

Product and Benefit Selection Form
for Small Business

Effective March 1, 2010



General Information

Group Name	Group Effective Date
Agent Name	

IMPORTANT: Choose a plan administration option. This will apply to all UnitedHealthcare plans: Policy Year Calendar Year

If you have 5 or more enrolling employees, pick a package then select the plan(s) you wish to offer to employees. If enrolling in a stand-alone plan, select only one plan.			UnitedHealthcare Multi-Choice SM Packages				Stand-Alone Plan Options
Plan	Plan Description	Plan Code	with PacifiCare HMO or HMO Advantage ³	with PacifiCare HMO and HMO Advantage ³	UnitedHealthcare PremierSource ³	with HealthCare Partners HMO ³	Groups <5 Employees
UnitedHealthcare Choice Plus Traditional	20/250/90%	5E-A	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Traditional	30/250/80%	5E-D	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Traditional	30/500/80%	5E-F	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Traditional	40/500/70%	5E-K	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	30/1000/80%	5E-C	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	40/1000/70%	5E-I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	40/1000/50%	5E-G	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	40/1500/70%	5E-J	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	40/2000/50%	5E-H	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	30/2500/80%	5E-E	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	20/3000/90%	5E-B	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	30/1000/80%	5E-P	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	40/1000/70%	5E-S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	40/1000/50%	5E-Q	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	40/1500/70%	5E-T	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	40/2000/50%	5E-R	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity SM HSA	1500/80%	Z6-Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HSA	2000/100%	5E-N	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HSA	2000/80%	Q3-M	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HSA	3000/100%	5E-O	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HSA	3000/80%	5E-L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HSA	4000/80%	5E-M	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HRA	1500/80%	C3-U	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HRA	2000/70%	C3-S	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HRA	2500/80%	C3-V	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HRA	3000/70%	C3-T	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare Non-Differential PPO	2000/80%	6H-F					<input type="checkbox"/>
			And	And	And	And	
PacifiCare SignatureValue [®] HMO	10-30/100%	PC-F	<input type="checkbox"/>				<input type="checkbox"/>
PacifiCare SignatureValue HMO	15-30/300a	PC-G	<input type="checkbox"/>				<input type="checkbox"/>
PacifiCare SignatureValue HMO	20-40/300d ¹	PD-I	<input type="checkbox"/>				<input type="checkbox"/>
PacifiCare SignatureValue HMO	30-40/500d ¹	PD-J	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
PacifiCare SignatureValue HMO	40-60/800d ¹	PD-K	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
PacifiCare SignatureValue HMO	20-40/1500ded ¹	PC-K	<input type="checkbox"/>				<input type="checkbox"/>
PacifiCare SignatureValue HMO	40-60/60% ¹	PD-L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue HMO	20-40/70%/1500ded ¹	PD-M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue HMO	40-60/70%/2000ded ¹	PD-N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			Or	And	Or	Or	
PacifiCare SignatureValue [®] Advantage HMO	10-30/100%	PC-L	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	15-30/300a	PC-M	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	20-40/300d ¹	PD-T	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	30-40/500d ¹	PD-O	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	40-60/800d ¹	PD-P	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	20-40/1500ded ¹	PC-Q	<input type="checkbox"/>				<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	40-60/2000ded ¹	PC-R	<input type="checkbox"/>				<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	40-60/60% ¹	PD-Q	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	20-40/70%/1500ded ¹	PD-R	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	40-60/70%/2000ded ¹	PD-S	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Group Name _____

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Plan	Plan Description	Plan Code	with PacifiCare HMO or HMO Advantage ³	with PacifiCare HMO and HMO Advantage ³	UnitedHealthcare PremierSource ³	with HealthCare Partners HMO ³	Groups <5 Employees
						And	
PacifiCare SignatureValue [®] HealthCare Partners Network HMO	25-50/500ded ^{1,2}	PD-G				<input type="checkbox"/>	<input type="checkbox"/>
PacifiCare SignatureValue HealthCare Partners Network HMO	25-75/500ded ^{1,2}	PD-F				<input type="checkbox"/>	<input type="checkbox"/>
PacifiCare SignatureValue HealthCare Partners Network HMO	25-75/1500ded ^{1,2}	PD-H				<input type="checkbox"/>	<input type="checkbox"/>

Plan Coverage: All UnitedHealthcare plans are underwritten by United HealthCare Insurance Company. When adding or revising plans at renewal, underwriting approval is required.

- ¹ By electing this plan, the Group has chosen not to offer Infertility Services to its employees. The Group understands that PacifiCare covers Infertility Services in other Small Business plans.
- ² When offered alongside the PacifiCare HMO HealthCare Partners Network product, the HMO or HMO Advantage product is only available to employees who do not live and do not work in the HealthCare Partners Network service area. For groups with <5 enrolling employees, only one HMO or one HMO Advantage plan may be offered to employees who do not live and do not work in the HealthCare Partners Network service area alongside one PacifiCare HMO HealthCare Partners Network plan.
- ³ With the exception of the "Multi-Choice Package with PacifiCare HMO and HMO Advantage", the Group must select either the HMO or HMO Advantage plan(s) within each package. Groups outside the HMO Advantage Network service area are not eligible for the HMO Advantage product.

Please Indicate Life and Disability Plan Selection	Supplemental Benefits
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Basic Life and AD&D Benefit Amount*
 \$15,000 \$20,000 \$25,000 \$50,000 \$75,000 \$100,000 Other \$ _____

Tier Class Plan _____ \$ _____ 1 X Annual Salary to _____
 _____ \$ _____ 2 X Annual Salary to _____
 _____ \$ _____

Dependent Life Benefit Amount
 Spouse \$7,500/Child (14 days+) \$3,750 Spouse \$4,000/Child (14 days+) \$2,000
 Spouse \$2,000/Child (14 days+) \$1,000

*Benefit Maximums and Guarantee Issue Maximums, Groups of 2-5 eligible employees: Maximum \$50,000 / GI \$25,000, Groups of 6-19 eligible employees: Maximum \$175,000 / GI \$50,000
 Groups of 20-50 eligible employees: Maximum \$250,000 / GI \$100,000

Supplemental Employee Life and AD&D – Life Plan Code _____
 Flat amount _____
 Salary based 1X or 2X
 Supplemental Employee Life and AD&D (Not Available for Group Size 2-9)
 Group size 10-19 Plan Maximum \$100,000 / GI \$25,000
 Group size 20-50 Plan Maximum \$100,000 or \$200,000 / GI \$25,000

Supplemental Dependent Life and AD&D
 Dependent: (Spouse) Life Plan Code _____
 (Child) Life Plan Code _____
 Spouse Amount: \$20,000 / GI _____
 Child Amount: \$10,000 / GI _____

Long Term Disability – Plan Code _____
 LTD Maximum Monthly Benefit
 Group Size 2-19 \$1,500 to \$5,000 in \$500 Increments
 Group Size 20-50 \$15,000 to \$10,000 in \$500 Increments
 GI = Maximum Monthly Payment

Chiropractic/Acupuncture
 Supplemental Chiropractic / Acupuncture through an arrangement with ACN Group of California, Inc. (for all PacifiCare SignatureValue[®] products only)

Please Indicate Dental and Vision Plan Selection (Select up to a maximum of two HMO and PPO dental plans. Select up to a maximum of one vision plan).

Dual Option

UnitedHealthcare DPPO

P0060 P3439
 P3306 P4210
 P3350 P4216
 P3389 P4879
 P3434 P4883

Other _____
 Flex Appeal _____

PacifiCare DHMO

D0100 (140), contributory D0101 (142), contributory D0102 (144), contributory
 D0103 (146), contributory D0110 (140), voluntary D0111 (142), voluntary
 D0112 (144), voluntary D0113 (146), voluntary
 Other: _____

Pacific Dental Benefits Direct Compensation DHMO

D0242 (Avalon 200), contributory D0309 (Trinity 300), contributory
 D0250 (Carmel 600), contributory D0426 (Avalon 200), voluntary
 D0432 (Trinity 300), voluntary D0428 (Carmel 600), voluntary
 Other: _____

UnitedHealthcare Vision

V0001 Contributory V0009 Buy Up
 V0002 Contributory V0010 Buy Up
 V0003 Contributory V0011 Buy Up
 V0004 Contributory V0012 Buy Up
 V0005 Voluntary V0052 Contributory
 V0006 Voluntary V0053 Contributory
 V0007 Voluntary V0057 Buy Up
 V0008 Voluntary V0058 Buy Up

Other _____

Health plan coverage provided by or through UnitedHealthcare Insurance Company, PacifiCare of California and Pacific Life and Health Insurance Company.

Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc., PacifiCare Health Plan Administrators, Inc., Prescription Solutions, Ingenix, Inc., or ACN Group.

