

# 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.

**UnitedHealthcare**

**Wisconsin Manufacturers and Commerce**

**7/1/2022**

**AD070**

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Deductible <sup>5</sup>	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup> Ages 19+	PCP <sup>1</sup> Ages <19	Spec	Urgent Care	ER	Lab X-Ray	MRI, CT & PET	Type
			Single	Family	Single	Family	Single	Family	Single	Family									
<b>Choice Plus Insurance</b>																			
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
<b>Choice Plus Wisconsin</b>																			
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
<b>Choice Insurance<sup>11</sup></b>																			
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
<b>Choice Wisconsin</b>																			
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



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**Wisconsin Manufacturers and Commerce**  
**7/1/2022**

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Deductible <sup>5</sup>	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup> Ages 19+	PCP <sup>1</sup> Ages <19	Spec	Urgent Care	ER	Lab X-Ray	MRI, CT & PET	Type
			Single	Family	Single	Family	Single	Family	Single	Family									
<b>Choice Plus Insurance Motion H S A<sup>9</sup></b>																			
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
CT-1H	80%	60%	\$6,000	\$12,000	\$11,000	\$22,000	\$6,300	\$12,600	\$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
CT-1M	100%	80%	\$6,150	\$12,300	\$13,000	\$26,000	\$6,400	\$12,800	\$14,900	\$29,800	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
<b>Choice Insurance Motion H S A<sup>9, 11</sup></b>																			
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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## Wisconsin Manufacturers and Commerce 7/1/2022

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence							Deductible <sup>5</sup>	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup> Ages 19+	PCP <sup>1</sup> Ages <19	Spec	Urgent Care	ER	Lab X-ray	MRI, CT & PET	Type
			Single	Family	Single	Family	Single	Family	Single	Family									
<b>Choice Plus Primary Advantage Wisconsin</b>																			
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
<b>Choice Primary Advantage Insurance<sup>11</sup></b>																			
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 <sup>5</sup>	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP <sup>1</sup> Ages 19+	PCP <sup>1</sup> Ages <19	Spec	Urgent Care	Deductible ER, MRI, Op Surg, Scopic, Inpatient	Lab X-Ray	Type	
			Single	Family	Single	Family	Single	Family	Single	Family									
<b>Choice Plus Flex Free Insurance<sup>6</sup></b>																			
CT-SB	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	
CT-SC	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	
CT-SD	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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Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									Deductible <sup>5</sup>	
	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual	PCP <sup>1</sup>	PCP <sup>1</sup>	Spec <sup>2</sup>	Spec <sup>3</sup>	Urgent	ER	Lab/Xray	Major Diag. MRI, CT, etc.		I/P & O/P Surgery
			Single	Family	Single	Family	Single	Family	Single	Family	Visits	Ages 19+	Ages <19	Prem Des		Care					
Choice Plus Premier PROformance Insurance																					
CG-J6	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
CG-J7	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
CG-J8	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 Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	
	0I	\$10	\$35	\$70	N/A	N/A	N/A
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 Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Single	Family	
	454	\$0	\$50	\$100	\$250	\$250	\$500

\* 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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