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 Effective 7/1/2024 Package AD116

/led Plan Code	Deductible Single	Network Coins	OOPM Single	Virtual Visit	РСР	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
DW-F8	\$3,200	100%	\$3,200	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
DW-GF	\$3,200	100%	\$6,350	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
DW-GC	\$3,200	90%	\$6,350	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%
DW-E6	\$3,500	100%	\$6,350	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
DW-EE	\$3,500	90%	\$6,350	100%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%
DW-EZ	\$3,500	90%	\$6,350	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%
DW-ED	\$3,500	80%	\$6,350	100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-FM	\$4,000	100%	\$6,650	100%	Ded + \$20	Ded + \$40	Ded + \$100	\$350 + Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
DW-EV	\$5,000	100%	\$5,000	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
DW-E2	\$5,000	80%	\$6,350	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-FZ	\$6,000	80%	\$6,300	100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
DW-F6	\$6,150	100%	\$6,400	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
DW-F7	\$6,250	100%	\$6,250	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.



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



Choice F	Plus H S A	Insuran	ce Non-	Embed	ded								
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-GO	\$1,600	100%	\$3,500	100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
DW-EY	\$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 I	Plus Insuran	ce											
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-C7	\$500	90%	\$2,000	100%	\$20	\$40	\$75	\$500	100%	100%	Ded + 90%	Ded + 90%	Ded + 90%
DW-C5	\$500	80%	\$5,000	100%	\$30	\$60	\$100	\$500	100%	100%	Ded + 80%	Ded + 80%	Ded + 80%
DW-CN	\$1,000	90%	\$4,000	100%	\$30	\$60	\$100	\$500	100%	100%	Ded + 90%	Ded + 90%	Ded + 90%
DW-CQ	\$1,500	100%	\$3,500	100%	\$30	\$60	\$100	\$500	100%	100%	Ded + 100%	Ded + 100%	Ded + 100%
DW-CO	\$1,500	90%	\$4,000	100%	\$30	\$60	\$100	\$500	100%	100%	Ded + 90%	Ded + 90%	Ded + 90%
DW-CR	\$2,000	100%	\$3,500	100%	\$30	\$60	\$100	\$500	100%	100%	Ded + 100%	Ded + 100%	Ded + 100%
DW-CY	\$2,000	80%	\$5,000	100%	\$30	\$60	\$100	\$500	100%	100%	Ded + 80%	Ded + 80%	Ded + 80%
DW-CZ	\$2,500	80%	\$5,000	100%	\$30	\$60	\$100	\$500	100%	100%	Ded + 80%	Ded + 80%	Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.





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

Fffective 7/1/2024

Choice	Plus Prem	ier Insur	ance												
Med	Deductible	Network	ООРМ	Virtual	F	РСР	Spec	cialist	Urgent				Maj. Diag.		
Plan Code	Single	Coins	Single	Visit	Design	Network	Design	Network	Care	ER	Lab	X-Ray	& Imaging	OP Surg	IP Hospital
DW-HF	\$1,000	80%	\$7,150	100%	\$15	\$15	\$50	\$100	\$25	\$500	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%
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.

Choice	Premier W	/isconsi	n Plan*												
Med	Deductible	Network	ООРМ			РСР	Spe	cialist	Urgent				Maj. Diag.		
Plan Code	Single	Coins	Single	Virtual Visit	Design	Network	Design	Network	Care	ER	Lab	X-Ray	& Imaging	OP Surg	IP Hospital
DW-HP	\$1,000	50%	\$7,350	100%	\$15	\$15	\$50	\$100	\$25	\$500	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%
DW-HQ	\$2,000	50%	\$7,350	100%	\$15	\$15	\$50	\$100	\$25	\$500	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%
DW-HR	\$3,000	50%	\$7,350	100%	\$15	\$15	\$50	\$100	\$25	\$500	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%

^{*} 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 Laboratory and Complex Imaging Provider Requirements Apply.





Wisconsin

Effective 7/1/2024

Choice F	Plus FlexFr	ee Insur	ance										
Med Plan Code	Deductible Single	Network Coins		Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
DW DC	44.500	2001	40.050	1000/	1000/	1000/	1000/	4500	D 000/	D 000/	dana	dara a 1 000/	4250 0 1 2004
DW-B6	\$1,500	80%	\$3,850	100%	100%	100%	100%	\$500	Ded + 80%	Ded + 80%	\$250 + Ded + 80%	\$250 + Ded + 80%	\$250 + Ded + 80%
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%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.

Choice Pl	lus Premiei	r Insura	nce H S	Α											
Med Plan	Deductible	Network	ООРМ	Virtual	PC	CP	Spec	ialist	Urgent	ED	Lab	V Dou	Maj. Diag.	OD Come	IP Hospital
Code	Single	Coins	Single	Visit	Desig	Network	Design	Network	Care	ER	Lab	л-нау	& Imaging	OP Surg	IP поspitai
DW-IU	\$4,000	80%	\$6,900	100%	Ded + 100%	Ded + 80%	Ded + 100%	Ded + 80%	Ded + \$50	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.





Effective 7/1/2024

PPO												
Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital
\$1,000	80%	\$5,500	100%	\$30	\$60	\$100	\$500	100%	100%	Ded + 80%	Ded + 80%	Ded + 80%
\$2,000	80%	\$5,000	100%	\$30	\$60	\$100	\$500	100%	100%	Ded + 80%	Ded + 80%	Ded + 80%
\$3,000	80%	\$6,000	100%	¢20	¢60	\$100	\$500	Dod + 80%	Dod + 80%	Dod + 80%	Dod + 90%	Ded + 80%
	Deductible Single \$1,000	Deductible Single Network Coins \$1,000 80% \$2,000 80%	Deductible Single Network Coins OOPM Single \$1,000 80% \$5,500 \$2,000 80% \$5,000	Deductible Single Network Coins OOPM Single Virtual Visit \$1,000 80% \$5,500 100% \$2,000 80% \$5,000 100%	Deductible Single Network Coins OOPM Single Virtual Visit PCP \$1,000 80% \$5,500 100% \$30 \$2,000 80% \$5,000 100% \$30	Deductible Single Network Coins OOPM Single Virtual Visit PCP Specialist \$1,000 80% \$5,500 100% \$30 \$60 \$2,000 80% \$5,000 100% \$30 \$60	Deductible Single Network Coins OOPM Single Virtual Visit PCP Specialist Urgent Care \$1,000 80% \$5,500 100% \$30 \$60 \$100 \$2,000 80% \$5,000 100% \$30 \$60 \$100	Deductible Single Network Coins OOPM Single Virtual Visit PCP Specialist Urgent Care ER \$1,000 80% \$5,500 100% \$30 \$60 \$100 \$500 \$2,000 80% \$5,000 100% \$30 \$60 \$100 \$500	Deductible Single Network Coins OOPM Single Virtual Visit PCP Specialist Urgent Care ER Lab \$1,000 80% \$5,500 100% \$30 \$60 \$100 \$500 100% \$2,000 80% \$5,000 100% \$30 \$60 \$100 \$500 100%	Deductible Single Network Coins OOPM Single Virtual Visit PCP Specialist Urgent Care ER Lab X-Ray \$1,000 80% \$5,500 100% \$30 \$60 \$100 \$500 100% 100% \$2,000 80% \$5,000 100% \$30 \$60 \$100 \$500 100% 100%	Deductible Single Network Coins OOPM Single Virtual Visit PCP Specialist Urgent Care ER Lab X-Ray Maj. Diag. & Imaging \$1,000 80% \$5,500 100% \$30 \$60 \$100 \$500 100% 100% Ded + 80% \$2,000 80% \$5,000 100% \$30 \$60 \$100 \$500 100% 100% Ded + 80%	Deductible Single Network Coins OOPM Single Virtual Visit PCP Specialist Urgent Care ER Lab X-Ray Maj. Diag. & Imaging OP Surg \$1,000 80% \$5,500 100% \$30 \$60 \$100 \$500 100% 100% Ded + 80% Ded + 80% \$2,000 80% \$5,000 100% \$30 \$60 \$100 \$500 100% 100% Ded + 80% Ded + 80%

Designated Diagnostic Laboratory and Complex Imaging Provider Requirements Apply.

Options	PPO H S	A Non-	Embedo	ded									
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-EX	\$2,000	100%	\$3,500	100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%
Options	PPO H S	Α											
DW-EK	\$3,500	90%	\$6,350	100%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%
DW-F5	\$6,000	80%	\$6,300	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.





Advantage R	x Plans							
	De describle		C	Copays		O a superior and	De describle	
Rx Plan Code	Deductible Individual	Tier 1	Tier 2	Tier 3	Tier 4	Combined Med/Rx	Deductible Family	Mail Order
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
01	Same as Medical	\$10	\$35	\$70	N/A	Comb	Same as Medical	2.5
01	N/A	\$10	\$35	\$70	N/A	Sep	N/A	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.

Advanta	age w/SMCS D	rugs	Rx Plans									
D. Dies	De describite				Сора	ys				O a malada a sal	De de albita	B.0 - 11
Rx Plan Code	Deductible Individual	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Combined Med/Rx	Deductible Family	Mail Order
010S	N/A	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Sep	N/A	2.5
010S	Same as Medical	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Comb	Same as Medical	2.5

Essentia	l w/SMCS Dru	igs Rx	Plans									
Rx Plan	Deductible				Col	pays				Combined	Deductible	
Code	Individual	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Med/Rx	Family	Mail Order
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





Nexus O	Nexus OAP Insurance																	
	Deduct	Design	Netwk	ООРМ			P	Spec	ialist	Urgent	ER	Lab	X-Ray	Maj. Diag. & Img.	O	P Surgery	IP	Hospital
Code	Single	Coins	Coins	Single	Visit	Design	Netwk	Design	Netwk	Care	-	Netwk	Netwk	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%

Nex	Nexus OAP H S A Insurance Non-Embedded																	
Med	Deduct	duct Design Netwk OOPM Virtual PCP Coins Coins Single Visit Design Netwk		:P	Spec	Specialist		ER	Lab	X-Ray	Maj. Diag. &	ОР	Surgery	IP	Hospital			
Code Single	Coins	Coins	Single	Visit	Design	Netwk	Design	Netwk	Urgent Care	,,	Netwk	Netwk	lmg. Netwk	Design	Netwk	Design	Netwk	
DW-JV	\$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%
DW-J>	\$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%

Nexu	lexus OAP H S A Insurance																	
Med	Deduct Design Netwk OOPM Virtual PCP Single Coins Single Visit Design Netwh		Р	Specialist		Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Img.	ОР	Surgery	IP	Hospital				
Code	Single	Coins	Coins	Single	Visit	Design	Netwk	Design	Netwk	Orgent Care		Netwk	Netwk	Netwk	Design	Netwk	Design	Netwk
DW-JY	\$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





Nexu	Nexus OA Wisconsin Plans*																	
Med	Med Deduct Design Netwk OC		CODM	Vietual	PCI		Spec	ialist	Liverant		Lob	V Dov	Maj. Diag. &	OP Surgery		IP Hospital		
Med Plan Code	Single	Coins	Coins	Single	Virtual	Design	Netwk	Design	Netwk	Urgent Care	ER	Lab Netwk	X-Ray Netwk	Img. 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%

Nexu	lexus OA H S A Wisconsin Plans*																	
Med Deduct	Design	Netwk	ООРМ	Virtua	PC	P	Specialist		Urgent Care	e ER	Lab	X-Ray	Maj. Diag. &	OP Surgery		IP Hospital		
Code	Plan Code Single	Coins	Coins	Single	l Visit	Design	Netwk	Design	Netwk	Urgent Care	ER	Netwk	Netwk	Img. Netwk	Design	Netwk	Design	Netwk
DW-J3	\$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





Nexus Adv	vantage Rx Plans								
	. Deductible		•	Copays		Combined	Deductible		
Rx Plan Co	de Individual	Tier 1	Tier 2	Tier 3	Tier 4	Med/Rx	Family	Mail Order	
01	N/A	\$10	\$35	\$70	N/A	Sep	N/A	2.5	
01	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	v/SM	CS Drugs Rx F	Plans								
Rx	Destruction .				Сора	ys				O a malada a sala	D. d. atticle	84-11
Plan Code	Deductible Individual	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Combined Med/Rx	Deductible Family	Mail Order
0105	N/A	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Sep	N/A	2.5
010S	Same as Medical	\$10	\$10	\$35	\$150	\$70	\$500	N/A	N/A	Comb	Same as Medical	2.5

Nexus E	Nexus Essential w/SMCS Drugs Rx Plans													
Ry Plan	Rx Plan Deductible Copays Combined Deduct													
Code	landinial and	Tier 1	Tier 1 Specialty	Tier 2	Tier 2 Specialty	Tier 3	Tier 3 Specialty	Tier 4	Tier 4 Specialty	Med/Rx	Family	Mail Order		
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 \$10 \$50 \$50 \$120 \$120 \$250 \$500 Sep N/A 2.5											





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.





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