

**UnitedHealthcare Multi-Choice® Package 2022**

General Information

Group Name

Deductible Type

- Calendar Year (from Jan. 1 to Dec. 31)       Policy Year (from policy effective date to renewal date)

Rating Type:  Composite    Age Banded      **Missing Information:** Contact Email:

eServices Access: Add to your (broker) eServices profile?  Yes    No      | If Yes, please provide username:

Please Indicate Medical Plan Selection

Please select which medical plan(s) will be offered to employees.

**Multi-Choice CO033**      *PLEASE NOTE Colorado Doctors Plan and SelectColorado cannot be offered together.*

Network Only

Colorado Doctors Plan			
Select	Plan Code	Plan Description	Rx Code
<input type="checkbox"/>	CM-JJ	250/90%	K21Y
<input type="checkbox"/>	CB-WM	500/80%	K24Y
<input type="checkbox"/>	CB-WG	1000/80%	K24Y
<input type="checkbox"/>	CM-JM	1500/80%	K16Y
<input type="checkbox"/>	BG-6D	2500/80%	K21Y
<input type="checkbox"/>	BG-6E	3000/80%	K24Y
<input type="checkbox"/>	BG-6N	3500/80%	K24Y
<input type="checkbox"/>	CB-WN	2500/65%	K18Y
<input type="checkbox"/>	BR-KP	3500/65%	K18Y
<input type="checkbox"/>	CB-WL	5500/60%	K24Y
<input type="checkbox"/>	CB-WH	6500/80%	K24Y
<input type="checkbox"/>	CB-WO	8400/60%	K17Y
<input type="checkbox"/>	CM-JT	8500/60%	K20Y

SelectColorado

Select	Plan Code	Plan Description	Rx Code
<input type="checkbox"/>	CM-CM	500/80%	K16Y
<input type="checkbox"/>	CM-CN	1000/80%	K16Y
<input type="checkbox"/>	CM-CO	1500/80%	K16Y
<input type="checkbox"/>	CM-CP	2000/80%	K16Y
<input type="checkbox"/>	CM-CQ	3000/80%	K24Y
<input type="checkbox"/>	CM-CR	4000/80%	K24Y
<input type="checkbox"/>	CM-M3	4500/70%	K23Y
<input type="checkbox"/>	CM-CS	5000/80%	K24Y
<input type="checkbox"/>	CM-CT	6000/80%	K24Y
<input type="checkbox"/>	CM-CU	7000/60%	K17Y

SelectColorado HSA with Motion

Select	Plan Code	Plan Description	Rx Code
<input type="checkbox"/>	CP-OV	3500/80%	K17Y
<input type="checkbox"/>	CP-OU	4500/90%	K17Y
<input type="checkbox"/>	CP-OT	6000/80%	K17Y

Network Only

Navigate HMO			
Select	Plan Code	Plan Description	Rx Code
<input type="checkbox"/>	BP-86	20/500/80%	K13Y
<input type="checkbox"/>	CM-J3	30/1500/75%	K17Y
<input type="checkbox"/>	CB-WU	20/2500/80%	K13Y
<input type="checkbox"/>	BP-85	40/6500/70%	K19Y
<input type="checkbox"/>	CM-J2	70/8550/50%	K20Y

Navigate HMO HSA with Motion

Select	Plan Code	Plan Description	Rx Code
<input type="checkbox"/>	CM-JY	3500/80%	K17Y
<input type="checkbox"/>	CM-JZ	6100/80%	K17Y

Navigate Direct

Select	Plan Code	Plan Description	Rx Code
<input type="checkbox"/>	CM-J6	25/1250/90%	K14Y
<input type="checkbox"/>	CM-J5	40/3000/80%	K14Y
<input type="checkbox"/>	CM-J7	35/3750/80%	K23Y

Choice

Select	Plan Code	Plan Description	Rx Code
<input type="checkbox"/>	CM-JU	30/1500/80%	K17Y
<input type="checkbox"/>	CM-JX	50/7000/70%	K20Y

Choice Direct

Select	Plan Code	Plan Description	Rx Code
<input type="checkbox"/>	CM-KB	30/750/90%	K14Y
<input type="checkbox"/>	CM-J9	40/2250/70%	K19Y
<input type="checkbox"/>	CM-KA	30/3250/80%	K23Y

Choice HSA with Motion Embedded Plans

<input type="checkbox"/>	CP-OS	4500/90%	K17Y
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Network and Non-Network

Choice Plus			
Select	Plan Code	Plan Description	Rx Code
<input type="checkbox"/>	BG-5L	10/250/90%	K13Y
<input type="checkbox"/>	BG-5E	10/500/90%	K13Y
<input type="checkbox"/>	BG-53	20/500/80%	K13Y
<input type="checkbox"/>	CM-JR	30/1000/80%	K17Y
<input type="checkbox"/>	CB-WK	25/1750/80%	K13Y
<input type="checkbox"/>	BG-5Q	25/2500/80%	K22Y
<input type="checkbox"/>	CM-JL	35/3000/60%	K19Y
<input type="checkbox"/>	BP-8A	35/3500/60%	K19Y
<input type="checkbox"/>	BP-8B	35/3750/70%	K19Y
<input type="checkbox"/>	CM-JK	5000/80%	K19Y
<input type="checkbox"/>	CM-JS	75/8500/50%	K20Y

Choice Plus Premier (Tiered)

Select	Plan Code	Plan Description	Rx Code
<input type="checkbox"/>	CB-W3	20/1250/80%	K14Y
<input type="checkbox"/>	CB-W6	2000/80% Copay	K24Y
<input type="checkbox"/>	CB-WZ	30/3750/80%	K14Y
<input type="checkbox"/>	CB-WY	30/4150/80%	K23Y
<input type="checkbox"/>	CM-J8	5000/70% Copay	K24Y

Choice Plus HSA with Motion Non-Embedded Deductible/Embedded Out of Pocket Max

<input type="checkbox"/>	CM-V7	1500/90%	K15Y
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Choice Plus HSA with Motion Embedded Plans

<input type="checkbox"/>	CM-JI	3000/80%	K14Y
<input type="checkbox"/>	CM-JO	3500/80%	K14Y
<input type="checkbox"/>	CB-WE	4000/100%	K15Y
<input type="checkbox"/>	CM-JP	5750/60%	K14Y
<input type="checkbox"/>	CM-JN	6300/90%	K17Y

Colorado Doctors plans and SelectColorado plans cannot be offered within the same employer group's benefit offering

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 employees - \$25,000;  
 6-19 enrolled employees - \$50,000;  
 20-50 enrolled employees - \$100,000)

Billing Type:

- Paper Billing  
 Electronic Billing  
**Which bank will be used?**  
 Optum Bank®  
 Other \_\_\_\_\_

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