

# 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 1/1/2024  
AD103

Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Coplay/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									
Choice Plus Insurance H S A <sup>9</sup>																			
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
DJ-TH	100%	80%	\$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
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-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-Y7	100%	80%	\$4,000	\$8,000	\$7,500	\$15,000	\$6,650	\$13,300	\$12,700	\$25,400	\$0	20+Ded	Ded	60+ Ded	100+Ded	350+Ded	Ded	Ded	Emb
DE-X8	100%	70%	\$5,000	\$10,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000	\$40,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	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
DE-ZQ	100%	70%	\$6,250	\$12,500	\$10,000	\$20,000	\$6,250	\$12,500	\$20,000	\$40,000	\$0	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Emb
DJ-TE	90%	70%	\$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-XF	90%	70%	\$3,500	\$7,000	\$7,500	\$15,000	\$6,350	\$12,700	\$12,700	\$25,400	\$0	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
DE-YD	90%	70%	\$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-XE	80%	60%	\$3,500	\$7,000	\$7,500	\$15,000	\$6,350	\$12,700	\$12,700	\$25,400	\$0	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	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
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-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



**Wisconsin Bankers Association**  
EMPLOYEE BENEFITS CORPORATION, INC

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**Wisconsin**  
Effective 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									
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 <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 <sup>2</sup> Prem Des	Spec <sup>3</sup>	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 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 Plan <sup>11</sup>																						
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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**Wisconsin**  
Effective 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	Deductible ER, MRI, Op Surg, Scopic, Inpatient	Lab X-Ray	Type	
			Single	Family	Single	Family	Single	Family	Single	Family									

**Choice Plus Flex Free Insurance<sup>6</sup>**

CT-SA	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
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

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> Prem Des	PCP <sup>1</sup>	Spec <sup>2</sup> Prem Des	Spec <sup>3</sup>	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**

DE-1N	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$6,900	\$13,800	\$20,000	\$40,000	\$0	100%	80%	100%	80%	\$50+Ded	\$300+Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb
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Plan Code	Coinsurance		Deductible				Out-Of-Pocket Maximum				Copay/Per Occurrence									Deductible <sup>5</sup>  Type
	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		
			Single	Family	Single	Family	Single	Family	Single	Family										
Options PPO Insurance H S A																				
DE-YB	100%	80%	\$2,000	\$4,000	\$4,000	\$8,000	\$3,500	\$6,850	\$7,000	\$14,000	\$0	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	NonEmb	
DE-XL	90%	70%	\$3,500	\$7,000	\$7,500	\$15,000	\$6,350	\$12,700	\$12,700	\$25,400	\$0	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin	Emb	
DE-ZO	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	
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	
OI	\$10	\$35	\$70	N/A	N/A	N/A	2.5
OI*	\$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 Order Ratio
	Tier 1	Tier 2	Tier 2 S	Tier 3	Tier 3 S			
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 Order Ratio
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 4 S			
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.

## 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		Virtual Visit	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		Designated Network	Network	Designated Network	Network	Designated Network Facility					Network Facility	Designated Network Facility	Network Facility			
Nexus Open Access (OAP) Insurance Plans																												
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%		
Nexus Open Access (OAP) Non-Embedded H S A Insurance Plans																												
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%		
Nexus Open Access (OAP) Embedded H S A Insurance Plan																												
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 <19	Designated Network	Network	Designated Network					Network	Designated Network Facility	Network Facility	Designated Network Facility	Network Facility
Nexus Open Access (OA) Wisconsin Plan**																					
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%
Nexus Open Access (OA) Embedded H S A Wisconsin Plans**																					
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	
OI	\$10	\$35	\$70	N/A	N/A	N/A	2.5
OI*	\$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			
OIOY*	\$10	\$35	\$150	\$70	\$500	N/A	N/A	2.5
OIOY	\$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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## 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.



**Wisconsin Bankers Association**  
EMPLOYEE BENEFITS CORPORATION, INC

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