

UnitedHealthcare offers a wide variety of plan options that allow you to tailor your benefit needs to your business needs, choosing what you value in a health plan.

### CA Small Business 1-100 Insurance Plans

Metallic Level	Deductible <sup>1</sup>		Out-Of-Pocket Maximum <sup>2</sup>		Coinsurance		Benefits <sup>3</sup>				Deductible Type			Deductible Type	Combined Med/Rx Ded	Plan Code		RX
	Network	Out of Network	Network	Out of Network	Network	Out of Network	PCP	Spec	ER	Inpatient Hospital	IP Per-Occurrence Ded <sup>4</sup>	OP Per-Occurrence Ded <sup>4</sup>	ER Per-Occurrence Ded <sup>4</sup>			Core	Navigate <sup>5</sup>	
<b>PPO/EPO</b>																		
Platinum	N/A	\$1,000	\$3500	\$7,000	10%	50%	\$10	\$25	10%	10%	N/A	N/A	\$150	N/A	No	BR-JF	BR-JL	854
Platinum	\$250	\$1,000	\$3500	\$7,000	20%	50%	\$15	\$30	20%	20%	N/A	N/A	\$150	Embedded	No	BR-JG	BR-JM	854
Platinum (Primary Advantage)	\$250	\$1,000	\$3500	\$7,000	20%	50%	\$0	\$75	20%	20%	N/A	N/A	\$150	Embedded	No	BR-JH	BR-JN	A67
Gold	N/A	\$1,000	\$6,500	\$13,000	30%	50%	\$25	\$50	30%	30%	N/A	\$250	\$250	N/A	No	BR-J3	BR-J9	852
Gold	\$500	\$1,000	\$6,500	\$13,000	20%	50%	\$25	\$50	20%	20%	\$250	\$250	\$250	Embedded	No	BR-J4	BR-KA	B75
Gold	\$1,000	\$2,000	\$6,500	\$13,000	20%	50%	\$25	\$50	20%	20%	\$250	\$250	\$250	Embedded	No	BR-J5	BR-KB	B75
Gold (Primary Advantage)	\$1,500	\$3,000	\$6,500	\$13,000	30%	50%	\$0	\$75	30%	30%	\$250	\$250	\$250	Embedded	No	BR-J6	BR-KC	B76
Silver	\$1,500	\$3000	\$8,150	\$16,300	40%	50%	\$50	\$80	40%	40%	\$250	\$250	\$300	Embedded	No	BR-J7	BR-KD	B77
Silver	\$2,250	\$4,500	\$8,150	\$16,300	40%	50%	\$50	\$80	40%	40%	\$250	\$250	\$300	Embedded	No	BR-J8	BR-KE	B77
Silver (HSA w/ Motion)	\$2,300	\$4,600	\$6,650	\$13,300	30%	50%	30%	30%	30%	30%	N/A	N/A	N/A	Non-Embedded	Yes	BR-JI	BR-JO	551
Bronze (HSA w/Motion)	\$6,900	\$13,800	\$6,900	\$13,800	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	Embedded	Yes	BR-JJ	BR-JP	856
Bronze	\$7,200	\$14,400	\$8,150	\$16,300	40%	50%	40%	40%	40%	40%	N/A	N/A	N/A	Embedded	No	BR-JK	BR-JQ	B81
<b>Non-Differential PPO</b>																		
Silver	\$2,250	N/A	\$7,350	N/A	30%	N/A	30%	30%	30%	30%	N/A	N/A	N/A	Embedded	No	BR-SK <sup>6</sup>	N/A	405
<b>State Mirrored PPO/EPO</b>																		
Platinum	N/A	\$1,000	\$4,500	\$9,000	10%	50%	\$15	\$30	\$150	10%	N/A	N/A	N/A	N/A	No	BR-5U	BR-5Y	354
Gold	\$250	\$1,000	\$7,800	\$15,600	20%	50%	\$25	\$50	\$250	20%	N/A	N/A	N/A	Embedded	No	BR-5V	BR-5Z	B78
Silver	\$2,250	\$4,500	\$7,800	\$15,600	20%	50%	\$50	\$85	\$400	20%	N/A	N/A	N/A	Embedded	No	BR-5W	BR-52	B79
Bronze	\$6,300	\$12,600	\$7,800	\$15,600	40%	50%	\$65	\$95	40%	40%	N/A	N/A	N/A	Embedded	No	BR-5X	BR-53	B80

# UnitedHealthcare

## Medical and Pharmacy Plans

California  
Small Business 1-100 Employees  
Effective January 1, 2020

### CA Small Business 1-100 HMO Plans

Metallic Level	Deductible <sup>1</sup>	Out-Of-Pocket Maximum <sup>2</sup>	PCP	Spec	ER	Inpatient Hospital	Outpatient Surgery	Deductible Type	Combined Med/Rx Ded	HMO Plan Codes					Pharmacy Plan Code
										Signature Value	Advantage	Focus	Alliance	Harmony	
<b>HMO</b>															
Platinum <sup>7</sup>	N/A	\$3,000	\$20	\$40	\$400	\$500	\$250	N/A	No	BR-SO	BR-SV	BR-S4	BR-TM	BR-TB	B86
Platinum	N/A	\$3,500	\$20	\$40	20%	20%	20%	N/A	No	BR-SQ	BR-SX	BR-S6	BR-TO	BR-TD	B86
Platinum (Primary Advantage)	N/A	\$4,000	\$0	\$80	20%	20%	20%	N/A	No	BR-SP	BR-SW	BR-S5	BR-TN	BR-TC	B87
Gold <sup>7</sup>	N/A	\$6,000	\$30	\$60	\$500	\$1,000	\$500	N/A	No	BH-GT	BH-GZ	BH-G7	BH-HD	BK-D2	B91
Gold	\$500	\$6,500	\$30	\$60	\$500	20%	20%	Embedded	No	BR-SR	BR-SY	BR-S7	BR-TP	BR-TE	B88
Gold	\$1,250	\$6,500	\$30	\$60	30%	30%	30%	Embedded	No	BR-ST	BR-S2	BR-S9	BR-TR	BR-TG	B88
Gold (Primary Advantage)	\$1,500	\$7,500	\$0	\$80	30%	30%	30%	Embedded	No	BR-SS	BR-SZ	BR-S8	BR-TQ	BR-TF	B89
Silver	\$2,250	\$8,150	\$55	\$80	40%	40%	40% <sup>7</sup>	Embedded	No	BR-SU	BR-S3	BR-TA	BR-TS	BR-TH	B83
Silver	\$2,250	\$8,150	30%	30%	30%	30%	30%	Embedded	No	N/A	N/A	N/A	BR-TT	BR-TI	B83
Bronze (HSA w/Motion)	\$6,900	\$6,900	0%	0%	0%	0%	0%	Embedded	Yes	N/A	N/A	N/A	N/A	BR-TK	B90
Bronze (HSA)	\$6,900	\$6,900	0%	0%	0%	0%	0%	Embedded	Yes	N/A	N/A	N/A	BR-TU	N/A	B90
Bronze HDHP	\$7,200	\$8,150	40%	40%	40%	40%	40%	Embedded	No	N/A	N/A	N/A	BR-TW	BR-TL	B85
<b>State Mirrored HMO</b>															
Platinum	N/A	\$4,500	\$15	\$30	\$150	10%	10%	Embedded	No	N/A	N/A	N/A	BR-TX	N/A	B92
Gold	\$250	\$7,800	\$25	\$50	\$250	20%	20%	Embedded	No	N/A	N/A	N/A	BR-TY	N/A	B82
Silver	\$2,250	\$7,800	\$50	\$85	\$400	20%	20%	Embedded	No	N/A	N/A	N/A	BR-TZ	N/A	B84
Bronze (HSA)	\$6,900	\$6,900	0%	0%	0%	0%	0%	Embedded	Yes	N/A	N/A	N/A	BR-T2	N/A	B90

1 Refer to the benefit summary for the Family Deductible amount. For HMO plans, refer to the Schedule of Benefits for a detailed list of benefits subject to the Deductible.

2 Refer to the benefit summary for the Family Out-of-Pocket Maximum amount. Deductibles and member cost share for covered services, including office visits and pharmacy, apply to the Out-of-Pocket Maximum. The Out-of-Pocket Maximum follows the Deductible Type for each plan, except for plans BH-BP, BH-BT and BH-B7 which have an embedded Family Out-of-Pocket Maximum.

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

4 The Per Occurrence Deductible is separate from the Annual Deductible and accrues toward the Out-of-Pocket Maximum. The Outpatient Per Occurrence Deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.

5 Navigate is an In-Network product only, and does not cover Out-of-Network services.

6 An annual combined limit of 3 visits apply to PCP, Specialist, Urgent Care, Mental Health and Substance Use Disorder office visits at the specified Copayment. Subsequent visits are subject to the plan Deductible and Copayment for the remainder of the Calendar Year.

7 Inpatient Hospital Copayment is applicable per day, up to a maximum of 4 days per stay.

8 Non-Differential PPO plan is on the options network.

### Pharmacy Plans - PPO

Deductible <sup>1</sup>		Member Copay				Mail Order (90 Day Supply)	Plan Code
Individual	Family	Tier 1	Tier 2 <sup>2</sup>	Tier 3 <sup>2</sup>	Tier 4 <sup>2</sup>		
\$250	\$500	\$15	\$40	\$80	25%	2.5	B75
\$250	\$500	\$5	\$50	\$100	25%	2.5	B76
\$300	\$600	\$20	\$50	\$100	25%	2.5	B77
N/A	N/A	\$15	\$50	\$80	20%	2.5	B78
\$300	\$600	\$17	\$65	\$90	20%	2.5	B79
\$500	\$1,000	\$18	40%	40%	40%	2.5	B80
\$350	\$700	\$20	\$50	\$100	25%	2.5	B81
\$200	\$400	\$20	\$50	\$100	25%	2.5	405
N/A	N/A	\$5	\$35	\$70	10%	2.5	A67
N/A	N/A	\$15	\$40	\$80	25%	2.5	852
N/A	N/A	\$10	\$35	\$70	10%	2.5	854
N/A	N/A	\$5	\$15	\$25	10%	2.5	354
Same as Medical	Same as Medical	No Copay	No Copay	No Copay	No Copay	No Copay	856
Same as Medical	Same as Medical	\$20	\$50	\$100	25%	2.5	551

### Pharmacy Plans - HMO

Deductible <sup>1</sup>		Member Copay				Mail Order (90 Day Supply)	Plan Code
Individual	Family	Tier 1 <sup>2</sup>	Tier 2 <sup>2</sup>	Tier 3 <sup>2</sup>	Tier 4 <sup>2</sup>		
N/A	N/A	\$15	\$50	\$80	20%	2	B82
\$300	\$600	\$20	\$50	\$100	25%	2	B83
\$300	\$600	\$17	\$65	\$90	20%	2	B84
\$350	\$700	40%	40%	40%	40%	2	B85
N/A	N/A	\$15	\$35	\$70	25%	2	B86
N/A	N/A	\$5	\$35	\$70	25%	2	B87
\$250	\$500	\$15	\$40	\$80	25%	2	B88
\$250	\$500	\$5	\$50	\$100	25%	2	B89
Same as Medical	Same as Medical	No Copay	No Copay	No Copay	No Copay	No Copay	B90
\$100	\$200	\$15	\$40	\$80	25%	2	B91
N/A	N/A	\$5	\$15	\$25	10%	2	B92

<sup>1</sup> Doesn't apply to Tier 1, except for RX plans subject to the medical deductible and plans B78, B79, B80, B84, B85, B90, A67, 852, 854, 354, 856, B82, B84, B85, B86, B87, & B92.

<sup>2</sup> RX Tier Coinsurance subject to a maximum of \$250 for platinum, gold and silver. Bronze plans subject to a maximum of \$500

# UnitedHealthcare

## Medical and Pharmacy Plans

**California**  
Small Business 1-100 Employees  
Effective January 1, 2020

**THIS OFFER IS BEING ISSUED UNDER UHCBCA. SELECT, CHOICE AND CORE PRODUCTS ARE PENDING REGULATORY APPROVAL.**

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) or United Behavioral Health (UBH).

©2019 United HealthCare Services, Inc. Rev. 6/21/2019