

Product and Benefit Selection Form for Colorado Small Business

Effective Date: January 1, 2015



General Information

Group Name

Please Indicate Medical Plan Selection

Please select the medical plan(s) and Rx plan being purchased.

Please Note: Groups with 2 or more enrolling employees are eligible for UnitedHealthcare Multi-Choice.*

Multi-Choice CO007

Plan Code	Description	Plan Code	Description	Plan Code	Description
UnitedHealthcare Choice Plus Plans		UnitedHealthcare Choice Plus Health Savings Account (HSA) Plans		UnitedHealthcare Navigate Direct HMO Plans*	
<input type="checkbox"/> XE-U	10/250/90%	<input type="checkbox"/> 7Y-W	2500/100%	<input type="checkbox"/> XE-X	35/1500/80%
<input type="checkbox"/> XE-M	35/80%	<input type="checkbox"/> WK-6	2000/80%	<input type="checkbox"/> XE-Y	35/2000/80%
<input type="checkbox"/> XE-N	35/70%	<input type="checkbox"/> 7Y-X	5000/100%	<input type="checkbox"/> XE-2	35/3000/70%
<input type="checkbox"/> XD-U	25/1000/80%	<input type="checkbox"/> WL-Y	3500/80%	UnitedHealthcare Charter HMO Plans*	
<input type="checkbox"/> XD-V	25/1500/80%	<input type="checkbox"/> WK-9	4000/70%	<input type="checkbox"/> 67-A	20/1000/80%
<input type="checkbox"/> XD-2	35/2000/70%	<input type="checkbox"/> WL-U	5000/70%	<input type="checkbox"/> 67-B	20/1500/80%
<input type="checkbox"/> XD-X	35/1500/60%	UnitedHealthcare Navigate HMO Health Savings Account (HSA) Plans		<input type="checkbox"/> 67-D	40/2500/70%
<input type="checkbox"/> XD-1	35/3000/60%	<input type="checkbox"/> 7Y-Y	2500/100%	<input type="checkbox"/> 67-F	40/3000/70%
		<input type="checkbox"/> 67-S	2750/80%	UnitedHealthcare Tiered Benefit Plans	
		<input type="checkbox"/> 7Y-Z	5000/100%	<input type="checkbox"/> XF-Q	20/1000/80%
		<input type="checkbox"/> 67-R	5250/80%	<input type="checkbox"/> XF-S	30/1500/80%
				<input type="checkbox"/> XF-U	30/2000/80%
				UnitedHealthcare Choice Direct Plans	
				<input type="checkbox"/> XF-5	35/1500/70%
				<input type="checkbox"/> XF-6	35/2000/70%
				<input type="checkbox"/> XI-X	60/4000/90%
				UnitedHealthcare Choice Plus Direct Plan	
				<input type="checkbox"/> XF-X	35/2000/70%

*Selection of a Navigate plan requires the member to choose a PCP.

Ancillary Plan Selection(s)

Dental: Yes No Employer-Sponsored Voluntary Plan Code(s): _____

Vision: Yes No Employer-Sponsored Voluntary Plan Code(s): _____

Basic Life & AD&D Benefit Amount:

\$15,000 \$20,000 \$25,000 \$50,000 \$75,000 \$100,000 Other \$

Multiple of Salary:

1 X Annual Salary to \$ _____ 2 X Annual Salary to \$ _____

(Maximum & Guarantee Issue 2-5 enrolled employee - \$25,000; 6-19 enrolled employees - \$50,000; 20-50 enrolled employees - \$100,000)

Life Eligibility:

All employees Only for those electing medical coverage

Supplemental Life: Yes No

Dependent Life Benefit Amount: Yes No

Spouse \$7,500 & Child (6 mo+) \$3,750

Spouse \$4,000 & Child (6 mo+) \$2,000

Spouse \$2,000 & Child (6 mo+) \$1,000

Long Term Disability (LTD): Yes No

Short Term Disability (STD): Yes No