

# UnitedHealthcare

## Small Business Product Grid

California  
Small Business  
2-50 Employees  
Effective 4/1/2012

### Choice Plus Traditional Plans – Proven plans with deductibles up to \$500

Plan Code	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay*						Pharmacy Plan
		In		Out			In	Out	In		Out		PCP	Spec	UC	ER	OP Surg	IP Hosp	
		Single	Family	Single	Family				Single	Family	Single	Family							
J3-A	20/250/90%	\$250	\$750	\$500	\$1,500	Embedded	90%	70%	\$3,000	\$6,000	\$6,000	\$12,000	\$20	\$40	\$125	\$250	10%	10%	IV
J3-D	30/250/80%	\$250	\$750	\$500	\$1,500	Embedded	80%	60%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$50	\$125	\$250	20%	20%	IV
J3-F	30/500/80%	\$500	\$1,500	\$1,000	\$3,000	Embedded	80%	60%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$50	\$125	\$250	20%	20%	IV
J3-K	40/500/70%	\$500	\$1,500	\$1,000	\$3,000	Embedded	70%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$40	\$60	\$125	\$250	30%	30%	IV

### Choice Plus Balanced Plans – Tailored plans with deductibles greater than \$1,000

Plan Code	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay*						Pharmacy Plan
		In		Out			In	Out	In		Out		PCP	Spec	UC	ER	OP Surg	IP Hosp	
		Single	Family	Single	Family				Single	Family	Single	Family							
J3-C	30/1000/80%	\$1,000	\$3,000	\$2,000	\$6,000	Embedded	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$50	\$125	\$250	20%	20%	IW
J3-I	40/1000/70%	\$1,000	\$3,000	\$2,000	\$6,000	Embedded	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	30%	30%	IW
6Z-A**	40/1000/50%	\$1,000	\$3,000	\$2,000	\$6,000	Embedded	50%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	50%	50%	IW
J3-J	40/1500/70%	\$1,500	\$4,500	\$3,000	\$9,000	Embedded	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	30%	30%	IW
6Z-B**	40/2000/50%	\$2,000	\$6,000	\$4,000	\$12,000	Embedded	50%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$40	\$60	\$125	\$250	50%	50%	IW
6Z-C	30/3000/70%	\$3,000	\$6,000	\$3,000	\$6,000	Embedded	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$50	\$125	\$250	30%	30%	UC
6Z-D	40/4000/60%	\$4,000	\$8,000	\$4,000	\$8,000	Embedded	60%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$40	\$60	\$125	\$250	40%	40%	UC
6Z-E	50/5000/50%	\$5,000	\$10,000	\$5,000	\$10,000	Embedded	50%	50%	\$7,000	\$14,000	\$14,000	\$28,000	\$50	\$70	\$125	\$250	50%	50%	UC
CC-4** (effective 5/1/2012)	40/7500/75%	\$7,500	\$15,000	\$7,500	\$15,000	Embedded	75%	50%	\$10,000	\$20,000	\$15,000	\$30,000	\$40	\$60	\$125	\$250	25%	25%	UC

### Choice Plus Balanced Value Plans –

Affordable plans for employers seeking benefit alternatives that include non-embedded deductibles

Plan Code	Plan Description	Deductible***				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum***				In-Network Copay*						Pharmacy Plan
		In		Out			In	Out	In		Out		PCP	Spec	UC	ER	OP Surg	IP Hosp	
		Single	Family	Single	Family				Single	Family	Single	Family							
6Z-G**	40/1000/70%	\$1,000	\$3,000	\$2,000	\$6,000	Non-Emb	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	30%	30%	UD
6Z-H**	40/1500/70%	\$1,500	\$4,500	\$3,000	\$9,000	Non-Emb	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	30%	30%	UD
6Z-F**	40/2000/50%	\$2,000	\$6,000	\$4,000	\$12,000	Non-Emb	50%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$40	\$60	\$125	\$250	50%	50%	UD
6Z-I**	40/5000/70%	\$5,000	\$10,000	\$5,000	\$10,000	Non-Emb	70%	50%	\$10,000	\$20,000	\$15,000	\$30,000	\$40	\$60	\$125	\$250	70%	70%	UD

### Choice Plus Consumer-Driven Health Plans – Innovative plans offering option to pair with HSA or HRA

Plan Code	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay*						Pharmacy Plan
		In		Out			In	Out	In		Out		PCP	Spec	UC	ER	OP Surg	IP Hosp	
		Single	Family	Single	Family				Single	Family	Single	Family							
<b>Health Savings Account (HSA) Plans</b>																			
J3-1	1500/80%	\$1,500	\$3,000	\$3,000	\$6,000	Non-Emb	80%	50%	\$3,000	\$6,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	20%	IV
J3-N	2000/100%	\$2,000	\$4,000	\$4,000	\$8,000	Non-Emb	100%	70%	\$4,000	\$8,000	\$8,000	\$16,000	0%	0%	0%	0%	0%	0%	IV
6Z-J	2000/90%	\$2,000	\$4,000	\$4,000	\$8,000	Non-Emb	90%	60%	\$4,000	\$8,000	\$8,000	\$16,000	10%	10%	10%	10%	10%	10%	IV
J3-Z	2000/80%	\$2,000	\$4,000	\$4,000	\$8,000	Non-Emb	80%	50%	\$4,000	\$8,000	\$8,000	\$16,000	20%	20%	20%	20%	20%	20%	IV
J3-O	3000/100%	\$3,000	\$6,000	\$6,000	\$12,000	Non-Emb	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	0%	0%	0%	0%	0%	0%	IV
6Z-K	3000/90%	\$3,000	\$6,000	\$6,000	\$12,000	Non-Emb	90%	60%	\$5,000	\$10,000	\$10,000	\$20,000	10%	10%	10%	10%	10%	10%	IV
J3-L	3000/80%	\$3,000	\$6,000	\$6,000	\$12,000	Non-Emb	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	20%	20%	20%	20%	20%	20%	IV
J3-M	4000/80%	\$4,000	\$8,000	\$8,000	\$16,000	Non-Emb	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	20%	20%	20%	20%	20%	20%	IV
<b>Health Reimbursement Account (HRA) Plans</b>																			
J3-V	2000/70%	\$2,000	\$4,000	\$4,000	\$8,000	Embedded	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	30%	30%	30%	30%	30%	30%	IY
J3-W	3000/70%	\$3,000	\$6,000	\$6,000	\$12,000	Embedded	70%	50%	\$6,000	\$12,000	\$12,000	\$24,000	30%	30%	30%	30%	30%	30%	IY
CC-5** (effective 5/1/2012)	7500/75%	\$7,500	\$15,000	\$7,500	\$15,000	Embedded	75%	50%	\$10,000	\$20,000	\$15,000	\$30,000	25%	25%	25%	25%	25%	25%	UC

### Non-Differential PPO Plan – Comprehensive plan for employers with out-of-area employees

Plan Code	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay*						Pharmacy Plan
		In		Out			In	Out	In		Out		PCP	Spec	UC	ER	OP Surg	IP Hosp	
		Single	Family	Single	Family				Single	Family	Single	Family							
6H-H	2000/80%	\$2,000		\$6,000		Embedded	80%	80%	\$4,000		\$12,000		20%	20%	20%	20%	20%	20%	IW

\* Benefits with coinsurance (%) responsibility are subject to the Deductible.

\*\* A Per Occurrence Deductible applies to Inpatient Hospital Services and Outpatient Surgery. It is separate from the Annual Deductible and does not accrue toward the Out-of-Pocket Maximum.

\*\*\* The Out-of-Pocket Maximum does not include the Annual Deductible.



## Pharmacy Plans for Choice Plus and Non-Differential PPO –

Full-service pharmacy management solutions that help to stem rising costs

Plan Code	Deductible			Base Pharmacy Plan			Specialty Pharmacy Plan			Mail Service Ratio
	Single	Family	Applicable Tiers	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	
IV	None	None	Not applicable	\$15	\$35	\$60	\$15	25%	30%	2.5
IW	\$150	\$450	Tiers 2 & 3	\$15	\$35	\$60	\$15	25%	30%	2.5
IY	\$250	\$750	Tiers 2 & 3	\$15	\$35	\$60	\$15	25%	30%	2.5
UC	\$300	\$900	Tiers 2 & 3	\$15	\$35	\$60	\$15	25%	30%	2.5
UD	\$300	\$900	All Tiers	\$20	\$40	\$60	\$20	25%	30%	2.5
<b>Combined medical/pharmacy plan</b>										
IV	Medical Deductible		All Tiers	\$15	\$35	\$60	\$15	25%	30%	2.5

## UnitedHealthcare SignatureValue™ (HMO) Plans –

Well-defined plans with choice of a Primary Care Physician from the full HMO network

Plan Code	Plan Description	Deductible		Medical Deductible Type	Plan Coinsurance	Out-of-Pocket Maximum		Copay						Pharmacy Plan
		Single	Family			Single	Family	PCP	Spec	UC	ER	OP Surg	IP Hosp	
PC-F	10-30/100%	None	None	N/A	N/A	\$1,500	\$4,500	\$10	\$30	\$75	\$150	Paid in full		B9
PC-G	15-30/300a	None	None	N/A	N/A	\$1,500	\$4,500	\$15	\$30	\$75	\$150	\$250	\$300/admit	EX
PD-I	20-40/300d	None	None	N/A	N/A	\$2,000	\$6,000	\$20	\$40	\$75	\$150	\$300	\$300/day, max 2 days	EX
PD-J	30-40/500d	None	None	N/A	N/A	\$3,000	\$9,000	\$30	\$40	\$75	\$150	\$400	\$500/day, max 4 days	EV
PD-K	40-60/800d	None	None	N/A	N/A	\$4,000	\$12,000	\$40	\$60	\$75	\$150	\$500	\$800/day, max 4 days	EV
PC-K	20-40/1500ded	\$1,500	\$3,000	Embedded	N/A	\$4,000	\$8,000	\$20	\$40	\$75	\$150	ded+\$300	ded+\$500/day	EV
PC-C	40-60/60%	None	None	N/A	60%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	40%	40%	EV
PD-M	20-40/70%/1500ded	\$1,500	\$3,000	Embedded	70%	\$5,000	\$10,000	\$20	\$40	\$75	\$150	ded+30%	ded+30%	EV
PD-N	40-60/70%/2000ded	\$2,000	\$4,000	Embedded	70%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	ded+30%	ded+30%	EV

## UnitedHealthcare SignatureValue™ Advantage (HMO) Plans –

Lower-cost plans with choice of a Primary Care Physician from a select HMO network of physicians and specialists

Plan Code	Plan Description	Deductible		Medical Deductible Type	Plan Coinsurance	Out-of-Pocket Maximum		Copay						Pharmacy Plan
		Single	Family			Single	Family	PCP	Spec	UC	ER	OP Surg	IP Hosp	
PC-L	10-30/100%	None	None	N/A	N/A	\$1,500	\$4,500	\$10	\$30	\$75	\$150	Paid in full		B9
PC-M	15-30/300a	None	None	N/A	N/A	\$1,500	\$4,500	\$15	\$30	\$75	\$150	\$250	\$300/admit	EX
PD-T	20-40/300d	None	None	N/A	N/A	\$2,000	\$6,000	\$20	\$40	\$75	\$150	\$300	\$300/day, max 2 days	EX
PD-O	30-40/500d	None	None	N/A	N/A	\$3,000	\$9,000	\$30	\$40	\$75	\$150	\$400	\$500/day, max 4 days	EV
PD-P	40-60/800d	None	None	N/A	N/A	\$4,000	\$12,000	\$40	\$60	\$75	\$150	\$500	\$800/day, max 4 days	EV
PC-Q	20-40/1500ded	\$1,500	\$3,000	Embedded	N/A	\$4,000	\$8,000	\$20	\$40	\$75	\$150	ded+\$300	ded+\$500/day	EV
PC-R	40-60/2000ded	\$2,000	\$6,000	Embedded	N/A	\$5,000	\$15,000	\$40	\$60	\$75	\$150	\$1,000	ded, then Paid in full	EV
PC-1	40-60/60%	None	None	N/A	60%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	40%	40%	EV
PD-R	20-40/70%/1500ded	\$1,500	\$3,000	Embedded	70%	\$5,000	\$10,000	\$20	\$40	\$75	\$150	ded+30%	ded+30%	EV
PD-S	40-60/70%/2000ded	\$2,000	\$4,000	Embedded	70%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	ded+30%	ded+30%	EV

## UnitedHealthcare SignatureValue™ Flex (HMO) Plans –

Tiered network plans with choice of a Primary Care Physician from one of the three distinct provider networks

Flex Package	Network	Plan Code	Plan Description	Deductible		Medical Deductible Type	Plan Coinsurance	Out-of-Pocket Maximum		Copay						Pharmacy Plan	
				Single	Family			Single	Family	PCP	Spec	UC	ER	OP Surg	IP Hosp		
A		1	CB-3	15-30/300a	None	None	N/A	N/A	\$1,500	\$3,000	\$15	\$30	\$75	\$150	\$250	\$300/admit	EX
		2	CB-4	20-40/300d	None	None	N/A	N/A	\$2,000	\$4,000	\$20	\$40	\$75	\$150	\$300	\$300/day, max 2 days	EV
		3	CB-5	30-40/500d	None	None	N/A	N/A	\$3,000	\$6,000	\$30	\$40	\$75	\$150	\$400	\$500/day, max 4 days	EV
B		1	CB-T	20-40/300d	None	None	N/A	N/A	\$2,000	\$4,000	\$20	\$40	\$75	\$150	\$300	\$300/day, max 2 days	EX
		2	CB-U	30-40/500d	None	None	N/A	N/A	\$3,000	\$6,000	\$30	\$40	\$75	\$150	\$400	\$500/day, max 4 days	EV
		3	CB-V	40-60/800d	None	None	N/A	N/A	\$4,000	\$8,000	\$40	\$60	\$75	\$150	\$500	\$800/day, max 4 days	EV
C		1	CB-W	30-40/500d	None	None	N/A	N/A	\$3,000	\$6,000	\$30	\$40	\$75	\$150	\$400	\$500/day, max 4 days	EX
		2	CB-X	40-60/800d	None	None	N/A	N/A	\$4,000	\$8,000	\$40	\$60	\$75	\$150	\$500	\$800/day, max 4 days	EV
		3	CB-Y	40-60/60%	None	None	N/A	60%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	40%	40%	EV
D		1	CB-Z	40-60/800d	None	None	N/A	N/A	\$4,000	\$8,000	\$40	\$60	\$75	\$150	\$500	\$800/day, max 4 days	EX
		2	CB-1	40-60/60%	None	None	N/A	60%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	40%	40%	EV
		3	CB-2	20-40/70%/1500ded	\$1,500	\$3,000	Embedded	70%	\$5,000	\$10,000	\$20	\$40	\$75	\$150	ded+30%	ded+30%	EV

**UnitedHealthcare SignatureValue™ Alliance (HMO) Plans** – Cost-effective plans with choice of a Primary Care Physician from a network of highly efficient and effective physician groups focused on providing patient-centered care

Plan Code	Plan Description	Deductible		Medical Deductible Type	Plan Coinsurance	Out-of-Pocket Maximum		Copay						Pharmacy Plan
		Single	Family			Single	Family	PCP	Spec	UC	ER	OP Surg	IP Hosp	
CH-2	15-30/300a	N/A	N/A	N/A	N/A	\$1,500	\$3,000	\$15	\$30	\$75	\$150	\$250	\$300/admit	EX
CH-3	20-40/300d	N/A	N/A	N/A	N/A	\$2,000	\$4,000	\$20	\$40	\$75	\$150	\$300	\$300/day, max 2 days	EX
CH-4	30-40/500d	N/A	N/A	N/A	N/A	\$3,000	\$6,000	\$30	\$40	\$75	\$150	\$400	\$500/day, max 4 days	EV
CH-5	40-60/800d	N/A	N/A	N/A	N/A	\$4,000	\$8,000	\$40	\$60	\$75	\$150	\$500	\$800/day, max 4 days	EV
CH-6	40-60/60%	N/A	N/A	N/A	60%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	40%	40%	EV
CH-7	20-40/70%/1500ded	\$1,500	\$3,000	Embedded	70%	\$5,000	\$10,000	\$20	\$40	\$75	\$150	ded+30%	ded+30%	EV
CH-8	40-60/70%/2000ded	\$2,000	\$4,000	Embedded	70%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	ded+30%	ded+30%	EV
<b>Health Savings Account (HSA) Plans</b>														
CB-6	90%/1500ded	\$1,500	\$3,000	Non-embedded	90%	\$3,000	\$6,000	ded+10%	ded+10%	ded+10%	ded+10%	ded+10%	ded+10%	H9
CB-7	80%/2000ded	\$2,000	\$4,000	Non-embedded	80%	\$4,000	\$8,000	ded+20%	ded+20%	ded+20%	ded+20%	ded+20%	ded+20%	H9
CB-8	80%/3000ded	\$3,000	\$6,000	Embedded	80%	\$6,000	\$12,000	ded+20%	ded+20%	ded+20%	ded+20%	ded+20%	ded+20%	H9
<b>Health Reimbursement Account (HRA) Plans</b>														
CC-Q	30-45/90%/1500ded	\$1,500	\$3,000	Embedded	90%	\$4,000	\$8,000	ded+\$30	ded+\$45	ded+10%	ded+10%	ded+10%	ded+10%	EV
CC-R	35-50/80%/2000ded	\$2,000	\$4,000	Embedded	80%	\$5,000	\$10,000	ded+\$35	ded+\$50	ded+20%	ded+20%	ded+20%	ded+20%	EV
CC-S	40-55/70%/3000ded	\$3,000	\$6,000	Embedded	70%	\$6,000	\$12,000	ded+\$40	ded+\$55	ded+30%	ded+30%	ded+30%	ded+30%	EV

**UnitedHealthcare SignatureValue™ featuring the HealthCare Partners Network (HMO) Plans** – Economical plans with choice of a Primary Care Physician from the HealthCare Partners network

Plan Code	Plan Description	Deductible		Medical Deductible Type	Plan Coinsurance	Out-of-Pocket Maximum		Copay						Pharmacy Plan
		Single	Family			Single	Family	PCP	Spec	UC	ER	OP Surg	IP Hosp	
PD-F	25-75/500ded	\$500	\$1,000	Embedded	N/A	\$1,500	\$3,000	\$25	\$75	ded+20%	ded+20%	ded+20%	ded+20%	EX
PD-G	25-50/500ded	\$500	\$1,000	Embedded	N/A	\$4,000	\$8,000	\$25	\$50	ded+20%	ded+20%	ded+20%	ded+20%	EX
PD-H	25-75/1500ded	\$1,500	\$3,000	Embedded	N/A	\$4,000	\$8,000	\$25	\$75	ded+40%	ded+40%	ded+40%	ded+40%	EX

**Pharmacy Plans for SignatureValue™** –

Plans that focus on clinical quality and total patient care while promoting the most appropriate use of medications

Plan Code	Deductible		Pharmacy Plan			Mail Service Ratio
	Single/Family	Applicable Tiers	Tier 1	Tier 2	Tier 3	
B9	None	Not applicable	\$10	\$25	\$50	2.0
EX	\$150 per member	Brand-name drugs only	\$15	\$35	\$50	2.0
EV	\$150 per member	Brand-name drugs only	\$20	\$35	\$50	2.0
H9	Medical deductible applies	All tiers	\$10	\$30	\$50	2.0



**Contact your UnitedHealthcare representative for more information.**



These benefit grids are intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. This agreement / policy has exclusions, limitations, and terms under which the agreement /policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your UnitedHealthcare representative.

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