

UnitedHealthcare

Small Business Product Grid

California
Small Business
2-50 Employees
Effective 3/1/2012

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

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

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

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							
Health Savings Account (HSA) Plans																			
J3-I	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
Health Reimbursement Account (HRA) Plans																			
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

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
		Individual		Family			In	Out	Individual		Family		PCP	Spec	UC	ER	OP Surg	IP Hosp	
		In	Out	In	Out				In	Out	In	Out							
6H-H	2000/80%		\$2,000		\$6,000	Embedded	80%	80%		\$4,000		\$12,000	20%	20%	20%	20%	20%	20%	IW

Pharmacy Plans – 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	
Combined medical/pharmacy plan											
IV	Medical Deductible			All Tiers	\$15	\$35	\$60	\$15	25%	30%	2.5

* 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.

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		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		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

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		
CB-3	15-30/300a	None	None	N/A	N/A	\$1,500	\$3,000	\$15	\$30	\$75	\$150	\$250	\$300/admit		EX
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
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
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
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
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
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
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
CB-Y	40-60/60%	None	None	N/A	60%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	40%	40%		EV
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
CB-1	40-60/60%	None	None	N/A	60%	\$5,000	\$10,000	\$40	\$60	\$75	\$150	40%	40%		EV
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™ 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 –

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
	Per Member	Applicable Tiers	Tier 1	Tier 2	Tier 3	
B9	None	Not applicable	\$10	\$25	\$50	2.0
EX	\$150	Brand-name drugs only	\$15	\$35	\$50	2.0
EV	\$150	Brand-name drugs only	\$20	\$35	\$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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