

Core Plan for Adults With No Dependent Children

The BadgerCare Plus Core Plan is a limited plan that covers basic health care services, including primary and preventive care as well as generic drugs for the long-term uninsured. Core Plan applications can be submitted online at ACCESS.wi.gov. If you do not have access to the internet or have questions, call 1-800-291-2002.

WHO CAN ENROLL

You must meet these program rules to enroll in the BadgerCare Plus Core Plan:

- Wisconsin resident;
- U.S. citizen or legal immigrant;
- Age 19 through 64;
- Do not have dependent children, under age 19 living with you;
- Not pregnant;
- Have family income at or below 200% of the federal poverty level guidelines (see Monthly Income Limits on next page);
- Do not have private health insurance coverage when you request Core Plan coverage or in the 12 months before you request Core plan coverage, unless you have a good cause reason for losing the private insurance*.
- Cannot sign up for insurance from an employer during the month you request Core Plan coverage or next three months;
- Did not have access to insurance from an employer in the 12 months before you request Core Plan coverage, unless you have a good cause reason for not signing up*; and
- Are not getting BadgerCare Plus, Medicaid or Medicare.

* For information about good cause reasons, go to <http://badgercareplus.org/core/publications.htm>

HOW TO ENROLL IN THE CORE PLAN

To enroll in the BadgerCare Plus Core Plan for Childless Adults:

1. Go to ACCESS.wi.gov
2. Click on Apply for Benefits
3. Set up your secured account
4. Log in using your new account ID and password.
5. Fill out the online application
6. Take a short survey about your health,
7. Pay an annual \$60 non-refundable processing fee, and
8. Mail or fax proof of your income and other information you provided.

When applying online, be sure to give a phone number when you are asked for the best way to contact you. If you ask for FoodShare when you apply, you will be contacted by phone for a few follow up questions.

If you ask for Core Plan only, you will receive a letter asking for proof and any steps you didn't complete, but need to before you can enroll.

ENROLLMENT BEGINS

Enrollment in the Core Plan will begin on the next enrollment date (always the 1st or the 15th of the month) after:

- You complete all the steps above (including payment of the \$60 fee); and
- Your proof is received and we determine you meet the rules to enroll in the program.

MONTHLY INCOME LIMITS

(Based on Federal Poverty Levels)

	100% FPL	200% FPL
Single	\$ 902.50	\$1,805.00
Married Couple	\$1,214.17	\$2,428.33

For current guidelines go to badgercareplus.org/fpl.htm

COVERED SERVICES

These are the services covered under the BadgerCare Plus Core Plan. These covered services may change. Some services covered under the BadgerCare Plus Core Plan will have a co-payment. Co-payment amounts are based on your income.

Covered Service	Level 1 Co-payments Income Below 100% FPL	Level 2 Co-payments Income between 100% and 200% FPL
Chiropractic services	\$0.50 to \$3 per service	\$0.50 to \$3 per service
Doctor visits <ul style="list-style-type: none"> • Includes office visits and surgical procedures. • Mental health visits are only covered when they are with a psychiatrist. • For substance abuse, physician services are covered. • Routine eye exams are not covered. 	\$0.50 to \$3 per service, limited to \$30 per provider per calendar year. No co-payments for emergency services, preventive care, anesthesia, or clozapine management.	\$0.50 to \$3 per service, limited to \$30 per provider per calendar year. No co-payments for emergency services, preventive care, anesthesia, or clozapine management.
Hospital services <ul style="list-style-type: none"> • This includes inpatient and outpatient visits. • Inpatient mental health services are not covered. 	For outpatient visits, \$3 per visit. For inpatient visits, \$3 per day. For each stay, you will not have to pay more than \$75 in co-payments. You will not have to pay more than \$300 per year in co-payments for all of your hospital services.	For outpatient visits, \$15 per visit. For inpatient visits, \$100 per stay. You will not have to pay more than \$300 in co-payments per year for all of your hospital services.
Emergency room visits and ambulance rides for emergencies.	\$0	\$60 per visit for the emergency room. You don't have to pay if you are admitted to the hospital.
Emergency dental services.	\$0	\$0

Covered Service	Level 1 Co-payments Income Below 100% FPL	Level 2 Co-payments Income between 100% and 200% FPL
Prescription drugs <ul style="list-style-type: none"> In most cases, generic drugs and some over-the-counter drugs are covered. Brand name drugs in specific drug classes. 	Up to \$5 per item. You will pay no more than \$20 per month per pharmacy provider.	Up to \$5 per item. You will pay no more than \$20 per month per pharmacy provider.
Physical therapy (including cardiac rehabilitation), occupational therapy, and speech therapy <ul style="list-style-type: none"> There is a limit of 20 visits per year for each type of therapy. 	\$0.50 to \$3 per service. Co-payments will not be charged after the first 30 hours or \$1,500 of each type of therapy, whichever occurs first, each enrollment year.	\$0.50 to \$3 per service. Co-payments will not be charged after the first 30 hours or \$1,500 of each type of therapy, whichever occurs first, each enrollment year.
Durable Medical Equipment <ul style="list-style-type: none"> This has a benefit limit of \$2,500 per year. Rental items count towards the limit. 	\$0.50 to \$3 per item.	\$0.50 to \$3 per item.
Disposable Medical Supplies <ul style="list-style-type: none"> This is limited to syringes, diabetic pens, ostomy supplies, and items used with durable medical equipment. 	\$0.50 to \$3 per priced unit.	\$0.50 to \$3 per priced unit.
Dialysis and other kidney-related services for people with end-stage renal disease, who do not qualify for Medicare end-stage renal disease services.	\$0	\$0

BadgerCare Plus Core Plan does not cover these services:

- Non-emergency dental services
- Hearing services
- Routine vision exams
- Home health care
- Hospice
- Inpatient mental health and substance abuse treatment services
- Non-emergency transportation
- Nursing home care
- Podiatry
- Reproductive health services (these services are covered through the Family Planning Waiver plan)
- Services for children and pregnant women