



### Getting Services

If you are enrolled temporarily in BadgerCare Plus Family Planning Waiver Plan the qualified provider will give you a temporary paper ID card. This card shows that you are temporarily enrolled in BadgerCare Plus Family Planning Waiver Plan. You should show your card to your family planning provider each time you get services.

A short period of time after you get your temporary ID card, you will get a plastic “ForwardHealth” card to use for BadgerCare Plus family planning services. Use your ForwardHealth card once you get it, instead of the paper ID card.

If you are not enrolled in BadgerCare Plus Family Planning Waiver Plan by the local agency, the ForwardHealth card will be turned off once your temporary enrollment ends. You should keep your ForwardHealth card because if you apply for any BadgerCare Plus Plan at a later date and your application is approved, you will use the same ForwardHealth card to get services.

### Special Note for Teens

If you are a minor and do not mind if your parents know you applied, you can apply for full BadgerCare Plus coverage if you can give information about your parent’s income.

### Wisconsin Well Woman Medicaid

You may be able to enroll in Wisconsin Well Woman Medicaid if you are enrolled in BadgerCare Plus Family Planning Waiver Plan and:

- Are screened for, and diagnosed with, cervical cancer or a precancerous condition of the cervix, or
- Receive a clinical breast exam through BadgerCare Plus Family Planning Waiver Plan and through follow up medical testing outside of BadgerCare Plus Family Planning Waiver Plan are diagnosed with breast cancer, and are found to be in need of treatment for breast or cervical cancer or a precancerous cervical condition.

Wisconsin Well Woman Medicaid covers the same services as regular BadgerCare Plus. For more information on what is covered, see the BadgerCare Plus Enrollment & Benefits handbook (P-10167) or call Member Services at 1-800-362-3002.

### For More Information Contact:

Information provided in this brochure is general. For more detailed information;

- Go to [dhs.wisconsin.gov/em/customerhelp](https://dhs.wisconsin.gov/em/customerhelp)
- Call 1-800-362-3002
- Contact your local agency

The Department of Health Services (DHS) is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3356 (voice) or 1-888-701-1251 (TTY). All translation services are free of charge. For civil rights questions call (608) 266-9372 (voice) or 1-888-701-1251 (TTY).

Under federal guidelines the Family Planning Waiver program is scheduled to end on December 21, 2010, unless it is extended.

# BADGERCARE+

## FAMILY PLANNING WAIVER PLAN



**This plan provides certain family planning services to women ages 15 through 44.**

**The purpose of this plan is to stop unplanned pregnancies and sexually transmitted diseases (STDs).**

**Covered Services**

The following services may be covered if provided at an initial or annual office visit:

- Contraceptive services and supplies
- Natural family planning supplies
- Family planning pharmacy visits
- Pap tests
- Tubal ligation
- Tests and treatment for Sexually Transmitted Diseases (STD) including chlamydia, gonorrhea, herpes and syphilis as well as certain other lab tests
- Routine preventive primary services only if related to family planning.

If you are able enroll in the Family Planning Waiver Plan, you may be able to get regular BadgerCare Plus which pays for more services.

**Note:** Only certain services are covered under this plan. For example, mammograms and hysterectomies are not covered. You should tell your health care provider you have this coverage before you get services. Your provider should tell you if a service is not covered. If your provider tells you a service is not covered and you still choose to get the service, you will have to pay for it. You may also call 1-800-362-3002 to ask if a service is covered.

Federal law allows members to choose their provider, including physicians and family planning clinics, for family planning services and supplies. Therefore, you can also go to any family planning clinic that will accept your ForwardHealth ID card, even if the clinic is not part of your HMO.

If you need health care services your family planning provider is unable to provide, s/he will refer you to a provider who can. You may also be referred to your local community health center if you need any follow up care. If you have questions about getting a referral, ask your family planning provider.

**To enroll, you must:**

- Be a U.S. citizen, or have proof of immigration status,
- Be age 15 through 44,
- Not be getting ForwardHealth for the Elderly, Blind or Disabled or BadgerCare Plus Standard or Benchmark Plans, and
- Have a family gross income of no more than 200% of the federal poverty level (For minors, parents’ income is not counted).

Family Size	200% FPL
1	\$1,805.00
2	\$2,428.33
3	\$3,051.67



There is no asset test for this plan.

**Temporary Enrollment for the Family Planning Waiver Plan**

means if you are a woman, age 15 through 44, you can get family planning services right away, even before you have applied for BadgerCare Plus Family Planning Waiver Plan with the local agency.

A “qualified provider” is BadgerCare Plus approved and s/he can decide if you can get temporary family planning services. Your own doctor may be a qualified provider; if not, it is easy to find one. Member Services at 1-800-362-3002 can give you a list of BadgerCare Plus Family Planning Waiver Plan qualified providers in your area.

**Note:** If you are not a U.S. citizen, you must apply for BadgerCare Plus Family Planning Waiver Plan with your local agency and provide proof of immigration status to the local agency.

**Temporary Enrollment Period**

Temporary enrollment for this plan begins on the day you fill out the Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan application and a “qualified provider” finds

you are able to enroll. The qualified provider will help you fill out the application.

You will stay enrolled until the end of the second month following the month you are temporarily enrolled.

**For example,** Jane goes to the clinic and her provider enrolls her for temporary BadgerCare Plus Family Planning Waiver Plan on March 10. If Jane does not file a BadgerCare Plus application with her local agency, her temporary enrollment will end on May 31st.



**How to Apply**

To keep getting coverage through the Family Planning Waiver Plan, you must apply for the BadgerCare Plus Family Planning Waiver Plan with your local agency. You can apply by phone, mail, in person or online at [access.wi.gov](http://access.wi.gov). To find the local agency in your area, call 1-800-362-3002 or go to [dhs.wisconsin.gov/em/customerhelp](http://dhs.wisconsin.gov/em/customerhelp).

**Confidentiality**

If you apply for or get coverage from BadgerCare Plus Family Planning Waiver Plan, you will have the following protections:

- Written information can be sent to an address other than your home address.
- If you are under 18 years of age, you will not be referred to the child support agency.
- Your parent’s income will not be used to see if you can enroll in the BadgerCare Plus Family Planning Waiver Plan, if you are under 18 years of age.
- The local agency will not contact parents or other caretakers.