

# 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**

**1/1/2024**

**AD104**

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**  
**1/1/2024**

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 H S A<sup>9</sup></b>																			
DJ-TU	100%	80%	\$1,600	\$3,200	\$3,000	\$6,000	\$3,500	\$6,850	\$7,000	\$14,000	\$0	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
DE-YJ	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,500	\$6,850	\$7,000	\$14,000	\$0	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
DE-YL	100%	80%	\$3,500	\$7,000	\$7,500	\$15,000	\$6,350	\$12,700	\$12,700	\$25,400	\$0	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb
DE-YC	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,500	\$6,850	\$7,000	\$14,000	\$0	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	NonEmb
DJ-TH	80%	60%	\$3,200	\$6,400	\$5,000	\$10,000	\$6,350	\$12,700	\$12,700	\$25,400	\$0	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb
DE-ZK	80%	60%	\$6,000	\$12,000	\$11,000	\$22,000	\$6,300	\$12,600	\$13,100	\$26,200	\$0	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
DJ-TA	100%	70%	\$3,200	\$6,400	\$10,000	\$20,000	\$3,200	\$6,400	\$20,000	\$40,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Emb
DE-YE	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,350	\$12,700	\$12,700	\$25,400	\$0	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb
DE-ZP	100%	80%	\$6,150	\$12,300	\$13,000	\$26,000	\$6,400	\$12,800	\$14,900	\$29,800	\$0	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
<b>Choice Insurance H S A<sup>9, 11</sup></b>																			
DE-YM	100%	N/A	\$3,500	\$7,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$0	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb
DE-YF	90%	N/A	\$3,500	\$7,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$0	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded+Coin	Ded+Coin	Ded+Coin	Emb
DE-YO	80%	N/A	\$5,000	\$10,000	N/A	N/A	\$6,350	\$12,700	N/A	N/A	\$0	30+ Ded	\$0	60+ Ded	100+Ded	350+Ded	Ded+Coin	Ded+Coin	Emb



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**Wisconsin Manufacturers and Commerce**  
**1/1/2024**

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	Type
			Single	Family	Single	Family	Single	Family	Single	Family	Visits	Ages 19+	Ages <19	Prem Des		Care					
<b>Choice Plus Premier PROformance Insurance</b>																					
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
	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

- Primary Care Physicians include General Practice, Family Practice, Internal Medicine, Obstetrics-gynecology, and Pediatrics.
- “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.
- 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.
- 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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**Nexus Open Access (OAP) Insurance Plans**

Plan Codes	Coinsurance				Deductibles				Out of Pocket Maximum				Copays/Per Occurrence														
	Network	Out of Network	Physician Professional Services		Network		Out of Network		Network		Out of Network		PCP[1]			Specialist		Urgent Care	Emergency	Lab/XRay	MRI, CT, etc.	Outpatient Surgery		Inpatient Hospital			
			Designated Network	Network	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Designated Network	Network	Designated Network					Network	Designated Network Facility	Network Facility	Designated Network Facility	Network Facility	
	Virtual Visit	Designated Network	Dep <19	Designated Network	Network	Designated Network	Network	Urgent Care	Emergency	Lab/XRay	MRI, CT, etc.	Designated Network Facility	Network Facility	Designated Network Facility	Network Facility												
<b>Nexus Open Access (OAP) Insurance Plans</b>																											
CX-ZZ	100%	70%	100%	80%	\$1,000	\$2,000	\$5,000	\$10,000	\$4,000	\$8,000	\$10,000	\$20,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	
CX-Z2	80%	50%	80%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+50%	Ded+20%	\$500+Ded+50%	
CX-Z7	100%	70%	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$7,900	\$15,800	\$20,000	\$40,000	\$0	\$0	\$10	\$40	\$40	\$100	\$50	\$300+Ded	Ded	Ded	Ded	\$250+Ded+30%	Ded	\$500+Ded+30%	
<b>Nexus Open Access (OAP) Non-Embedded H S A Insurance Plans</b>																											
DE-1U	100%	70%	100%	70%	\$2,000	\$4,000	\$6,000	\$12,000	\$3,000	\$6,000	\$12,000	\$24,000	\$0	N/A	Ded	Ded+30%	Ded	Ded+30%	Ded	Ded	Ded	Ded	Ded	\$250+Ded+30%	Ded	\$500+Ded+30%	
DE-1V	100%	70%	100%	70%	\$2,800	\$5,600	\$7,500	\$15,000	\$6,500	\$8,700	\$15,000	\$30,000	\$0	N/A	Ded	Ded+30%	Ded	Ded+30%	Ded	Ded	Ded	Ded	Ded	\$250+Ded+30%	Ded	\$500+Ded+30%	
<b>Nexus Open Access (OAP) Embedded H S A Insurance Plan</b>																											
DE-1W	100%	70%	100%	80%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	N/A	Ded	Ded+20%	Ded	Ded+20%	Ded	Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%	

1 Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics  
Available in Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, and Kenosha Counties



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**Nexus Open Access (OA) Wisconsin Plans**

Plan Codes	Coinsurance		Deductibles		Out of Pocket Maximum		Copays/Per Occurrence														
	Network	Physician Professional Services	Network		Network		Virtual Visit	PCP[1]			Specialist		Urgent Care	Emergency	Lab/XRay	MRI, CT, etc.	Outpatient Surgery		Inpatient Hospital		
		Designated Network	Network	Single	Family	Single		Family	Designated Network Dep <49	Designated Network	Network	Designated Network					Network	Designated Network Facility	Network Facility	Designated Network Facility	Network Facility
<b>Nexus Open Access (OA) Wisconsin Plan**</b>																					
CX-1G	80%	80%	50%	\$5,000	\$10,000	\$7,900	\$15,800	\$0	\$0	\$15	\$45	\$50	\$125	\$50	\$300+Ded+20%	Ded+20%	Ded+20%	Ded+20%	\$250+Ded+50%	Ded+20%	\$500+Ded+50%
<b>Nexus Open Access (OA) Embedded H S A Wisconsin Plans**</b>																					
DE-1Z	100%	100%	80%	\$5,000	\$10,000	\$6,500	\$13,000	\$0	N/A	Ded	Ded+20%	Ded	Ded+20%	Ded	Ded	Ded	Ded	Ded	\$250+Ded+20%	Ded	\$500+Ded+20%

1 Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics

\*\*EPO/HMO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by hospital-based providers; and (2) Services performed under the Emergency Care benefit

Available in Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, and Kenosha Counties



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## Nexus Pharmacy Plans

### Advantage 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	2.5
0I*	\$10	\$35	\$70	N/A	N/A	N/A	2.5
AU	\$10	\$30	\$70	N/A	\$250	\$750	2.5

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

### Advantage Standard Select Rx Plans

Rx Plan Code	Copays					Individual Deductible	Family Deductible	Mail Order Ratio
	Tier 1	Tier 2	Tier 2 S	Tier 3	Tier 3 S			
0I0Y*	\$10	\$35	\$150	\$70	\$500	N/A	N/A	2.5
0I0Y	\$10	\$35	\$150	\$70	\$500	N/A	N/A	2.5
G75Y	\$10	\$45	\$150	\$95	\$500	N/A	N/A	2.5
997Y	\$10	\$50	\$150	\$100	\$500	N/A	N/A	2.5

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

### Essential Standard Select Rx Plans

Rx Plan Code	Copays					Individual Deductible	Family Deductible	Mail Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 S			
G78Y	\$10	\$50	\$120	\$250	\$500	N/A	N/A	2.5
G76Y*	\$5	\$40	\$105	\$250	\$500	N/A	N/A	2.5
G76Y	\$5	\$40	\$105	\$250	\$500	N/A	N/A	2.5

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



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