

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 1/1/2022
AD061

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 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-4P	100%	80%	\$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	
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-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	
CI-B9	100%	80%	\$4,000	\$8,000	\$7,500	\$15,000	\$6,650	\$13,300	\$12,700	\$25,400	Ded	20+Ded	Ded	60+ Ded	100+Ded	350+Ded	Ded	Ded	Emb	
BM-H3	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000	\$40,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	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	
BM-H6	100%	70%	\$6,650	\$13,300	\$10,000	\$20,000	\$6,650	\$13,300	\$20,000	\$40,000	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Emb	
BZ-3T	90%	70%	\$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	
AH-2H	90%	70%	\$3,500	\$7,000	\$7,500	\$15,000	\$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-3V	90%	70%	\$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	
AH-2A	80%	60%	\$3,500	\$7,000	\$7,500	\$15,000	\$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-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-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-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	



Wisconsin Bankers Association
EMPLOYEE BENEFITS CORPORATION, INC



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

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																			
BZ-4K	100%	80%	\$1,500	\$3,000	\$3,000	\$6,000	\$3,500	\$7,000	\$7,000	\$14,000	\$0	\$30	\$0	\$60	\$100	\$350	100%	Ded+Coin	Emb
BZ-4M	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
BZ-5B	90%	70%	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	\$0	\$20	\$0	\$40	\$75	\$350	100%	Ded+Coin	Emb
BZ-4H	90%	70%	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$30	\$0	\$60	\$100	\$350	100%	Ded+Coin	Emb
BZ-4I	90%	70%	\$1,500	\$3,000	\$3,000	\$6,000	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$30	\$0	\$60	\$100	\$350	100%	Ded+Coin	Emb
BZ-49	80%	60%	\$500	\$1,000	\$1,000	\$2,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$30	\$0	\$60	\$100	\$350	100%	Ded+Coin	Emb
BZ-4Z	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$30	\$0	\$60	\$100	\$350	100%	Ded+Coin	Emb
BZ-42	80%	60%	\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$30	\$0	\$60	\$100	\$350	100%	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 ² Prem Des	Spec ³	Urgent Care	ER	Lab/X-Ray	Major Diag. MRI, CT, etc.	I/P & O/P Surgery	
			Single	Family	Single	Family	Single	Family	Single	Family											
Choice Plus Premier PROformance Insurance																					
CG-J5	80%	50%	\$1,000	\$2,000	\$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-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
Choice Premier PROformance Wisconsin Plan¹¹																					
CG-KG	50%	N/A	\$1,000	\$2,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
CG-KH	50%	N/A	\$2,000	\$4,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
CG-KI	50%	N/A	\$3,000	\$6,000	N/A	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$15	\$0	\$50	\$100	\$25	\$300+Ded+Coin	Ded+Coin	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	Deductible ER, MRI, Op Surg, Scopic, Inpatient	Lab X-Ray		Type
			Single	Family	Single	Family	Single	Family	Single	Family									

Choice Plus Flex Free Insurance⁶

BZ-3C	80%	50%	\$1,500	\$3,000	\$3,000	\$6,000	\$3,850	\$7,700	\$6,000	\$12,000	\$0	100%	100%	100%	100%	\$250+Ded/Coin	Ded+Coin	Emb
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

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 Prem Des	PCP ¹	Spec ² Prem Des	Spec ³	Urgent Care	ER	Lab/X-ray	Major Diag. MRI, CT, etc.	I/P & O/P Surgery		Type
			Single	Family	Single	Family	Single	Family	Single	Family												

Choice Plus Premier PROformance H S A Insurance

CG-LG	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$6,900	\$13,800	\$20,000	\$40,000	100%	100%	80%	100%	80%	\$50+Ded	\$300+Ded+Coin	Ded+Coin	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	Type
			Single	Family	Single	Family	Single	Family	Single	Family									
Options PPO Insurance H S A																			
BO-Z4	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-2R	90%	70%	\$3,500	\$7,000	\$7,500	\$15,000	\$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
CI-DQ	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
Options PPO Insurance																			
BZ-44	80%	60%	\$1,000	\$2,000	\$2,000	\$4,000	\$5,500	\$11,000	\$11,000	\$22,000	\$0	\$30	\$0	\$60	\$100	\$350	Coin	Ded+Coin	Emb
BZ-3B	80%	60%	\$2,000	\$4,000	\$4,000	\$8,000	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$30	\$0	\$60	\$100	\$350	Coin	Ded+Coin	Emb
BZ-4W	80%	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,000	\$12,000	\$12,000	\$24,000	\$0	\$30	\$0	\$60	\$100	\$350	Ded+Coin	Ded+Coin	Emb



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Advantage Pharmacy 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
DS	\$15	\$45	\$85	\$200	N/A	N/A	3
DS*	\$15	\$45	\$85	\$200	N/A	N/A	3
AU	\$10	\$35	\$70	N/A	\$250	\$750	2.5
MM**	No Copay	No Copay	No Copay	No Copay	N/A	N/A	No Copay

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

** Combined Med/Rx paired with 100% HSA plans - Deductible equal to OOP Max (BM-H2, BM-H3 and BM-H6)



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Advantage Standard Select Pharmacy Plans

Rx Plan Code	Copays					Individual Deductible	Family Deductible	Mail
	Tier 1	Tier 2	Tier 2 S	Tier 3	Tier 3 S			Order Ratio
010Y	\$10	\$35	\$150	\$70	\$500	N/A	N/A	2.5
010Y*	\$10	\$35	\$150	\$70	\$500	N/A	N/A	2.5
G75Y	\$10	\$45	\$150	\$95	\$500	N/A	N/A	2.5

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

Essential Standard Select Pharmacy Plans

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

1. Primary Care Physicians include General Practice, Family Practice, Internal medicine, Obstetrics-gynecology, and pediatrics.
2. This tier of benefits applies to UnitedHealth Premium quality and efficiency designated providers. Please visit myuhc.com for details.
3. This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium designation program and for physicians that are not quality and efficiency designated.
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.
6. "Flexpoint" 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.
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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