

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	Combined Med/Rx Ded	Plan Code			Pharmacy Plan Code
	Network	Out of Network <sup>6</sup>	Network	Out of Network <sup>6</sup>	Network	Out of Network <sup>6</sup>	PCP	Spec	ER	Inpatient Hospital	IP Per-Occurrence Ded <sup>4</sup>	ER Per-Occurrence Ded <sup>4</sup>			Select Plus	Core	Doctors Plan <sup>6</sup>	
PPO/EPO																		
Platinum	\$250	\$1,000	\$3,600	\$7,200	90%	50%	\$15	\$30	90% <sup>1</sup>	FS: 90% <sup>1</sup> HOSP: 90% <sup>1</sup>	N/A	\$150	Emb	Sep	CV-QT	CV-QG	CV-QM	L44S
Platinum	N/A	\$1,000	\$3,600	\$7,200	90%	50%	\$15	\$30	90%	FS: 90% HOSP: 90%	N/A	\$150	Emb	Sep	CV-QN	CV-QA	CV-PZ	L44S
Platinum	\$250	\$1,000	\$3,500	\$7,000	80%	50%	\$5	\$50	80% <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	N/A	\$150	Emb	Sep	CV-QR	CV-QE	CV-PY	L47S
Platinum	\$250	\$1,000	\$3,600	\$7,200	80%	50%	\$15	\$30	80% <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 80% <sup>1</sup>	N/A	\$150	Emb	Sep	CV-QO	CV-QB	CV-PX	L44S
Gold	N/A	\$1,000	\$8,500	\$17,000	70%	50%	\$30	\$60	70%	FS: 70% HOSP: 50%	N/A	\$250	Emb	Sep	CV-QS	CV-QF	CV-P9	N54S
Gold	\$500	\$1,000	\$8,500	\$17,000	80%	50%	\$35	\$70	80% <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	\$250	\$250	Emb	Sep	CV-QU	CV-QH	CV-P3	N55S
Gold	\$1,000	\$2,000	\$8,500	\$17,000	80%	50%	\$35	\$70	80% <sup>1</sup>	FS: 80% <sup>1</sup> HOSP: 60% <sup>1</sup>	\$250	\$250	Emb	Sep	CV-QV	CV-QI	CV-P4	N55S
Gold	\$1,500	\$3,000	\$8,800	\$17,600	70%	50%	\$5	\$80	70% <sup>1</sup>	FS: 70% <sup>1</sup> HOSP: 50% <sup>1</sup>	\$250	\$250	Emb	Sep	CV-QZ	CV-PV	CV-P5	L40S
Silver (HSA w/Premium Rewards)	\$2,800	\$5,600	\$7,500	\$14,700	60%	50%	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	\$250	\$300	Ded NonEmb OOPM Emb	Comb	CV-QQ	CV-QD	CV-PW	L46S
Silver	\$1,950	\$3,900	\$9,100	\$18,200	60%	50%	\$55	\$95	60% <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	\$250	\$300	Emb	Sep	CV-QW	CV-QJ	CV-P6	L41S
Silver	\$2,450	\$4,900	\$9,100	\$18,200	60%	50%	\$55	\$95	60% <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	\$250	\$300	Emb	Sep	CV-QX	CV-QK	CV-P7	L41S
Silver	\$2,250	N/A	\$8,500	N/A	70%	N/A	70% <sup>1</sup>	70% <sup>1</sup>	70% <sup>1</sup>	70% <sup>1</sup>	N/A	N/A	Emb	Sep	CE-MI <sup>5</sup>	N/A	N/A	F82
Bronze (Care Cash)	\$7,500	\$15,000	\$9,100	\$18,200	50%	50%	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	N/A	N/A	Emb	Comb	CV-2P	CV-2O	N/A	L65Y
Bronze (Premium Rewards)	\$7,500	\$15,000	\$9,100	\$18,200	50%	50%	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	50% <sup>1</sup>	N/A	N/A	Emb	Comb	CV-PU	CV-PS	CV-PR	L65Y
Bronze (Premium Rewards)	\$5,500	\$11,000	\$9,100	\$18,200	60%	50%	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	\$250	\$300	Emb	Sep	CV-QP	CV-QC	CV-P8	L42Y
Bronze (HSA w/Premium Rewards)	\$6,000	\$12,000	\$7,500	\$14,700	60%	50%	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	FS: 60% <sup>1</sup> HOSP: 50% <sup>1</sup>	\$250	\$300	Emb	Comb	CV-QY	CV-QL	CV-P2	L45Y

UnitedHealthcare
Medical and Pharmacy Plans

California

Small Business 1-100 Employees

Effective January 1, 2023

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		Pharmacy Plan Code
	Network	Out of Network <sup>6</sup>	Network	Out of Network <sup>6</sup>	Network	Out of Network <sup>6</sup>	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>6</sup>	
State Mirrored PPO/EPO																		
Platinum	N/A	\$1,000	\$4,500	\$9,000	90%	50%	\$15	\$30	\$200	90%	N/A	N/A	N/A	Emb	Sep	CE-MA	CD-FB	K89L
Gold	\$350	\$1,400	\$7,800	\$12,800	80%	50%	\$25	\$50	80% <sup>1</sup>	80% <sup>1</sup>	N/A	N/A	N/A	Emb	Sep	CE-MB	CD-FC	K90L
Silver	\$2,500	\$5,000	\$8,600	\$17,200	65%	50%	\$55	\$90	65% <sup>1</sup>	65% <sup>1</sup>	N/A	N/A	N/A	Emb	Sep	CV-PT	CU-VI	N53L
Bronze	\$6,300	\$12,600	\$8,200	\$15,900	60%	50%	65 <sup>10</sup>	95 <sup>10</sup>	60% <sup>1</sup>	60% <sup>1</sup>	N/A	N/A	N/A	Emb	Sep	CE-MD	CD-FE	K92L

### 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	Alliance	Harmony	
HMO													
Platinum	N/A	\$2,500	\$20	\$40	\$250	\$300 <sup>7</sup>	\$200	Emb	Sep	CW-XY	CW-XZ	CW-XX	N92S
Platinum	N/A	\$3,500	\$25	\$50	80%	80%	80%	Emb	Sep	CP-SM	CP-SU	CP-SG	F92S
Platinum	N/A	\$3,000	\$25	\$50	\$400	\$400 <sup>8</sup>	\$250	Emb	Sep	CW-X3	CW-X4	CW-X2	N93S
Platinum	N/A	\$3,500	\$25	\$50	\$400	90%	90%	Emb	Sep	CW-X6	CW-X7	CW-X5	N93S
Gold	N/A	\$7,000	\$35	\$70	\$500	\$600 <sup>9</sup>	\$400	Emb	Sep	CW-X9	CW-YA	CW-X8	N94S
Gold	N/A	\$7,500	\$35	\$70	\$500	\$700 <sup>8</sup>	\$500	Emb	Sep	CW-YC	CW-YD	CW-YB	N95S
Gold	\$500	\$8,000	\$35	\$70	\$500 <sup>1</sup>	80% <sup>1</sup>	80% <sup>1</sup>	Emb	Sep	CW-YF	CW-YG	CW-YE	N96S
Gold	\$1,500	\$8,500	\$35	\$70	70% <sup>1</sup>	70% <sup>1</sup>	70% <sup>1</sup>	Emb	Sep	CW-YI	CW-YJ	CW-YH	N96S
Silver	\$2,400	\$9,100	\$60	\$95	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	Emb	Sep	CW-YK	CW-YM	CW-YL	L61S
Silver	\$2,400	\$9,100	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	60% <sup>1</sup>	Emb	Sep	N/A	N/A	CW-YN	L61S

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	Alliance	Harmony	
State Mirrored HMO													
Platinum	N/A	\$4,500	\$15	\$30	\$200	90%	90%	Emb	Sep	N/A	CE-OK	N/A	F96L
Gold	\$350	\$7,800	\$25	\$50	80% <sup>1</sup>	80% <sup>1</sup>	80% <sup>1</sup>	Emb	Sep	N/A	CE-OL	N/A	F88L
Silver	\$2,500	\$8,600	\$55	\$90	65% <sup>1</sup>	65% <sup>1</sup>	65% <sup>1</sup>	Emb	Sep	N/A	CW-YO	N/A	N91L

<sup>1</sup> 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.

<sup>2</sup> 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 CE-MM and CE-MS which have an embedded Family Out-of-Pocket Maximum.

<sup>3</sup> Benefits with coinsurance (%) responsibility are subject to the Deductible.

<sup>4</sup> A Per Occurrence Deductible is separate from the Annual Deductible and accrues toward the Out-of-Pocket Maximum. The Outpatient cost share differential is based on place of service tiering, for services rendered at an in-network independent, non-hospital affiliated provider is plan coinsurance.

<sup>5</sup> Non-Differential PPO plan is on the Options PPO network.

<sup>6</sup> Navigate and Doctors Plan are In-Network only products and do not cover Out-of-Network benefits, except in an emergency.

<sup>7</sup> Inpatient Hospital Copayment is applicable per day, up to a maximum of 3 days per stay.

<sup>8</sup> Inpatient Hospital Copayment is applicable per day, up to a maximum of 5 days per stay.

<sup>9</sup> Inpatient Hospital Copayment is applicable per day, up to a maximum of 4 days per stay.

<sup>10</sup> Plan is limited to 3 PCP/Specialist office visits at the applicable copay. After 3 visits, deductible and coinsurance will apply.

### Pharmacy Plans - PPO

Deductible <sup>1</sup>		Member Copay								Mail Order (90 Day Supply)	Pharmacy Retail Network	Pharmacy Plan Code
Individual	Family	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty			
N/A	N/A	\$5	\$5	\$40	\$150	\$85	\$250	25% max \$250		2.5	Broad	L47S
\$350	\$700	\$20	\$20	\$85	\$150	\$135	\$250	25% max \$250		2.5	Broad	L41S
N/A	N/A	\$15	\$15	\$50	\$50	\$80	\$80	20% max \$250		2.5	Standard Select - Walgreens	K90L
\$500	\$1,000	\$20	\$20	\$85	\$150	\$135	\$250	25% max \$250		2.5	Standard Select - Walgreens	L42Y
\$150	\$300	\$15	\$15	\$55	\$150	\$95	\$250	25% max \$250		2.5	Broad	N54S
\$300	\$600	\$20	\$20	\$75	\$75	\$105	\$105	30% max \$250		2.5	Standard Select - Walgreens	N53L
N/A	N/A	\$10	\$10	\$25	\$25	\$40	\$40	20% max \$250		2.5	Standard Select - Walgreens	K89L
Same as Medical		\$20	\$20	\$85	\$150	\$135	\$250	25% max \$250		2.5	Broad	L46S
Same as Medical		40% max \$500		40% max \$500		40% max \$500		40% max \$500		2.5	Standard Select - Walgreens	L45Y
N/A	N/A	\$10	\$10	\$40	\$150	\$85	\$250	25% max \$250		2.5	Broad	L44S
\$300	\$600	\$15	\$15	\$55	\$150	\$95	\$250	25% max \$250		2.5	Broad	N55S
Same as Medical		50% max \$500		50% max \$500		50% max \$500		50% max \$500		2.5	Standard Select - Walgreens	L65Y
\$300	\$600	\$5	\$5	\$50	\$150	\$100	\$250	25% max \$250		2.5	Broad	L40S
\$500	\$1,000	\$18	\$18	40% max \$500		40% max \$500		40% max \$500		2.5	Standard Select - Walgreens	K92L
\$300	\$600	\$15	\$15	\$70	\$70	\$115	\$115	25% max \$250		2.5	Broad	F82

### Pharmacy Plans - HMO

Deductible <sup>1</sup>		Member Copay								Mail Order (90 Day Supply)	Pharmacy Retail Network	Pharmacy Plan Code
Individual	Family	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty			
N/A	N/A	\$5	\$5	\$40	\$150	\$80	\$250	25% max \$250		2	Broad	F92S
\$100	\$200	\$15	\$15	\$50	\$150	\$100	\$250	25% max \$250		2	Broad	N96S
\$400	\$800	\$20	\$20	\$80	\$150	\$125	\$250	25% max \$250		2	Broad	L61S
N/A	N/A	\$15	\$15	\$50	\$50	\$50	\$50	20% max \$250		2	Broad	F88L
N/A	N/A	\$10	\$10	\$25	\$25	\$25	\$25	10% max \$250		2	Broad	F96L
N/A	N/A	\$5	\$5	\$20	\$150	\$50	\$250	25% max \$250		2	Broad	N92S
N/A	N/A	\$15	\$15	\$50	\$150	\$100	\$250	25% max \$250		2	Broad	N95S
N/A	N/A	\$5	\$5	\$30	\$150	\$60	\$250	25% max \$250		2	Broad	N93S
\$300	\$600	\$20	\$20	\$20	\$20	\$105	\$105	30% max \$250		2	Broad	N91L
N/A	N/A	\$15	\$15	\$40	\$150	\$80	\$250	25% max \$250		2	Broad	N94S

<sup>1</sup> Deductible does not apply to Tier 1, except for RX plans subject to medical deductible

# UnitedHealthcare

## Medical and Pharmacy Plans

**California**  
Small Business 1-100 Employees  
Effective January 1, 2023

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).

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