



UnitedHealthcare PremierSourceSM

It's not just a solution: It's a revolution

Your employees want choices. You need savings.

We're happy to tell you that you can get the best of both worlds, thanks to the new UnitedHealthcare PremierSourceSM program. It's an appealing combination of some of our popular plan designs, including redesigned UnitedHealthcare SignatureValueTM Alliance and SignatureValue Advantage, Choice Plus and new Choice (in-network only) plans. These new plans are paired with pharmacy benefits intended to help lower health care costs with coverage of generic-only or formulary-only drugs. And for those employees who'd prefer a non-UnitedHealthcare plan, you have the ability to offer a staff model HMO. You can mix and match to meet the needs of your business.

When members choose one of our offerings, they get access to a popular suite of value-added features designed to help them achieve better health and get more from their benefits, including Disease Management, Wellness and much more.

Enhanced wellness benefits.

When members learn how to make good decisions about their health, everyone wins. They stay healthier, which means they will be able to work better and miss fewer workdays, making the employer more productive. We offer a variety of wellness programs for members to help them get healthier and stay that way. Popular options include:

- Biometric health screenings
- UnitedHealth Wellness[®]
- Wellness coaching

Bundled savings, better benefits.

Offer additional products, such as dental, vision or life, and you're sweetening the choice for your employees and for yourself – since purchasing “in bulk” saves you time and money.

UnitedHealthcare Benefit ServicesSM

When you purchase medical coverage through UnitedHealthcare, you'll receive a Pre-Tax Premium plan, COBRA services and FSAs at no additional cost. It's an appealing, cost-conscious way to help you provide more comprehensive benefit plans to your employees.

- COBRA administration support. When a qualifying event occurs for one of your employees, you can simply notify us by email or fax, and we'll do the rest.
- Pre-Tax Premium plans allow you and your employees to pay insurance premiums on a pre-tax basis, which lowers taxable income.
- Flexible spending accounts can help your employees pay for out-of-pocket expenses that are not covered under most benefit plans. Employees may even use these funds to pay for deductibles, coinsurance, copayments and more.



Product Guidelines

- Groups enrolling five or more active employees may select all available plans within the PremierSource portfolio. The SignatureValue Advantage product is not available alongside the SignatureValue Alliance product.
- Groups with fewer than five enrolling employees wishing to enroll in the PremierSource package may select only one plan and are not eligible to offer a staff model HMO from another carrier alongside that plan.
- Groups outside the SignatureValue Advantage network service area are not eligible to offer the SignatureValue Advantage product to employees.

- Groups outside the SignatureValue Alliance network service area are not eligible to offer the SignatureValue Alliance product to employees.
- Calendar and Policy Year plans may not be combined for insurance products, such as the Choice, Choice Plus and HSA plans.

- Subject to current California Small Business Underwriting Guidelines.
- Staff model HMO applications must be submitted in lieu of waivers.

Underwriting Guidelines

- 75% of eligible employees must enroll in UnitedHealthcare and the staff model HMO, with a minimum of five active employees enrolling in the PremierSource portfolio.
- Requires a minimum of five active California employees (residing/working in California) as UnitedHealthcare enrollees.

UnitedHealthcare PremierSource Plans

SignatureValue Alliance and SignatureValue Advantage HMO Plans

Plan Code	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay ¹							Pharmacy Plan	
		In-Network		Out-of-Network			In	Out	In-Network		Out-of-Network		PCP	Spec	Urgent Care	ER	OP Surg	OP Per Occurrence Deductible ²	IP Hosp		IP Per Occurrence Deductible ²
		Individual	Family	Individual	Family				Individual	Family	Individual	Family									
SignatureValue Alliance																					
CP-M	20-40/500d	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$2,500	\$5,000	N/A	N/A	\$20	\$40	\$75	\$150	\$500	N/A	\$500/day, max 3 days	N/A	ZB
CP-N	30-40/750d	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$3,500	\$7,000	N/A	N/A	\$30	\$40	\$100	\$200	\$750	N/A	\$750/day, max 3 days	N/A	ZB
CP-O	40-60/1000d	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$4,500	\$9,000	N/A	N/A	\$40	\$60	\$100	\$250	\$1,000	N/A	\$1000/day, max 3 days	N/A	ZB
CP-P	40-60/60%	N/A	N/A	N/A	N/A	N/A	40%	N/A	\$5,000	\$10,000	N/A	N/A	\$40	\$60	\$100	\$300	40%	N/A	40%	N/A	ZB
CP-Q	20-40/70%/1500ded	\$1,500	\$3,000	N/A	N/A	Emb	30%	N/A	\$6,000	\$12,000	N/A	N/A	\$20	\$40	\$100	\$300	30%	N/A	30%	N/A	ZB
CP-R	40-60/70%/2000ded	\$2,000	\$4,000	N/A	N/A	Emb	30%	N/A	\$6,000	\$12,000	N/A	N/A	\$40	\$60	\$100	\$300	30%	N/A	30%	N/A	ZB
SignatureValue Alliance HSA³																					
CP-S	90%/1500ded	\$1,500	\$3,000	N/A	N/A	Non-Emb	10%	N/A	\$6,000	\$12,000	N/A	N/A	10%	10%	10%	10%	10%	N/A	10%	N/A	ZC
CP-T	80%/2000ded	\$2,000	\$4,000	N/A	N/A	Non-Emb	20%	N/A	\$6,000	\$12,000	N/A	N/A	20%	20%	20%	20%	20%	N/A	20%	N/A	ZC
SignatureValue Alliance HRA³																					
CP-V	30-45/90%/1500ded	\$1,500	\$3,000	N/A	N/A	Emb	10%	N/A	\$6,000	\$12,000	N/A	N/A	\$30	\$45	10%	10%	10%	N/A	10%	N/A	ZB
CP-W	35-50/80%/2000ded	\$2,000	\$4,000	N/A	N/A	Emb	20%	N/A	\$6,000	\$12,000	N/A	N/A	\$35	\$50	20%	20%	20%	N/A	20%	N/A	ZB
CP-X	40-55/70%/3000ded	\$3,000	\$6,000	N/A	N/A	Emb	30%	N/A	\$6,000	\$12,000	N/A	N/A	\$40	\$55	30%	30%	30%	N/A	30%	N/A	ZB
SignatureValue Advantage																					
CP-G	20-40/500d	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$2,500	\$5,000	N/A	N/A	\$20	\$40	\$75	\$150	\$500	N/A	\$500/day, max 3 days	N/A	ZB
CP-H	30-40/750d	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$3,500	\$7,000	N/A	N/A	\$30	\$40	\$100	\$200	\$750	N/A	\$750/day, max 3 days	N/A	ZB
CP-I	40-60/1000d	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$4,500	\$9,000	N/A	N/A	\$40	\$60	\$100	\$250	\$1,000	N/A	\$1000/day, max 3 days	N/A	ZB
CP-J	40-60/60%	N/A	N/A	N/A	N/A	N/A	40%	N/A	\$5,000	\$10,000	N/A	N/A	\$40	\$60	\$100	\$300	40%	N/A	40%	N/A	ZB
CP-K	20-40/70%/1500ded	\$1,500	\$3,000	N/A	N/A	Emb	30%	N/A	\$5,000	\$10,000	N/A	N/A	\$20	\$40	\$100	\$300	30%	N/A	30%	N/A	ZB
CP-L	40-60/70%/2000ded	\$2,000	\$4,000	N/A	N/A	Emb	30%	N/A	\$5,000	\$10,000	N/A	N/A	\$40	\$60	\$100	\$300	30%	N/A	30%	N/A	ZB

Pharmacy Plans for SignatureValue Plans

Plan Code	Per Member	Applicable Tiers	Pharmacy Plan			Mail Service Ratio
			Generic Formulary	Brand-Name Formulary	Non-Formulary	
ZB	\$100	Brand-name drugs only	\$20	\$60	Not Covered	2.0
Combined medical/pharmacy plan						
ZC	Medical Deductible	All Tiers	\$20	\$60	Not Covered	2.0

Choice (In-Network Only) Plans

Plan Code	Plan Type	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay ¹								Pharmacy Plan
			In-Network		Out-of-Network			In	Out	In-Network		Out-of-Network		PCP	Spec	Urgent Care	ER	OP Surg	OP Per Occurrence Deductible ²	IP Hosp	IP Per Occurrence Deductible ²	
			Individual	Family	Individual	Family				Individual	Family	Individual	Family									
CF-M	Choice Direct (GenericRx)	40/1000/70%	\$1,000	\$3,000	N/A	N/A	Emb	70%	N/A	\$5,000	\$10,000	N/A	N/A	\$40	\$60	\$125	\$250	30%	\$250	30%	\$250	RU
CF-N	Choice Direct (GenericRx)	40/1500/70%	\$1,500	\$4,500	N/A	N/A	Emb	70%	N/A	\$5,000	\$10,000	N/A	N/A	\$40	\$60	\$125	\$250	30%	\$250	30%	\$250	RU
CF-O	Choice Direct (GenericRx)	40/2000/50%	\$2,000	\$6,000	N/A	N/A	Emb	50%	N/A	\$6,000	\$12,000	N/A	N/A	\$40	\$60	\$125	\$250	50%	\$250	50%	\$500	RU
CF-P	Choice Direct	40/1000/70%	\$1,000	\$3,000	N/A	N/A	Emb	70%	N/A	\$5,000	\$10,000	N/A	N/A	\$40	\$60	\$125	\$250	30%	\$250	30%	\$250	IW
CF-Q	Choice Direct	40/1500/70%	\$1,500	\$4,500	N/A	N/A	Emb	70%	N/A	\$5,000	\$10,000	N/A	N/A	\$40	\$60	\$125	\$250	30%	\$250	30%	\$250	IW
CF-R	Choice Direct	40/2000/50%	\$2,000	\$6,000	N/A	N/A	Emb	50%	N/A	\$6,000	\$12,000	N/A	N/A	\$40	\$60	\$125	\$250	50%	\$250	50%	\$500	IW
CN-L	Choice Direct (Value) ⁴	40/1000/70%	\$1,000	\$3,000	N/A	N/A	Non-Emb	70%	N/A	\$5,000	\$10,000	N/A	N/A	\$40	\$60	\$125	\$250	30%	\$250	30%	\$1,000	UD
CN-M	Choice Direct (Value) ⁴	40/1500/70%	\$1,500	\$4,500	N/A	N/A	Non-Emb	70%	N/A	\$5,000	\$10,000	N/A	N/A	\$40	\$60	\$125	\$250	30%	\$250	30%	\$1,000	UD
CN-N	Choice Direct (Value) ⁴	40/2000/50%	\$2,000	\$6,000	N/A	N/A	Non-Emb	50%	N/A	\$6,000	\$12,000	N/A	N/A	\$40	\$60	\$125	\$250	50%	\$250	50%	\$1,000	UD
CK-1	Choice HSA	1500/70%	\$1,500	\$3,000	N/A	N/A	Non-Emb	70%	N/A	\$4,000	\$8,000	N/A	N/A	30%	30%	30%	30%	30%	N/A	30%	N/A	IV
CK-2	Choice HSA	2000/70%	\$2,000	\$4,000	N/A	N/A	Non-Emb	70%	N/A	\$4,000	\$8,000	N/A	N/A	30%	30%	30%	30%	30%	N/A	30%	N/A	IV

Choice Plus Plans

Plan Code	Plan Type	Plan Description	Deductible				Medical Deductible Type	Plan Coinsurance		Out-of-Pocket Maximum				In-Network Copay ¹								Pharmacy Plan
			In-Network		Out-of-Network			In	Out	In-Network		Out-of-Network		PCP	Spec	Urgent Care	ER	OP Surg	OP Per Occurrence Deductible ²	IP Hosp	IP Per Occurrence Deductible ²	
			Individual	Family	Individual	Family				Individual	Family	Individual	Family									
CF-S	Choice Plus Direct	40/1000/70%	\$1,000	\$3,000	\$2,000	\$6,000	Emb	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	30%	\$250	30%	\$250	IW
CF-T	Choice Plus Direct	40/1500/70%	\$1,500	\$4,500	\$3,000	\$9,000	Emb	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$60	\$125	\$250	30%	\$250	30%	\$250	IW
CF-U	Choice Plus Direct	30/3000/70%	\$3,000	\$6,000	\$3,000	\$6,000	Emb	70%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$30	\$50	\$125	\$250	30%	\$250	30%	\$500	UC
CF-V	Choice Plus Direct	40/4000/60%	\$4,000	\$8,000	\$4,000	\$8,000	Emb	60%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$40	\$60	\$125	\$250	40%	\$250	40%	\$500	UC
CF-W	Choice Plus Direct	50/5000/50%	\$5,000	\$10,000	\$5,000	\$10,000	Emb	50%	50%	\$7,000	\$14,000	\$14,000	\$28,000	\$50	\$70	\$125	\$250	50%	\$250	50%	\$500	UC
CF-X	Choice Plus Direct	40/7500/75%	\$7,500	\$15,000	\$7,500	\$15,000	Emb	75%	50%	\$10,000	\$20,000	\$15,000	\$30,000	\$40	\$60	\$125	\$250	75%	\$250	75%	\$1,500	UC
AD-8	Choice Plus HSA	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%	N/A	20%	N/A	IV
AD-9	Choice Plus HSA	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%	N/A	20%	N/A	IV
CF-Y	Choice Plus Direct HRA	7500/75%	\$7,500	\$15,000	\$7,500	\$15,000	Emb	75%	50%	\$10,000	\$20,000	\$15,000	\$30,000	75%	75%	75%	75%	75%	\$250	75%	\$1,500	UC

Pharmacy Plans for Choice, Choice Plus and Non-Differential PPO Plans

Pharmacy Plan Code	Single	Family	Applicable Tiers	Base Pharmacy Plan			Specialty Pharmacy Plan			Mail Service Ratio
				Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	
RU ⁵	None	None	Not applicable	\$15	\$45	\$85	Not applicable	Not applicable	Not applicable	3.0
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
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
Combined medical/pharmacy plan										
IV	Medical Deductible		All Tiers	\$15	\$35	\$60	\$15	25%	30%	2.5



For more information about PremierSource, please contact your UnitedHealthcare representative.



¹ Benefits with coinsurance (%) responsibility are subject to the Deductible, if any.

² The Per Occurrence Deductible is separate from the Annual Deductible and does not accrue 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.

³ Benefits with both copayment (\$) and coinsurance (%) responsibility are subject to the Deductible.

⁴ The Out-of-Pocket Maximum does not include the Annual Deductible.

⁵ Only generic drugs are covered with this plan under Tier 1. State-mandated brand name drugs, if any, are covered under Tier 2 and Tier 3.

UnitedHealthcare Benefit Services for COBRA Administration applicable for small business 20-50, Pre-Tax Premium plans, and Flexible Spending Account applicable for small business 2-50.

Health plan coverage provided by or through UnitedHealthcare Insurance Company and UnitedHealthCare 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).