California Small Group: UnitedHealthcare (2025)
Medical Guidelines and Important Features

PRODUCT OFFERINGS	
Plan combinations	Choice Simplified- 1 package all plans, all networks.
Plan options	PPO, EPO, HMO
Split carrier combinations	All plans. UHC will only write alongside a staff model carrier. (Examples of staff model carriers: Chinese Community Health Plan, Kaiser, MediExcel, Sharp, SIMNSA Sutter and Western Health Advantage)
Networks *Networks can be combined but are based on the package.*	**HMO** Signature Value (Full) Alliance (Hi-Performance) Doctors Plan- Limited Harmony- Limited **EPO** Navigate***** (Narrow) No out of state enrollment ****See Out-of-state Employees category for additional out of state plan options/limitations*** **PPO** Select Plus***** (Full) Core* (Narrow)- limited out of state enrollment
Drug formulary options	HMO plans use Optum Rx. Tier 1: Generic, Tier 2: Brand, Tier 3: Non-Formulary, Tier 4: Specialty. Drugs not on the formulary list must have prior authorization and will be subject to Tier 3 cost sharing. PPO plans use the 4-tier Prescription Drug List (PDL). Drugs are assigned a tier based on cost, if they aren't on the formulary they won't be covered.
Wrapping position	Carrier does not endorse or monitor the offering of an HRA, please seek CPA counsel to confirm the business structure is eligible for a reimbursement arrangement.
Pediatric dental and vision	Benefits and rates are embedded in the medical plan. DHMO: CA Select Managed Care. DPPO: National Options PPO 30 network. Vision: Spectera
Optional benefits	**Infertility:** Up to an additional 4.9% premium when purchased with medical plan. Supplemental infertility coverage available with Select Plus, Signature Value, Harmony, and Alliance HMO plans.
ELIGIBILITY	
Small group qualification/Eligibility guidelines (1-100 full-time equivalent employees)	Employer must have at least one, but not more than 100, permanent, active, full-time employees for 50% of the preceding calendar quarter or preceding calendar year. **Sole Proprietors, Partnerships, and LLC (single-member LLC**: Minimum 1 eligible FT/PT W2 employee for 50% of the preceding calendar quarter or year. The group cannot be comprised of owner(s) and spouse(s)/domestic partner(s) only. **Corporations & LLCs**: Minimum 1 eligible FT/PT W2 employee or 2 owners for 50% of the preceding calendar quarter/year. The group cannot be comprised of owner(s) and spouse(s)/domestic partner(s) only. **DE9C: 1-2 enrolled**: Required • Handwritten DE9Cs are acceptable if the state form is used. • New hires who are not listed on the DE9C or are handwritten require a two-week payroll run. • Quarterly Wage Reports (QWR) for out-of-state employee(s) are required. • If QWR/DE9C reflects a 50% change in census, a current payroll will also be required. This change applies to new hires, terminations, waivers, declinations or seasonal/temporary employees. **3+ Enrolled**: DE9C waived, submit one of the following: • 3+ Participation & Floor Certification form* • DE9C/Quarterly Wage Reports (QWR) • For owner-only groups, at least one applicable tax documents. Refer to the Type of Company & Length of Time in business under the Legal Documents section of the 411. • Does not apply to start-up companies. **UHC may request tax documents at their discretion. 10+ Participation & Floor Certification form should only be used for OOS groups (not CA groups).*
Rating	Employer's principal location/zip code. Exception: Underwriting may review issuance of multiple policies if the principal location is different than where the majority of employees are located. Factors such as state requirements, extraterritorial status and other items would be reviewed. However, because an employer has 1 employee in CA and 1 employee in TX would not create a reason to offer 2 separate policies. This decision is at the sole discretion of underwriting. Principally located is identified as where the Corporate Headquarters is located, e.g., where premiums and eligibility are sent from, where the majority of leadership is located and where the major decisions of the company are made from. Age rate adjustments occur at renewal. New hires will be rated based on age at time of enrollment.
Bundling discount	Packaged Savings. Please click here for flyer.
Contribution	50% of employee premium or a minimum of $100 of the employee premium. **Note:** When the employer contributes 100% towards employee premium, 100% of the eligible employees must enroll (excluding any valid waivers).
Participation	**1-4 enrolled:** 60% of eligible employees; **5+ enrolled**: 25% of eligible employees Note: 100% contribution = 100% participation (minus valid waivers)

Information is believed to be current as of the last revised date and is subject to change. This is not a guarantee, and the carrier will make the final decision.

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ELIGIBILITY *cont.*	
Participation alongside another carrier	**Choice Simplified Package Relaxed Participation (available through 7/31/25):** **5+ enrolled:** 25% of all eligible employees must enroll in a plan offered by the employer with 5 enrolling with UHC, excluding COBRA participants. No minimum CA employee enrollment required. • A complete copy of the most recent billing statement from the current carriers reflecting employee census and applications/waivers from any employees not reflected on the billing statement. • May write alongside 2 other carriers; must be a staff-model carrier. Eligible staff models include Chinese Community Health Plan, Kaiser, MediExcel, Sharp, SIMSA, Sutter and Western Health Advantage. May not write alongside California Choice or Covered California. Note: All other CA small business guidelines apply, including: Business must be located in licensed service area to be eligible for the products in that area. The majority (51%) of all eligible employees must be employed in the state of California **Standard Participation:** **Choice Simplified Package and a staff model:** 5+ enrolled: Minimum 5 CA employees enrolled in UHC and 25% of eligible employees are covered by a group health plan offered by the employer. **Multi-Choice State Package and a staff model:** **5+ enrolled:** Minimum 5 CA employees enrolled in UHC and 25% of eligible employees are covered by a group health plan offered by the employer. **Note:** May write alongside 2 other carriers; must be a staff-model carrier. Eligible staff models include CCHP, Kaiser (including grandfathered plans), MediExcel, Sharp, SIMSA, Sutter Health Plus, and Western Health Advantage. UHC will write alongside Kaiser composite rates as long as the group meets the definition of a CA small employer. UHC will not write alongside CaliforniaChoice or Covered California. Writing alongside a MEC plan is not allowed. UHC will write alongside Kaiser composite rates as long as the group meets the definition of a CA small employer.
Valid Waiver	Employer sponsored group coverage through another employer, spousal/parental group coverage, Medi-Cal, Medicare w/Parts A&B, SAG/AFTRA on a case-by-case basis, Champus, TRICARE, active Military Duty/Leave, VA Coverage, Cal-COBRA/Federal COBRA through prior employer, exchange, Individual coverage on and off Exchange, tribal coverage, MEC plans.
Carve-outs	Only non-union carve-outs are allowed: • In determining group size, both union and non-union are taken into consideration; total group size must not be more than 100 (union and non-union). • Groups consisting of union/non-union employees must also provide a copy of their union bill.
Employee-only coverage	1-49 FTEs: Yes 50-100 FTEs: A group cannot exclude dependent children but can exclude spouse/DP. Note: It is the Employer's responsibility to monitor all enrollments.
Owner/officer only groups	**Sole Proprietors, Partnerships, and LLCs (single-member LLC)**: Not eligible; must have at least 1 eligible W2 employee (who is not an owner). **Corporations & LLCs**: Eligible; minimum 1 eligible FT/PT W2 employee or 2 owners for 50% of the preceding calendar quarter/year. The group cannot be comprised of owner(s) and spouse(s)/domestic partner(s) only.
Affiliated, Associated, Multiple Companies & Common Ownership	There can only be one employer group per group benefit agreement/policy. Multiple employer groups that meet the definition of a single group employer under AB1672/SB 125 are counted as a single employer group. There must be 100 FTEs or fewer employees in the combined groups. • Owners of multiple corporations may not combine those corporations under a single UHC agreement unless they are eligible to file a combined state tax return, meeting the definition of one employer as defined by AB1672/SB125. • UHC will require copies of the filed/stamped Statement of Information reflecting all officers/owners OR signed/dated Partnership Agreement listing all partners' names AND a letter from the employer's CPA stating that all business entities are eligible to file a combined tax return AND submission of a completed and signed Common Ownership Certificate form. UHC will allow the groups that have separate tax ID numbers that are eligible to file consolidated taxes but don't file together, choose to be written together or separately. If groups have separate tax ID numbers and are eligible to file consolidated taxes and do file together, they must be written as 1 group. **Note:** UHC underwriting determination of whether or not there is one responsible employer will be final.
Ineligible employees	Retirees, part-time (unless offered by the employer and meets the requirements), leased/staffed employees, members of organizations (fraternal/credit unions), seasonal/temporary/substitute employees, domestic households, employees on LOA (sabbatical, non-WC Disability over 6 months), FMLA over 12 weeks, 1099 employees. Note: Out of state groups with 1099 employees may be eligible, please contact your Warner Pacific Case Advocate for details.
Out-of-state	The majority (51%) of all eligible employees must be employed in California. • No more than 25% of the group may be located in Vermont • UHC will not write a group based in Hawaii. If there is no physical company location in Hawaii but an employee that works for a California company reside there, they are eligible for UHC's one state mandated Hawaii plan. In either instance, this is not considered a valid waiver and will count towards the participation and group size. **Multi-Site Quick Reference**: If the base location cannot be determined, please click here to reference the UHC multi-state underwriting guidelines. Note: Contact your local Sales Executive for information on network availability rules that may impact non-CA residents.

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ELIGIBILITY *cont.*	
Start-up/Newly formed groups	A start-up group must meet all small group requirements except for the length of time in business. UnitedHealthcare will consider start-up groups that have been in business for at least 6 weeks with 2 weeks of payroll that support length of time in business. Evidence of time in business must be supported by payroll records. The payroll records must cover at least one eligible employee. Acceptable payroll must include: Company name, dates of pay periods, employee names, wages paid, withholdings and grand totals; the payroll submitted must be copies of each payroll register for each pay period covered. Individual payroll/pay stubs, estimated payroll, payroll summaries or handwritten journals are not acceptable. The group must have and must maintain the business licenses and/or appropriate state filings allowing the company to conduct business in the state of California. Cannot be comprised of owners only or owner and spouse/domestic partner only.
New hire orientation/waiting period	**For CA Dual Option (HMO/PPO) and HMO only plans offered:** • First of the month following date of hire • First of the month following 30 days • First of the month following 60 days *NOTE: First of the month waiting period: • HMO/PPO new hires: Coverage and billing will begin on the first of the month. • HMO/PPO terminations: Coverage and billing will end at the end of the month. **For standalone PPO plans only offered:** • Date of hire* • First of the month following 30 days • First of the month following 60 days • 90 days (EX. employee completes 90 days June 5th, effective date will be June 5th) *NOTE: Date of hire waiting period (Available to PPO only groups): • PPO new hires: Coverage and billing will begin on date of hire • PPO termination: Coverage and billing will end on the date of termination. **Dual waiting period:** Allowed for HMO/PPO (Hourly/Salary or Management/Non-Management)