

Core Plan –Health Care For Adults With No Dependent Children

Covered Services

These covered services may change. You should always check with your provider to see if the service you want is covered. Some services covered under the BadgerCare Plus Core Plan will have a co-payment. Co-payment amounts are based on your income.

2009 MONTHLY INCOME LIMITS		100% FPL	200% FPL
(Based on Federal Poverty Levels)	Single	\$ 902.50	\$1,805.00
	Married Couple	\$1,214.17	\$2,428.33

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

As of January 1, 2010, BadgerCare Plus Core Plan will cover these services:

- Cardiac rehabilitation
- Chiropractic services
- Dialysis/kidney-related services
- Disposable medical supplies
- Doctor visits
- Durable medical equipment
- Health Education
- Home health services
- Hospice services
- Hospital services
- Emergency room visits
- Emergency ambulance rides
- Emergency dental services
- Some prescription drugs
- Physical therapy
- Podiatry
- Occupational therapy
- Speech therapy

BadgerCare Plus Core Plan does not cover these services:

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



Note: For co-payment amounts and other limits on the services listed above, please refer to the charts on pages 2 and 3.

Covered Services — Limits on Services — Co-payments

Covered Service	Co-payment – Level 1 Income Below 100% FPL	Co-payment – Level 2 Income between 100% and 200% FPL
Chiropractic Services	\$0.50 to \$3 per service.	Same as for people below 100% FPL.
Visits to the doctor <ul style="list-style-type: none"> • Includes office visits, surgical procedures, radiology and laboratory services. • 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.	Same as for people below 100% FPL.
Hospital services <ul style="list-style-type: none"> • This includes inpatient and outpatient visits. This includes inpatient and outpatient visits. An "outpatient visit" is an appointment at a hospital or a University of Wisconsin (UW) clinic. • Inpatient mental health services are not covered. 	For outpatient visits, \$3 per visit. Outpatient visits are limited to 25 visits per member per enrollment year. 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. Outpatient visits are limited to 25 visits per member per enrollment year. 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.	\$3 co-payment. If you are admitted to the hospital, you will pay the Inpatient Hospital co-payment. The Emergency room co-payment will be waived..	\$60 per visit for the emergency room. If you are admitted to the hospital, you will pay the Inpatient Hospital co-payment. The Emergency room co-payment will be waived..
Emergency dental services.	\$0	\$0
Prescription drugs <ul style="list-style-type: none"> • In most cases, generic drugs and some over-the-counter drugs are covered. 	Co-payments are \$4 for covered generic drugs or \$8 for covered brand-name drugs. You will pay no more than \$24 per month per pharmacy provider.	Same as for people below 100% FPL.
Physical therapy, occupational therapy, and speech therapy There is a limit of 20 visits per year for each type of therapy. Cardiac rehabilitation counts toward the 20 visit limit for physical 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 calendar year.	Same as for people below 100% FPL.

Covered Services — Limits on Services — Co-payments

Covered Service	Co-payment – Level 1 Income Below 100% FPL	Co-payment – Level 2 Income between 100% and 200% FPL
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.	Same as for people below 100% FPL.
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 unit of item.	Same as for people below 100% FPL.
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
Podiatry service for diagnosis and treatment of the feet and ankles.	(Co-payment of \$0.50 to \$3 per service, per provider, per calendar year)	Same as for people below 100% FPL.
Hospice services for members and their family members who are terminally ill.	No co-payment.	No co-payment.
Home health services for 30-days following a inpatient hospital stay, if ordered by the doctor.	No co-payment.	No co-payment.
Health education for asthma, diabetes and hypertension.	No co-payment.	No co-payment.

