

Health Plan Product Offering

UnitedHealthcare offers a wide variety of plan options that allow you to tailor your benefits to your business needs, choosing what you value in a health plan.



Wisconsin Manufacturers and Commerce
7/1/2020

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Deductible ⁵ Type	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec	Urgent Care	ER	Lab X-Ray		MRI, CT & PET
			Single	Family	Single	Family	Single	Family	Single	Family									
Choice Plus Insurance																			
AH-2J	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,500	\$6,850	\$7,000	\$14,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
AH-2L	100%	80%	\$3,500	\$7,000	\$6,000	\$12,000	\$6,350	\$12,700	\$12,700	\$25,400	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
AH-2K	90%	70%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,500	\$6,850	\$7,000	\$14,000	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
BZ-4Y	80%	60%	\$1,500	\$3,000	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$30	\$0	\$60	\$100	\$350	100%	Ded+Coin	Emb
BZ-3L	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$30	\$0	\$60	\$100	\$350	Ded+Coin	Ded+Coin	Emb
AH-2N	80%	60%	\$3,500	\$7,000	\$6,000	\$12,000	\$6,350	\$12,700	\$12,700	\$25,400	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BZ-3M	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,350	\$12,700	\$12,700	\$25,400	\$0	\$30	\$0	\$60	\$100	\$350	Ded+Coin	Ded+Coin	Emb
BZ-3Q	70%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,350	\$12,700	\$12,700	\$25,400	\$0	\$30	\$0	\$60	\$100	\$350	Ded+Coin	Ded+Coin	Emb
Choice Plus Wisconsin																			
BZ-5I	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,500	\$7,000	\$7,000	\$14,000	\$0	\$30	\$0	\$60	\$100	\$350	100%	Ded+Coin	Emb
Choice Insurance¹¹																			
BZ-3N	80%	N/A	\$3,000	\$6,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$30	\$0	\$60	\$100	\$350	Ded+Coin	Ded+Coin	Emb
BZ-3O	80%	N/A	\$4,000	\$8,000	N/A	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$30	\$0	\$60	\$100	\$350	Ded+Coin	Ded+Coin	Emb
BZ-3P	80%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$0	\$30	\$0	\$60	\$100	\$350	Ded+Coin	Ded+Coin	Emb
Choice Wisconsin																			
BZ-4X	80%	N/A	\$3,000	\$6,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	\$0	\$30	\$0	\$60	\$100	\$350	Ded+Coin	Ded+Coin	Emb
BZ-5E	80%	N/A	\$6,500	\$13,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$25	\$0	\$50	\$50	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb
BZ-5F	80%	N/A	\$7,000	\$14,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$45	\$0	\$90	\$50	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare

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Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Deductible ⁵	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec	Urgent Care	ER	Lab X-Ray	MRI, CT & PET	Type
			Single	Family	Single	Family	Single	Family	Single	Family									
Choice Plus Insurance Motion H S A⁹																			
BZ-4L	100%	80%	\$1,500	\$3,000	\$3,000	\$6,000	\$3,500	\$6,850	\$7,000	\$14,000	Ded	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
BZ-4N	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,500	\$6,850	\$7,000	\$14,000	Ded	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
BZ-4Q	100%	80%	\$3,500	\$7,000	\$7,500	\$15,000	\$6,350	\$12,700	\$12,700	\$25,400	Ded	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb
BZ-3S	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,500	\$6,850	\$7,000	\$14,000	Ded	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
BZ-3U	80%	60%	\$2,850	\$5,700	\$5,000	\$10,000	\$6,350	\$12,700	\$12,700	\$25,400	Ded	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb
BJ-RG	80%	60%	\$6,250	\$12,500	\$11,000	\$22,000	\$6,650	\$13,300	\$13,100	\$26,200	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
BM-H2	100%	70%	\$3,000	\$6,000	\$10,000	\$20,000	\$3,000	\$6,000	\$20,000	\$40,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Emb
BZ-3W	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,350	\$12,700	\$12,700	\$25,400	Ded	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb
BJ-RJ	100%	80%	\$6,500	\$13,000	\$13,000	\$26,000	\$6,650	\$13,300	\$14,900	\$29,800	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
Choice Insurance Motion H S A^{9, 11}																			
BZ-4S	100%	N/A	\$3,500	\$7,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	Ded	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb
BZ-3X	90%	N/A	\$3,500	\$7,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	Ded	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb
BZ-5L	80%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	Ded	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded	Ded+Coin	Ded+Coin	Emb



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	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec	Urgent Care	ER	Lab X-ray		MRI, CT & PET
			Single	Family	Single	Family	Single	Family	Single	Family									
Choice Plus Primary Advantage Wisconsin																			
BJ-XJ	80%	50%	\$1,000	\$2,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$0	\$100	\$50	\$250+Ded/Coin	Ded+Coin	Ded+Coin	Emb
BJ-XK	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$10,000	\$20,000	\$0	\$0	\$0	\$100	\$50	\$250+Ded/Coin	Ded+Coin	Ded+Coin	Emb
BJ-XL	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$0	\$0	\$100	\$50	\$250+Ded/Coin	Ded+Coin	Ded+Coin	Emb
BJ-XM	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$0	\$0	\$100	\$50	\$250+Ded/Coin	Ded+Coin	Ded+Coin	Emb
Choice Primary Advantage Insurance¹¹																			
BJ-XX	50%	N/A	\$1,000	\$2,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$0	\$0	\$100	\$50	\$250+Ded/Coin	Ded+Coin	Ded+Coin	Emb
BJ-XY	50%	N/A	\$2,000	\$4,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$0	\$0	\$100	\$50	\$250+Ded/Coin	Ded+Coin	Ded+Coin	Emb
BJ-XZ	50%	N/A	\$3,000	\$6,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$0	\$0	\$100	\$50	\$250+Ded/Coin	Ded+Coin	Ded+Coin	Emb

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Deductible ⁵ Type	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP ¹ Ages 19+	PCP ¹ Ages <19	Spec	Urgent Care	Deductible ER, MRI, Op Surg, Scopic, Inpatient	Lab X-Ray		
			Single	Family	Single	Family	Single	Family	Single	Family									
Choice Plus Flex Free Insurance⁶																			
BZ-3D	80%	50%	\$2,500	\$5,000	\$5,000	\$10,000	\$6,850	\$13,700	\$10,000	\$20,000	\$0	100%	100%	100%	100%	\$250+Ded/Coin	Ded+Coin	Emb	
BZ-3E	80%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$6,850	\$13,700	\$14,000	\$24,000	\$0	100%	100%	100%	100%	\$250+Ded/Coin	Ded+Coin	Emb	
BZ-3F	80%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,850	\$13,700	\$20,000	\$40,000	\$0	100%	100%	100%	100%	\$250+Ded/Coin	Ded+Coin	Emb	



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	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual	PCP ¹	PCP ¹	Spec ²	Spec ³	Urgent	ER	Lab/Xray	Major Diag. MRI, CT, etc.	I/P & O/P	Type
			Single	Family	Single	Family	Single	Family	Single	Family	Visits	Ages 19+	Ages <19	Prem Des	Care	Care	Care	Care	Surgery		
Choice Plus Premier PROformance Insurance																					
AX-Q7	80%	50%	\$2,000	\$4,000	\$5,000	\$15,000	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
AX-Q8	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
AX-Q9	80%	50%	\$5,000	\$10,000	\$10,000	\$30,000	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb

Pharmacy Plans

Standard Rx Plans

Rx Plan Code	Copays				Deductible		Mail
	Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	Order
							Ratio
0I	\$10	\$35	\$70	N/A	N/A	N/A	2.5
0I*	\$10	\$35	\$70	N/A	Same As Medical	Same as Medical	2.5

Primary Advantage Rx Plans

Rx Plan Code	Copays				Tier 3 and 4 Deductible		Mail
	Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	Order
							Ratio
454	\$0	\$50	\$100	\$250	\$250	\$500	2.5

* Combined Rx plan. HSA plans can only be paired with Combined Pharmacy plans.

Footnotes

- 1.Primary Care Physicians include General Practice, Family Practice, Internal medicine, Obstetrics-gynecology, and pediatrics.
- 5.“Embedded” deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met.
“Non-Embedded” deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.
- 9.Copayments on HSA plans will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.
- 11.EPO and Navigate plans exclude coverage for services provided by Out-of-Network Providers with the exceptions of 1) Services performed in a Network Facility by hospital-based providers; and 2) Services performed under the Emergency Care benefit.



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