance	30-60/30%/1250ded	BR-TR	B88					
Gold**	Alliance	0-80/30%/1500ded	BR-TQ	B89					
Silver	Alliance	55-80/40%/2250ded	BR-TS	B83					
Silver	Alliance	30%/2250ded	BR-TT	B83					
Bronze	Alliance	40%/7200ded	BR-TW	B85					
Bronze	Alliance HDHP	0%/6900ded	BR-TU	B90					
Platinum	Harmony	20-40/500d	BR-TB	B86					
Platinum**	Harmony	0-80/20%	BR-TC	B87					
Platinum	Harmony	20-40/20%	BR-TD	B86					
Gold	Harmony	30-60/1000d	BK-D2	B91					
Gold	Harmony	30-60/20%/500ded	BR-TE	B88					
Gold	Harmony	30-60/30%/1250ded	BR-TG	B88					
Gold**	Harmony	0-80/30%/1500ded	BR-TF	B89					
Silver	Harmony	55-80/40%/2250ded	BR-TH	B83					
Silver	Harmony	30%/2250ded	BR-TI	B83					
Bronze	Harmony	40%/7200ded	BR-TL	B85					
Bronze	Harmony HDHP w/ Motion	0%/6900ded	BR-TK	B90					
Platinum	Core	15/10%	BR-5U	354					
Gold	Core	25/250/20%	BR-5V	B78					
Silver	Core	50/2250/20%	BR-5W	B79					
Bronze	Core	65/6300/40%	BR-5X	B80					
Platinum	Navigate (UHIC)	15/10%	BR-5Y	354					
Gold	Navigate (UHIC)	25/250/20%	BR-5Z	B78					

Group Name _____

Metallic Level	Plan Category	Plan Description	Plan Code	Rx Code	Choice Simplified I ■ All Plans*	Choice Simplified II ■ All Plans*	Choice Simplified III ■ All Plans*	Choice Simplified IV ■ All Plans*	Multi-Choice State ■ All Plans*
Silver	Navigate (UHIC)	50/2250/20%	BR-52	B79					
Bronze	Navigate (UHIC)	65/6300/40%	BR-53	B80					
Platinum	Alliance	15-30/10%	BR-TX	B92					
Gold	Alliance	25-50/20%/250ded	BR-TY	B82					
Silver	Alliance	50-85/20%/2250ded	BR-TZ	B84					
Bronze	Alliance HDHP	0%/6900ded	BR-T2	B90					

Group Name _

HSA Supplemental Coverage								
HSA (if selected) – Bank to be used: □ Optum Bank [®] □ Other								
Supplemental Coverage (Required)								
Group Term Life	Infertility – Diagnosis and Treatment (HMO only)	Domestic Partner Coverage						
□ Add* □ Cancel	Add Cancel Renew	All UnitedHealthcare plans include Domestic						
□ Renew □ Change*		Partner coverage as required by state law.						
* Separate application required.								

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
For renewals only, please fax to Account Management Team Fax # 1-877-296-9853.	
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.	INTERNAL USE ONLY: G.C. #

This offer is being issued under UHCBPCA.

Select, Choice and Core products are Pending Regulatory Approval.



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.

Health plan coverage provided by or through United Healthcare Insurance Company, UHC of California and United Healthcare 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) or United Behavioral Health (UBH).

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

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