

# 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.

## Choice Plus Insurance

Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
DW-CX	\$1,500	80%	\$5,000	100%	\$30	\$60	\$100	\$500	100%	100%	Ded + 80%	Ded + 80%	Ded + 80%
DW-CD	\$2,500	80%	\$5,000	100%	\$30	\$60	\$100	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-CI	\$3,000	70%	\$6,350	100%	\$30	\$60	\$100	\$500	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%
DW-CE	\$5,000	80%	\$6,350	100%	\$30	\$60	\$100	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.

## Choice Plus Consumer Insurance Non-Embedded

Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
DW-EF	\$2,000	100%	\$3,500	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
DW-EG	\$2,000	90%	\$3,500	100%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%

## Choice Plus Consumer Insurance

DW-EH	\$3,500	100%	\$6,350	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
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Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.



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**Wisconsin Manufacturers and Commerce**  
**1/1/2025**

<b>Choice Insurance*</b>													
Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
DW-CF	\$3,000	80%	\$5,000	100%	\$30	\$60	\$100	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-CG	\$4,000	80%	\$5,000	100%	\$30	\$60	\$100	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-CH	\$5,000	80%	\$6,350	100%	\$30	\$60	\$100	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.

\* In-Network Only 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.

<b>Choice Consumer Insurance*</b>													
Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
DW-EM	\$3,500	80%	\$7,500	100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.

\* In-Network Only 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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<b>Choice Plus Wisconsin Plans</b>													
Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
DW-DC	\$2,000	100%	\$3,500	100%	\$30	\$60	\$100	\$500	100%	100%	Ded + 100%	Ded + 100%	Ded + 100%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.

<b>Choice Wisconsin Plans*</b>													
Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
DW-DA	\$6,500	80%	\$7,350	100%	\$25	\$50	\$50	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-DB	\$7,000	80%	\$7,350	100%	\$45	\$90	\$50	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.

\* In-Network Only 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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**Choice Plus H S A Insurance Non-Embedded**

Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
EB-BD	\$1,650	100%	\$3,500	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
EA-93	\$2,000	100%	\$3,500	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
EA-9X	\$2,000	80%	\$3,500	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.

**Choice Plus H S A Insurance**

Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
EB-AW	\$3,300	100%	\$3,300	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
EB-A5	\$3,300	100%	\$6,350	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
EA-95	\$3,500	100%	\$6,350	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
EA-9Z	\$5,000	80%	\$6,350	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
EB-AP	\$6,000	80%	\$6,300	100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
EB-AU	\$6,150	100%	\$6,400	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.



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**Choice H S A Insurance\***

Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
EA-96	\$3,500	100%	\$6,350	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
EA-92	\$3,500	90%	\$6,350	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%
EA-98	\$5,000	80%	\$6,350	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.

\* In-Network Only 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.

**Choice Plus Primary Advantage Wisconsin Plan**

Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
DW-BU	\$1,000	80%	\$6,500	100%	100%	\$100	\$50	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-BV	\$2,000	80%	\$6,500	100%	100%	\$100	\$50	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-BW	\$3,000	80%	\$6,500	100%	100%	\$100	\$50	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-BX	\$5,000	80%	\$6,500	100%	100%	\$100	\$50	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.



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**Choice Primary Advantage Insurance\***

Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
DW-B2	\$1,000	50%	\$7,350	100%	100%	\$100	\$50	\$500	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%
DW-B3	\$2,000	50%	\$7,350	100%	100%	\$100	\$50	\$500	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%
DW-B4	\$3,000	50%	\$7,350	100%	100%	\$100	\$50	\$500	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.

\* In-Network Only 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.

**Choice Plus FlexFree Insurance**

Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
DW-B7	\$2,500	80%	\$6,850	100%	100%	100%	100%	\$500	Ded + 80%	Ded + 80%	\$250 + Ded + 80%	\$250 + Ded + 80%	\$250 + Ded + 80%
DW-B8	\$3,500	80%	\$6,850	100%	100%	100%	100%	\$500	Ded + 80%	Ded + 80%	\$250 + Ded + 80%	\$250 + Ded + 80%	\$250 + Ded + 80%
DW-B9	\$5,000	80%	\$6,850	100%	100%	100%	100%	\$500	Ded + 80%	Ded + 80%	\$250 + Ded + 80%	\$250 + Ded + 80%	\$250 + Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.

**Choice Plus Premier Insurance**

Med Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
					Design	Network	Design	Network							
DW-HG	\$2,000	80%	\$7,150	100%	\$15	\$15	\$50	\$100	\$25	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-HH	\$3,000	80%	\$7,150	100%	\$15	\$15	\$50	\$100	\$25	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-HI	\$5,000	80%	\$7,150	100%	\$15	\$15	\$50	\$100	\$25	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.



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Advantage Rx Plans								
Rx Plan Code	Deductible Individual	Copays				Combined Med/Rx	Deductible Family	Mail Order
		Tier 1	Tier 2	Tier 3	Tier 4			
454	\$250 - T3 & T4	\$0	\$50	\$100	\$250	Sep	\$500	2.5
455	\$250 - T3 & T4	\$5	\$50	\$100	\$250	Sep	\$500	2.5
2V	N/A	\$10	\$35	\$60	N/A	Sep	N/A	2.5
2V	Same as Medical	\$10	\$35	\$60	N/A	Comb	Same as Medical	2.5
0I	N/A	\$10	\$35	\$70	N/A	Sep	N/A	2.5
0I	Same as Medical	\$10	\$35	\$70	N/A	Comb	Same as Medical	2.5
AU	\$250	\$10	\$35	\$70	N/A	Sep	\$750	2.5
DS	Same as Medical	\$15	\$45	\$85	\$200	Comb	Same as Medical	3.0
DS	N/A	\$15	\$45	\$85	\$200	Sep	N/A	3.0
MM*	Same as Medical	No Copay	No Copay	No Copay	N/A	Comb	Same as Medical	No Copay

\* Paired with 100% Coinsurance HSA plans with Deductible equal to Out of Pocket Maximum.

Advantage w/SMCS Drugs Rx Plans												
Rx Plan Code	Deductible Individual	Copays								Combined Med/Rx	Deductible Family	Mail Order
		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty			
0IOS	N/A	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Sep	N/A	2.5
0IOS	Same as Medical	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Comb	Same as Medical	2.5

Essential w/SMCS Drugs Rx Plans												
Rx Plan Code	Deductible Individual	Copays								Combined Med/Rx	Deductible Family	Mail Order
		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty			
G76S	Same as Medical	\$5	\$5	\$40	\$40	\$105	\$105	\$250	\$500	Comb	Same as Medical	2.5
G76S	N/A	\$5	\$5	\$40	\$40	\$105	\$105	\$250	\$500	Sep	N/A	2.5
G78S	N/A	\$10	\$10	\$50	\$50	\$120	\$120	\$250	\$500	Sep	N/A	2.5



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**Nexus OAP Insurance**

Med Plan Code	Deduct Single	Design Coins	Netwk Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab Netwk	X-Ray Netwk	Maj. Diag. & Img. Netwk	OP Surgery		IP Hospital	
						Design	Netwk	Design	Netwk						Design	Netwk	Design	Netwk
DW-JA	\$1,000	100%	80%	\$4,000	100%	\$10	\$40	\$40	\$100	\$50	\$500	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 80%	Ded + 100%	\$500 + Ded + 80%
DW-JB	\$2,000	80%	50%	\$5,000	100%	\$15	\$45	\$50	\$125	\$50	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	\$250 + Ded + 50%	Ded + 80%	\$500 + Ded + 50%
DW-JG	\$5,000	100%	70%	\$7,900	100%	\$10	\$40	\$40	\$100	\$50	\$500	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 70%	Ded + 100%	\$500 + Ded + 70%

**Nexus OAP H S A Insurance Non-Embedded**

Med Plan Code	Deduct Single	Design Coins	Netwk Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab Netwk	X-Ray Netwk	Maj. Diag. & Img. Netwk	OP Surgery		IP Hospital	
						Design	Netwk	Design	Netwk						Design	Netwk	Design	Netwk
EB-B4	\$2,000	100%	70%	\$3,000	100%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 70%	Ded + 100%	\$500 + Ded + 70%
EB-B5	\$2,800	100%	70%	\$6,500	100%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 70%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 70%	Ded + 100%	\$500 + Ded + 70%

**Nexus OAP H S A Insurance**

Med Plan Code	Deduct Single	Design Coins	Netwk Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab Netwk	X-Ray Netwk	Maj. Diag. & Img. Netwk	OP Surgery		IP Hospital	
						Design	Netwk	Design	Netwk						Design	Netwk	Design	Netwk
EB-B6	\$5,000	100%	80%	\$6,500	100%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 80%	Ded + 100%	\$500 + Ded + 80%

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

Available in Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Fond du Lac, Winnebago and Kenosha Counties



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**Nexus OA Wisconsin Plans\***

Med Plan Code	Deduct Single	Design Coins	Netwk Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab Netwk	X-Ray Netwk	Maj. Diag. & Img. Netwk	OP Surgery		IP Hospital	
						Design	Netwk	Design	Netwk						Design	Netwk	Design	Netwk
DW-JM	\$5,000	80%	50%	\$7,900	100%	\$15	\$45	\$50	\$125	\$50	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	\$250 + Ded + 50%	Ded + 80%	\$500 + Ded + 50%

**Nexus OA H S A Wisconsin Plans\*\***

Med Plan Code	Deduct Single	Design Coins	Netwk Coins	OOPM Single	Virtual Visit	PCP		Specialist		Urgent Care	ER	Lab Netwk	X-Ray Netwk	Maj. Diag. & Img. Netwk	OP Surgery		IP Hospital	
						Design	Netwk	Design	Netwk						Design	Netwk	Design	Netwk
EB-B9	\$5,000	100%	80%	\$6,500	100%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	\$250 + Ded + 80%	Ded + 100%	\$500 + Ded + 80%

\* In-Network Only 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.

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

Available in Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, Fond du Lac, Winnebago and Kenosha Counties



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Nexus Advantage Rx Plans								
Rx Plan Code	Deductible Individual	Copays				Combined Med/Rx	Deductible Family	Mail Order
		Tier 1	Tier 2	Tier 3	Tier 4			
OI	N/A	\$10	\$35	\$70	N/A	Sep	N/A	2.5
OI	Same as Medical	\$10	\$35	\$70	N/A	Comb	Same as Medical	2.5
AU	\$250	\$10	\$35	\$70	N/A	Sep	\$750	2.5

Nexus Advantage w/SMCS Drugs Rx Plans												
Rx Plan Code	Deductible Individual	Copays								Combined Med/Rx	Deductible Family	Mail Order
		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty			
0I0S	N/A	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Sep	N/A	2.5
0I0S	Same as Medical	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Comb	Same as Medical	2.5

Nexus Essential w/SMCS Drugs Rx Plans												
Rx Plan Code	Deductible Individual	Copays								Combined Med/Rx	Deductible Family	Mail Order
		Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty			
G76S	Same as Medical	\$5	\$5	\$40	\$40	\$105	\$105	\$250	\$500	Comb	Same as Medical	2.5
G76S	N/A	\$5	\$5	\$40	\$40	\$105	\$105	\$250	\$500	Sep	N/A	2.5
G78S	N/A	\$10	\$10	\$50	\$50	\$120	\$120	\$250	\$500	Sep	N/A	2.5



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## Notes

1. Primary Care Physicians include General Practice, Family Practice, Internal Medicine and Pediatrics.
2. Designated Tier applies to UnitedHealth Premium quality and efficiency designated providers. Please visit myuhc.com for details.
3. "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.
4. "FlexFree" plans feature a copay for each covered family member for Office and Urgent Care visits one through three during the calendar year or plan year, depending on plan type selected.  
Visits four and over will be subject to plan deductible/coinsurance. This is a separate limit for Physician Office visits and Urgent Care visits. Plans feature one Preventive Care visit per year, which does not count against the office visit copay limit.  
outpatient surgeries, "scopic" procedures, transplants, congenital heart disease, complex imaging, reconstructive procedures and pregnancy-inpatient.
5. 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.
6. In-Network Only 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.

## Designated Diagnostic Provider (DDP) Requirement

Additional Coinsurance may apply when accessing a Non-DDP provider. See your Benefit Summary for coverage details.

**Wisconsin Plans are licensed under United Healthcare of Wisconsin – a Health Maintenance Organization.**



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