

Core Plan – Basic Health Care For Adults With No Dependent Children

Covered Services

These are the services the BadgerCare Plus Core Plan will cover. 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 copayment. Copayment amounts are based on your income.

Effective as of January 2011 Monthly Income Limits		100% FPL	200% FPL
(Based on Federal Poverty Levels)	Single	\$ 907.50	\$1,815.00
	Married Couple	\$1,225.83	\$2,451.67

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

BadgerCare Plus Core Plan will cover these services:

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

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 Family Planning Only Services)
- Services for children and pregnant women

State of Wisconsin
Department of Health Services



Note: For copayment amounts and other limits on the services listed above, please refer to the chart on page 2.

Covered Service	Co-payment – Level 1 Income Below 100% FPL	Co-payment – Level 2 Income between 100% and 200% FPL
Ambulatory Surgery Centers	Coverage of certain surgical procedures and related laboratory services. \$3 copayment per service	Same as for people below 100% FPL.
Chiropractic Services	\$0.50 to \$3 per service.	Same as for people below 100% FPL.
Doctor Visits <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.
Prescription drugs <ul style="list-style-type: none"> • In most cases, generic drugs and some over-the-counter drugs are covered. 	Up to \$4 per prescription and up to \$8 for brand name drugs. You will not have to pay more than \$24 per month for drugs prescribed by each provider. Opioid (pain management) drugs are limited to 5 prescriptions per month.	Same as for people below 100% FPL.
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	Co-payment – Level 1 Income Below 100% FPL	Co-payment – Level 2 Income between 100% and 200% FPL
<p>Home Health Services (Home Health, Private Duty Nursing and Personal Care)</p> <p>Coverage of home health services for 30 days following an inpatient stay if discharge from the hospital is contingent on the provision of follow-up home health services.</p>	<p>Coverage is limited to 100 visits within the 30-day post-hospitalization period.</p> <p>No copayment.</p>	<p>Same as for people below 100% FPL.</p>
<p>Hospice Full Coverage</p>	<p>\$0</p>	<p>\$0</p>
<p>Physical therapy, occupational therapy, and speech therapy</p> <p>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.</p>	<p>\$0.50 to \$3 per service.</p> <p>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.</p>	<p>Same as for people below 100% FPL.</p>
<p>Podiatry Full coverage</p>	<p>\$0.50 to \$3.00 copayment per service, limited to \$30.00 per provider per enrollment year.</p>	<p>Same as for people below 100% FPL.</p>
<p>Disposable Medical Supplies</p> <ul style="list-style-type: none"> This is limited to syringes, diabetic pens, ostomy supplies and items used with durable medical equipment. 	<p>\$0.50 to \$3 per unit of item. \$0.50 per prescription for diabetic supplies.</p>	<p>Same as for people below 100% FPL.</p>
<p>Durable Medical Equipment</p> <ul style="list-style-type: none"> This has a benefit limit of \$2,500 per year. Rental items count towards the limit. 	<p>\$0.50 to \$3 per item.</p>	<p>Same as for people below 100% FPL.</p>
<p>Dialysis and other kidney-related services for people with end-stage renal disease, who do not qualify for Medicare end-stage renal disease services.</p>	<p>\$0</p>	<p>\$0</p>