

# 2011 UnitedHealthcare Small Business Plan Mapping

**CALIFORNIA**  
**Small Business**  
**2-50 Employees**

Effective 11/1/2011

Prior to February 1, 2011								Effective February 1, 2011		Effective November 1, 2011							
Plan Code (in United eServices®)	Plan Code for HMO	Plan Description	Rx Code (in United eServices®)	Rx Code for HMO	Rx Plan		Rx Plan Deductible	Plan Code (in United eServices®)	Plan Code for HMO	11/1/11 Plan Code (in United eServices®)	11/1/11 Plan Code for HMO	UnitedHealthcare Plans	Rx Code (in United eServices®)	Rx Code for HMO	Rx Plan		Prescription Drug Deductible (applies to both Base Rx and Specialty Rx)
					Base Rx	Specialty Med Rx									Prescription Drug Benefit (Base Rx)	Specialty Med Rx (paired with Base Rx)	
<b>Choice Plus Traditional and Balanced Plans</b>								<b>Choice Plus Traditional and Balanced Plans</b>									
5E-A	N/A	20/250/90% Plan	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	None	J3-A	N/A	J3-A	N/A	20/250/90%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	None
5E-D	N/A	30/250/80% Plan	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	None	J3-D	N/A	J3-D	N/A	30/250/80%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	None
5E-F	N/A	30/500/80% Plan	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	None	J3-F	N/A	J3-F	N/A	30/500/80%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	None
5E-K	N/A	40/500/70% Plan	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	None	J3-K	N/A	J3-K	N/A	40/500/70%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	None
5E-C	N/A	30/1000/80% Plan	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150/\$450 on tiers 2 & 3	J3-C	N/A	J3-C	N/A	30/1000/80%	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150 ind/\$450 fam on tiers 2 & 3
5E-I	N/A	40/1000/70% Plan	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150/\$450 on tiers 2 & 3	J3-I	N/A	J3-I	N/A	40/1000/70%	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150 ind/\$450 fam on tiers 2 & 3
5E-G	N/A	40/1000/50% Plan	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150/\$450 on tiers 2 & 3	J3-G	N/A	6Z-A	N/A	40/1000/50%	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150 ind/\$450 fam on tiers 2 & 3
5E-J	N/A	40/1500/70% Plan	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150/\$450 on tiers 2 & 3	J3-J	N/A	J3-J	N/A	40/1500/70%	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150 ind/\$450 fam on tiers 2 & 3
5E-H	N/A	40/2000/50% Plan	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150/\$450 on tiers 2 & 3	J3-H	N/A	6Z-B	N/A	40/2000/50%	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150 ind/\$450 fam on tiers 2 & 3
5E-E	N/A	30/2500/80% Plan	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150/\$450 on tiers 2 & 3	J3-E	N/A	6Z-C	N/A	30/3000/70%	UC	N/A	\$15/\$35/\$60	\$15/25%/30%	\$300 ind/\$900 fam on tiers 2 & 3
5E-B	N/A	20/3000/90% Plan	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150/\$450 on tiers 2 & 3	J3-B	N/A	6Z-C	N/A	30/3000/70%	UC	N/A	\$15/\$35/\$60	\$15/25%/30%	\$300 ind/\$900 fam on tiers 2 & 3
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6Z-C	N/A	30/3000/70%	UC	N/A	\$15/\$35/\$60	\$15/25%/30%	\$300 ind/\$900 fam on tiers 2 & 3
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6Z-D	N/A	40/4000/60%	UC	N/A	\$15/\$35/\$60	\$15/25%/30%	\$300 ind/\$900 fam on tiers 2 & 3
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6Z-E	N/A	50/5000/50%	UC	N/A	\$15/\$35/\$60	\$15/25%/30%	\$300 ind/\$900 fam on tiers 2 & 3
<b>Choice Plus Balanced Value Plans</b>								<b>Choice Plus Balanced Value Plans</b>									
5E-P	N/A	30/1000/80% Plan	IZ	N/A	\$20/\$40/\$60	\$20/25%/30%	\$250/\$750 on all tiers	J3-P	N/A	6Z-G	N/A	40/1000/70%	UD	N/A	\$20/\$40/\$60	\$20/25%/30%	\$300 ind/\$900 fam on all tiers
5E-S	N/A	40/1000/70% Plan	IZ	N/A	\$20/\$40/\$60	\$20/25%/30%	\$250/\$750 on all tiers	J3-S	N/A	6Z-G	N/A	40/1000/70%	UD	N/A	\$20/\$40/\$60	\$20/25%/30%	\$300 ind/\$900 fam on all tiers
5E-Q	N/A	40/1000/50% Plan	IZ	N/A	\$20/\$40/\$60	\$20/25%/30%	\$250/\$750 on all tiers	J3-Q	N/A	6Z-H	N/A	40/1500/70%	UD	N/A	\$20/\$40/\$60	\$20/25%/30%	\$300 ind/\$900 fam on all tiers
5E-T	N/A	40/1500/70% Plan	IZ	N/A	\$20/\$40/\$60	\$20/25%/30%	\$250/\$750 on all tiers	J3-T	N/A	6Z-H	N/A	40/1500/70%	UD	N/A	\$20/\$40/\$60	\$20/25%/30%	\$300 ind/\$900 fam on all tiers
5E-R	N/A	40/2000/50% Plan	IZ	N/A	\$20/\$40/\$60	\$20/25%/30%	\$250/\$750 on all tiers	J3-R	N/A	6Z-F	N/A	40/2000/50%	UD	N/A	\$20/\$40/\$60	\$20/25%/30%	\$300 ind/\$900 fam on all tiers
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	J3-U	N/A	6Z-I	N/A	40/5000/70%	UD	N/A	\$20/\$40/\$60	\$20/25%/30%	\$300 ind/\$900 fam on all tiers
<b>Choice Plus Health Savings Account (HSA) Plans</b>								<b>Choice Plus Health Savings Account (HSA) Plans</b>									
Z6-Q	N/A	1500/80% Plan	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible	J3-1	N/A	J3-1	N/A	1500/80%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible
5E-N	N/A	2000/100% Plan	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible	J3-N	N/A	J3-N	N/A	2000/100%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6Z-J	N/A	2000/90%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible
Q3-M	N/A	2000/80% Plan	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible	J3-Z	N/A	J3-Z	N/A	2000/80%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible
5E-O	N/A	3000/100% Plan	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible	J3-O	N/A	J3-O	N/A	3000/100%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6Z-K	N/A	3000/90%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible
5E-L	N/A	3000/80% Plan	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible	J3-L	N/A	J3-L	N/A	3000/80%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible
5E-M	N/A	4000/80% Plan	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible	J3-M	N/A	J3-M	N/A	4000/80%	IV	N/A	\$15/\$35/\$60	\$15/25%/30%	Annual Deductible
<b>Choice Plus Health Reimbursement Account (HRA) Plans</b>								<b>Choice Plus Health Reimbursement Account (HRA) Plans</b>									
C3-U	N/A	1500/80% Plan	IY	N/A	\$15/\$35/\$60	\$15/25%/30%	\$250/\$750 on tiers 2 & 3	J3-X	N/A	J3-V	N/A	2000/70%	IY	N/A	\$15/\$35/\$60	\$15/25%/30%	\$250 ind/\$750 fam on tiers 2 & 3
C3-S	N/A	2000/70% Plan	IY	N/A	\$15/\$35/\$60	\$15/25%/30%	\$250/\$750 on tiers 2 & 3	J3-V	N/A	J3-V	N/A	2000/70%	IY	N/A	\$15/\$35/\$60	\$15/25%/30%	\$250 ind/\$750 fam on tiers 2 & 3
C3-V	N/A	2500/80% Plan	IY	N/A	\$15/\$35/\$60	\$15/25%/30%	\$250/\$750 on tiers 2 & 3	J3-Y	N/A	J3-W	N/A	3000/70%	IY	N/A	\$15/\$35/\$60	\$15/25%/30%	\$250 ind/\$750 fam on tiers 2 & 3
C3-T	N/A	3000/70% Plan	IY	N/A	\$15/\$35/\$60	\$15/25%/30%	\$250/\$750 on tiers 2 & 3	J3-W	N/A	J3-W	N/A	3000/70%	IY	N/A	\$15/\$35/\$60	\$15/25%/30%	\$250 ind/\$750 fam on tiers 2 & 3
<b>Non-Differential PPO Plan</b>								<b>Non-Differential PPO Plan</b>									
6H-F	N/A	2000/80% Plan	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150/\$450 on tiers 2 & 3	6H-H	N/A	6H-H	N/A	2000/80%	IW	N/A	\$15/\$35/\$60	\$15/25%/30%	\$150 ind/\$450 fam on tiers 2 & 3

# 2011 UnitedHealthcare Small Business Plan Mapping

Prior to November 1, 2011							
Plan Code (in United eServices®)	Plan Code for HMO	Plan Name	Rx Code (in United eServices®)	Rx Code for HMO	Rx Plan		Rx Plan Deductible
					Base Rx	Specialty Med Rx	
<b>UnitedHealthcare SignatureValue (HMO) Plan</b>							
PD-L	VEL	40-60/60%	EV	3HX	\$20/\$35/\$50	N/A	\$150 on brand drugs
<b>UnitedHealthcare SignatureValue Advantage (HMO) Plan</b>							
PD-Q	TOK	40-60/60%	EV	3HX	\$20/\$35/\$50	N/A	\$150 on brand drugs

Effective November 1, 2011							
Plan Code (in United eServices®)	Plan Code for HMO	Plan Name	Rx Code (in United eServices®)	Rx Code for HMO	Rx Plan		Rx Plan Deductible
					Base Rx	Specialty Med Rx	
<b>UnitedHealthcare SignatureValue (HMO) Plan</b>							
PC-C	JH-B	40-60/60%	EV	3HX	\$20/\$35/\$50	N/A	\$150 on brand drugs
<b>UnitedHealthcare SignatureValue Advantage (HMO) Plan</b>							
PC-1	KM-F	40-60/60%	EV	3HX	\$20/\$35/\$50	N/A	\$150 on brand drugs



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 has exclusions, limitations, and terms under which the agreement may be continued in force or discontinued. For costs and complete details of the coverage, contact your sales representative.

Health plan coverage provided by or through UnitedHealthcare Insurance Company and UnitedHealthcare of California. Administrative services provided by PacifiCare Health Plan Administrators, Inc., Prescription Solutions or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).