



BASIC PLAN — GENERAL INFORMATION

The BadgerCare Plus Basic plan is an optional, limited benefit health care plan (see Covered Services). Only individuals who are on the Core Plan waitlist will have the option to enroll in the Basic Plan.

HOW TO ENROLL

You must be on the Core Plan Waitlist

To add your name to the Core Plan Waitlist, go to access.wi.gov, click on “Apply for Benefits”. You will need to set up a secure account that will help to keep your information private and secure. It also lets you save your application to work on it later if you need to. Or, you can call the Enrollment Services Center at 1-800-291-2002.

You will get a letter to confirm you have been placed on the Waitlist. The letter will also tell you what to expect while you are on the waitlist, information about Basic Plan premiums (see Monthly Premiums), and how to enroll.

If you are already on the Waitlist

You don’t need to do anything right now. In a few weeks, you will receive a fact sheet and instructions on how to enroll.

MONTHLY PREMIUMS and ENROLLMENT DATES

All members must pay a premium of \$130 per person, per month for coverage in the Basic Plan.

Enrollment in the Basic Plan always starts on the 1st of the month. Which month coverage starts depends on when you pay the first premium.

If your first premium is received before 4:30 p.m. on the 15th of the month, your enrollment will start on the first of the next month.

If your first premium is received after 4:30 p.m. on the 15th of the month, enrollment will be delayed a month.

For example: If you sign up and pay your first premium between June 1 and June 15 by 4:30 p.m., your coverage will start July 1. If you sign up and pay your first premium between June 15 at 4:30 p.m. and June 30 by 4:30 p.m., your coverage will begin on August 1.

Ongoing Monthly Premiums — Each month members will get a premium payment slip in the mail. Your full premium payment will be due on the 5th of each month for coverage the next month. These premiums can be paid through the mail using the premium payment slip.

Late Payment/No Payment — If you fail to pay your monthly premium in full by the 5th of the month, your coverage will end and you will not be able to re-enroll in the Basic Plan for 12 months.

ADDITIONAL INFORMATION

Members enrolled in the Basic Plan:

- ✔ Will stay enrolled in this plan as long as premiums are paid and they are on the Core Plan waitlist and meet the Core Plan rules.
- ✔ Will be invited to enroll in the Core Plan as openings are available based on funding and in the order in which they applied.
- ✔ Will not be enrolled in an HMO (Health Maintenance Organization)
- ✔ May be asked to verify income and/or insurance coverage information.
- ✔ Will be asked to report changes.

COVERED SERVICES

Basic Plan covered services may change. You should always check with your health care provider to see if the service you want is covered, if there are any limits and if you will have a copayment.

Covered Services	Limits	Copayment
*Physician Services (includes Psychiatrist and Ophthalmologist)		
Full coverage — Includes laboratory and radiology (including mammograms)	10 visits per enrollment year Limit does not apply to laboratory and radiology	\$10 copayment per visit
Hospital Services		
Inpatient — Full coverage with prior authorization	1 inpatient stay. Deductible after first stay	\$100 copayment per covered stay
Outpatient — Full coverage with prior authorization	5 outpatient (non-emergency room) visits. Deductible after 5 visits	\$60 copayment per visit
Emergency Room — Full coverage	5 Emergency Room visits per enrollment year	\$60 copayment per visit (waived if you are admitted to hospital)
Drugs		
Generic-only drug benefit with a few generic OTC drugs Preferred brand insulins, Tamiflu and Relenza are the only exception to generic and will be covered. Also includes drugs to help quit smoking.	10 per calendar month	Up to \$5 copayment
Note: Basic Plan members will be automatically enrolled in the BadgerRx Gold plan. This is a separate program administered by Navitus, which provides for a discount on the cost of drugs.		
Dental — Emergency		
	Emergency services only	\$10 copayment per visit
Ambulance		
Coverage limited to emergency transportation by ambulance		No copayment
Ambulatory Surgical Centers (ASC)		
Full coverage	5 visits per enrollment year	\$60 copayment per visit
*Chiropractic Services		
Full coverage	10 professional visits (included in the 10 physician visit limit)	\$10 copayment per visit
Disposable Medical Supplies		
Coverage of diabetic supplies, ostomy supplies and DMS that are required with the use of a DME item		Up to a \$5 copayment per item

Covered Services	Limits	Copayment
Durable Medical Equipment		
Full coverage Note: Rental items are not subject to co-payments but count towards the \$500 annual limit.	Up to \$500 per enrollment year	Up to \$10 copayment per item
End Stage Renal Disease (ESRD)		
Full coverage	None	\$10 copayment
Hospice Services		
Full Coverage	None	No copayment
Therapy Services (Physical, Occupational, Speech)		
Physical Therapy (PT), Occupational Therapy (OT) Speech Therapy (ST)	10 visits per therapy type per enrollment year. (Cardiac rehabilitation counts toward the 10 visit limit for PT.)	\$10 copayment per visit
*Podiatry Services		
Full coverage	10 professional visits per year (included in the 10 physician visit limit)	\$10 copayment per visit

*Physician (including ophthalmologist, nurse practitioner and physician assistant), podiatry and chiropractic visits all count towards the same 10 visit limit per enrollment year.

SERVICES NOT COVERED:



The following services are not covered under the Basic Plan:

- Dental - Routine Services
- Hearing Services
- Home Care Services (Home Health, Private Duty Nursing and Personal Care)
- Inpatient and Outpatient Mental Health and Substance Abuse Treatment
- Nursing Home Services
- Pregnancy - Labor and Delivery
- Vision Services - Routine Services
- Transplant Services
- Transportation - Non-emergency

OTHER COVERAGE AND PROGRAMS

Family Planning Waiver: Members between the ages of 19 through 44 who are enrolled in the Basic Plan may also be able to enroll in the Family Planning Waiver. This program provides certain family planning services to stop unplanned pregnancies and sexually transmitted diseases (STDs). The Family Planning Waiver Program is available to men beginning May 1, 2010. To learn more about this plan, go to dhs.wi.gov/em/CustomerHelp.

FoodShare: Members enrolled in the Basic Plan may also be able to enroll in the FoodShare program. This program helps people with limited money buy the food they need for good health. To learn more about this program, go to dhs.wi.gov/em/CustomerHelp.



HIRSP: The Health Insurance Risk-Sharing Plan (HIRSP) offers health insurance to people who are unable to find adequate health insurance coverage in the private market due to their medical conditions, or who have lost their employer-sponsored group health insurance. HIRSP members are not excluded from being BadgerCare Plus Basic Plan members. For more information, go to HIRSP.org or call 1-800-828-4777.

Wisconsin Chronic Disease Program: Wisconsin Chronic Disease Program (WCDP) provides payment to health care providers for disease-related services for people with chronic renal disease, adult cystic fibrosis and hemophilia. Members may participate in both WCDP and BadgerCare Plus Basic Plan while paying a cost-share for both programs. For more information, go to dhs.wi.gov or call 1-800-362-3002.

Wisconsin AIDS/HIV Drug Assistance Program (ADAP): ADAP provides access to HIV-related antiretroviral drugs and prophylactic medications as well as certain vaccines for hepatitis. Members may participate in both programs. For more information, go to dhs.wisconsin.gov/aids-hiv or call 1-800-991- 5532.

Wisconsin Well Woman Program: Women between the ages of 45-64 who are enrolled in the Basic Plan may also be able to enroll in the Wisconsin Well Woman Program (WWWP). The WWWP pays for mammograms and pap tests. For more details on this program, go to dhs.wi.gov/womenshealth/wwwp or call (608) 266-8311.



**State of Wisconsin
Department of Health Services**



New Dependent Coverage Rules

As of January 1, 2010, Wisconsin law allows eligible young adults under the age of 27 to be covered under some parents' health insurance plans (Wis. Stat. 632.885) even if the adult child is not a full time student. For more information, go to <http://oci.wi.gov/> or contact the employer's Human Resources office.