



Benefits Summary

BadgerCare Plus Standard Plan & SSI Benefits

To be eligible for this program you must meet income guidelines and either have a child under 19 living with you or you must be a person with a disability. Services must be medically necessary.

Services	Standard & SSI Plan	Co pay
Medication	Full coverage	*\$.50 - \$3
Physician visits	Full coverage	MHS covers
Inpatient hospital	Full coverage	MHS covers
Outpatient hospital	Full coverage	MHS covers
Emergency room	Full coverage	MHS covers
Nursing home	Full coverage	MHS covers
Physical therapy	Full coverage	MHS covers
Home health	Full coverage	MHS covers
Medical equipment	Full coverage	MHS covers
Medical supplies	Full coverage	MHS covers
Transportation	Ambulance, wheel chair transport	MHS covers
*Dental	Preventive, restorative, palliative	*\$1 - 3
Vision	One exam & glasses per year	MHS covers
Hearing	Full coverage	MHS covers
Hospice	Full coverage	No copay
Family planning	Full coverage	No copay
Chiropractor	Full coverage	*\$3
Podiatrist	Full coverage	MHS covers
Mental health	Outpatient & inpatient coverage. (Stays in institutional settings are not covered).	MHS covers
Health education	MHS added benefit	MHS covers

*Depending on the county of residence the dental benefit may be provided by the HMO or by the state. Pharmacy and chiropractic services are provided by the state in all areas.

Benefits Summary BadgerCare Plus Benchmark Plan

This is a limited benefit plan and requires premiums and co-pays. Services must be medically necessary.

Services	Benchmark	Co pay	Yearly Limits
*Medication	Generics only	\$5	None
Physician visits	Full coverage	\$15	None
Inpatient hospital	Full coverage	Medical = \$100 Mental health = \$50	None
Outpatient hospital	Full coverage	\$15	None
Emergency room	Full coverage	\$60 if not admitted	None
Nursing home	Full coverage	No copay	30 days
Physical, occupational, speech therapy	Full coverage	\$15	20 visits each
Home health	Full coverage	Per visit = \$15	60 visits
Medical equipment	Full coverage	Per item = \$5	\$2,500
Medical supplies	Only: Syringes, diabetic pens, & items needed for DME	\$.50 for diabetic supplies. No copay for other items.	None
Transportation	Ambulance, wheelchair transport	Ambulance = \$50 Wheelchair = \$1	None
*Dental	Kids & pregnant women Only	50%- Medicaid rate	\$750
Vision	Exam only	\$15	1 exam per 2 Years
Hearing	Physician visit only	\$15	No hardware
Hospice	Full coverage	No copay	365 days
Family planning	Full coverage	No copay	None
*Chiropractor	Full coverage	Per visit = \$15	None
Podiatry	Full coverage	Per visit = \$15	None
Mental health	Full coverage	Office visits = \$15 Inpatient day = \$50	
Health education	MHS added benefit	No copay	Asthma, diabetes, hypertension

*Depending on the county of residence the dental benefit may be provided by the HMO or by the state. Pharmacy and chiropractic services are provided by the state in all areas.

Benefits Summary BadgerCare Plus Core Plan

This is a limited benefit plan with co-pays. Services must be medically necessary.

Services	Core	Co pay	Yearly Limits
*Medication	State Drug List	\$4 - 8	None
Physician visits	Full coverage	**\$.50 - \$3	None
Inpatient hospital	Full coverage	***\$3 -100	None
Outpatient hospital	Full coverage	\$3 -15	25 visits
Emergency room	Full coverage	\$3 - 60	None
Physical, occupational, speech therapy	Full coverage	**\$.50 - \$3	20 visits each
Home health	Following inpatient	No copay	30 days/100 visits
Medical equipment	Full coverage	**\$.50 - \$3	\$2,500
Medical supplies	Limited	**\$.50 – 3 per item	Syringes, diabetic pens, & items used with DME
Transportation	Ambulance only	No copay	None
*Dental	Emergency only	No copay	Emergency only
Vision	MHS added benefit. Exam & glasses	\$15	1 each per year
Hospice	Full coverage	No co pay	None
Family planning	Full coverage	No copay	None
*Chiropractor	Full coverage	**\$.50 - \$3	None
Podiatry	Full coverage	**\$.50 – \$3. Up to \$30 per yr	None
Mental health	Psychiatry only	**\$.50 – \$3. Up to \$30 per yr	None
Health education	Limited benefit	No copay	Asthma, diabetes, hypertension

*Dental, pharmacy and chiropractic services are provided by the state in all areas.

** Co-pays are based on the state's allowed amount for the service. For services with an allowed amount of \$10.00 or less, the co-pay is \$0.50; \$10.01-\$25 the co-pay is \$1.00; \$25.01-\$50 the co-pay is \$2.00; \$50.01 or more the co-pay is \$3.00.

***Hospital copays are based on income. Inpatient co-pays are \$3.00 per **day** for Core 1 members who are below 100% of the poverty level and are capped at \$75.00 per stay. Inpatient copays are \$100 copay per **stay** for Core 2 members who are above 100% of the poverty level. All hospital copays are capped at \$300 per year. Outpatient co-pays are \$3.00 per visit for Core 1 members and \$15.00 per visit for Core 2 members. Emergency Room co-pay is based on income and is waived for Core 1 members, \$60.00 per visit for Core 2 members and waived if admitted to the hospital.

Core members must have a comprehensive physical exam within the first 12 months of their enrollment in order to maintain eligibility. MHS is required to ask providers to assist in submitting health indicator data on all Core members as a state requirement. Height, weight and blood pressure are required, while HbA1C & LDL screening are optional for Core members with diabetes.