

Product and Benefit Selection Form
for Small Business



Effective March 1, 2010

General Information	
Group Name	Group Effective Date
Agent Name	
Check the package your group is enrolling in, then select the specific plans you wish to offer to employees. If enrolling in a stand-alone plan, select only one plan.	
IMPORTANT: Choose a plan administration option. This will apply to all UnitedHealthcare plans: <input type="checkbox"/> Policy Year <input type="checkbox"/> Calendar Year	

Product	Plan Description	Plan Code	Pick a package then select the plan(s) available to employees. (Available for groups with 5 or more enrolling employees)					Stand-Alone Plan Options
			UnitedHealthcare Multi-Choice SM Packages					
			with PacifiCare HMO	with PacifiCare HMO Advantage ³	with PacifiCare HMO and HMO Advantage ³	UnitedHealthcare PremierSource ³	with HealthCare Partners HMO ³	
UnitedHealthcare Choice Plus Traditional	20/250/90%	5E-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Traditional	30/250/80%	5E-D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Traditional	30/500/80%	5E-F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Traditional	40/500/70%	5E-K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	30/1000/80%	5E-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	40/1000/70%	5E-I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	40/1000/50%	5E-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	40/1500/70%	5E-J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	40/2000/50%	5E-H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	30/2500/80%	5E-E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	20/3000/90%	5E-B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced Value	30/1000/80%	5E-P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced Value	40/1000/70%	5E-S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced Value	40/1000/50%	5E-Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced Value	40/1500/70%	5E-T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced Value	40/2000/50%	5E-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Definity SM HSA	1500/80%	Z6-Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare Choice Plus Definity HSA	2000/100%	5E-N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Definity HSA	2000/80%	Q3-M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Definity HSA	3000/100%	5E-O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare Choice Plus Definity HSA	3000/80%	5E-L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare Choice Plus Definity HSA	4000/80%	5E-M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Definity HRA	1500/80%	C3-U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Definity HRA	2000/70%	C3-S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Definity HRA	2500/80%	C3-V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Definity HRA	3000/70%	C3-T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Non-Differential PPO	2000/80%	6H-F					<input type="checkbox"/>	
PacifiCare SignatureValue [®] HMO	10-30/100%	PC-F	<input type="checkbox"/>				<input type="checkbox"/>	
PacifiCare SignatureValue HMO	15-30/300a	PC-G	<input type="checkbox"/>				<input type="checkbox"/>	
PacifiCare SignatureValue HMO	20-40/300d ¹	PD-I	<input type="checkbox"/>				<input type="checkbox"/>	
PacifiCare SignatureValue HMO	30-40/500d ¹	PD-J	<input type="checkbox"/>				<input type="checkbox"/>	
PacifiCare SignatureValue HMO	40-60/800d ¹	PD-K	<input type="checkbox"/>				<input type="checkbox"/>	
PacifiCare SignatureValue HMO	20-40/1500ded ¹	PC-K	<input type="checkbox"/>				<input type="checkbox"/>	
PacifiCare SignatureValue HMO	40-60/60% ¹	PD-L	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
PacifiCare SignatureValue HMO	20-40/70%/1500ded ¹	PD-M	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
PacifiCare SignatureValue HMO	40-60/70%/2000ded ¹	PD-N	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
PacifiCare SignatureValue [®] Advantage HMO	10-30/100%	PC-L		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
PacifiCare SignatureValue Advantage HMO	15-30/300a	PC-M		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
PacifiCare SignatureValue Advantage HMO	20-40/300d ¹	PD-T		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
PacifiCare SignatureValue Advantage HMO	30-40/500d ¹	PD-O		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
PacifiCare SignatureValue Advantage HMO	40-60/800d ¹	PD-P		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
PacifiCare SignatureValue Advantage HMO	20-40/1500ded ¹	PC-Q		<input type="checkbox"/>			<input type="checkbox"/>	
PacifiCare SignatureValue Advantage HMO	40-60/2000ded ¹	PC-R		<input type="checkbox"/>			<input type="checkbox"/>	
PacifiCare SignatureValue Advantage HMO	40-60/60% ¹	PD-Q		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Group Name _____

			Pick a package then select the plan(s) available to employees. (Available for groups with 5 or more enrolling employees)					Stand-Alone Plan Options
			UnitedHealthcare Multi-Choice SM Packages					
Product	Plan Description	Plan Code	with PacifiCare HMO	with PacifiCare HMO Advantage ³	with PacifiCare HMO and HMO Advantage ³	UnitedHealthcare PremierSource ²	with HealthCare Partners HMO ²	Groups <5 Employees
PacifiCare SignatureValue Advantage HMO	20-40/70%/1500ded ¹	PD-R		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	40-60/70%/2000ded ¹	PD-S		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue [®] HealthCare Partners Network HMO	25-50/500ded ^{1,2}	PD-G					<input type="checkbox"/>	<input type="checkbox"/>
PacifiCare SignatureValue HealthCare Partners Network HMO	25-75/500ded ^{1,2}	PD-F					<input type="checkbox"/>	<input type="checkbox"/>
PacifiCare SignatureValue HealthCare Partners Network HMO	25-75/1500ded ^{1,2}	PD-H					<input type="checkbox"/>	<input type="checkbox"/>

Plan Coverage: All UnitedHealthcare plans are underwritten by United HealthCare Insurance Company. When adding or revising plans at renewal, underwriting approval is required.

¹ By electing this plan, the Group has chosen not to offer Infertility Services to its employees. The Group understands that PacifiCare covers Infertility Services in other Small Business plans.

² When offered alongside the PacifiCare HMO HealthCare Partners Network product, the HMO or HMO Advantage product is only available to employees who do not live and do not work in the HealthCare Partners Network service area. For groups with <5 enrolling employees, only one HMO or one HMO Advantage plan may be offered to employees who do not live and do not work in the HealthCare Partners Network service area alongside one PacifiCare HMO HealthCare Partners Network plan.

³ Groups outside the HMO Advantage Network service area are not eligible to offer the HMO Advantage product to employees.

Please Indicate Life and Disability Plan Selection	Supplemental Benefits	
<p>Basic Life and AD&D Benefit Amount* <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____</p> <p><input type="checkbox"/> Tier Class Plan _____ \$ _____ <input type="checkbox"/> 1 X Annual Salary to _____</p> <p>_____ \$ _____ <input type="checkbox"/> 2 X Annual Salary to _____</p> <p>Dependent Life Benefit Amount <input type="checkbox"/> Spouse \$7,500/Child (14 days+) \$3,750 <input type="checkbox"/> Spouse \$4,000/Child (14 days+) \$2,000 <input type="checkbox"/> Spouse \$2,000/Child (14 days+) \$1,000</p> <p>*Benefit Maximums and Guarantee Issue Maximums, Groups of 2-5 eligible employees: Maximum \$50,000 / GI \$25,000, Groups of 6-19 eligible employees: Maximum \$175,000 / GI \$50,000 Groups of 20-50 eligible employees: Maximum \$250,000 / GI \$100,000</p> <p><input type="checkbox"/> Supplemental Employee Life and AD&D – Life Plan Code _____ <input type="checkbox"/> Flat amount _____ <input type="checkbox"/> Salary based <input type="checkbox"/> 1X or <input type="checkbox"/> 2X Supplemental Employee Life and AD&D (Not Available for Group Size 2-9) Group size 10-19 Plan Maximum \$100,000 / GI \$25,000 Group size 20-50 Plan Maximum \$100,000 or \$200,000 / GI \$25,000</p> <p><input type="checkbox"/> Supplemental Dependent Life and AD&D Dependent: (Spouse) Life Plan Code _____ (Child) Life Plan Code _____ Spouse Amount: \$20,000 / GI _____ Child Amount: \$10,000 / GI _____</p> <p><input type="checkbox"/> Long Term Disability – Plan Code _____ LTD Maximum Monthly Benefit Group Size 2-19 \$1,500 to \$5,000 in \$500 Increments Group Size 20-50 \$15,000 to \$10,000 in \$500 Increments GI = Maximum Monthly Payment</p>	<p><input type="checkbox"/> Chiropractic/Acupuncture Supplemental Chiropractic / Acupuncture through an arrangement with ACN Group of California, Inc. (for all PacifiCare SignatureValue[®] products only)</p>	
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).		
<p>Dual Option <input type="checkbox"/></p> <p>UnitedHealthcare DPPO <input type="checkbox"/> P0060 <input type="checkbox"/> P3439 <input type="checkbox"/> P3306 <input type="checkbox"/> P4210 <input type="checkbox"/> P3350 <input type="checkbox"/> P4216 <input type="checkbox"/> P3389 <input type="checkbox"/> P4879 <input type="checkbox"/> P3434 <input type="checkbox"/> P4883</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Flex Appeal _____</p>	<p>PacifiCare DHMO <input type="checkbox"/> D0100 (140), contributory <input type="checkbox"/> D0101 (142), contributory <input type="checkbox"/> D0102 (144), contributory <input type="checkbox"/> D0103 (146), contributory <input type="checkbox"/> D0110 (140), voluntary <input type="checkbox"/> D0111 (142), voluntary <input type="checkbox"/> D0112 (144), voluntary <input type="checkbox"/> D0113 (146), voluntary <input type="checkbox"/> Other: _____</p> <p>Pacific Dental Benefits Direct Compensation DHMO <input type="checkbox"/> D0242 (Avalon 200), contributory <input type="checkbox"/> D0309 (Trinity 300), contributory <input type="checkbox"/> D0250 (Carmel 600), contributory <input type="checkbox"/> D0426 (Avalon 200), voluntary <input type="checkbox"/> D0432 (Trinity 300), voluntary <input type="checkbox"/> D0428 (Carmel 600), voluntary <input type="checkbox"/> Other: _____</p>	<p>UnitedHealthcare Vision <input type="checkbox"/> V0001 Contributory <input type="checkbox"/> V0009 Buy Up <input type="checkbox"/> V0002 Contributory <input type="checkbox"/> V0010 Buy Up <input type="checkbox"/> V0003 Contributory <input type="checkbox"/> V0011 Buy Up <input type="checkbox"/> V0004 Contributory <input type="checkbox"/> V0012 Buy Up <input type="checkbox"/> V0005 Voluntary <input type="checkbox"/> V0052 Contributory <input type="checkbox"/> V0006 Voluntary <input type="checkbox"/> V0053 Contributory <input type="checkbox"/> V0007 Voluntary <input type="checkbox"/> V0057 Buy Up <input type="checkbox"/> V0008 Voluntary <input type="checkbox"/> V0058 Buy Up</p> <p><input type="checkbox"/> Other _____</p>

Health plan coverage provided by or through UnitedHealthcare Insurance Company, PacifiCare of California and Pacific Life and Health Insurance Company.

Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc., PacifiCare Health Plan Administrators, Inc., Prescription Solutions, Ingenix, Inc., or ACN Group.

