

**HEALTH COVERAGE TAX CREDIT (HCTC)  
WISCONSIN'S STATE QUALIFIED HEALTH PLAN  
BADGERCARE PLUS BENCHMARK PLAN**

**HOW DO I QUALIFY FOR HCTC?**

The HCTC allows workers displaced by foreign industries and retirees that meet specific criteria to receive an advance federal tax credit toward the purchase of a qualified private health insurance plan. Those with questions about their eligibility for the program may call the HCTC Customer Contact Center at 1-866-628-4282, or go to the HCTC Web site at <http://www.irs.gov/> (key word HCTC).

**WHAT IS WISCONSIN'S STATE QUALIFIED HEALTH PLAN?**

Wisconsin's state qualified plan is called the BadgerCare Plus Benchmark plan.

**WHAT DOES THE BADGERCARE PLUS BENCHMARK PLAN COVER?**

**Ambulatory Surgical Centers**

Coverage of certain surgical procedures and related lab services. \$15 copayment per visit.

**Chiropractic Services**

Full coverage — \$15 copayment per visit.

**Dental Services**

Limited coverage of preventive, diagnostic, simple restorative, periodontics, and extractions for pregnant women and children.

Coverage limited to \$750 per enrollment year.

A \$200 deductible applies to all services except preventive and diagnostic.

Cost-sharing equal to 50% of allowable fee on all services.

Pregnant women are exempt from deductible and cost-sharing requirements for dental services.

**Disposable Medical Supplies (DMS)**

Coverage of diabetic supplies, ostomy supplies, and other DMS that are required with the use of durable medical equipment (DME).

\$0.50 copayment per prescription for diabetic supplies. No copayment for other DMS.

**Durable Medical Equipment (DME)**

Full coverage up to \$2,500 per enrollment year. \$5 copayment per item.

Rental items are not subject to copayment but count toward the \$2,500 annual limit.

Hearing aid repairs are subject to the \$2,500 enrollment year limit.

**Drugs (Prescription)**

Generic drug-only formulary with a few generic over-the-counter (OTC) drugs.

Members will be automatically enrolled in the Badger Rx Gold plan. This is a separate program administered by Navitus, which provides for a discount on the cost of drugs.

\$5 copayment with no upper limits.

**End-Stage Renal Disease (ESRD)**

Full coverage. No copayment.

**Health Screenings for Children**

Full coverage of HealthCheck screenings and other services for individuals under age 21 years.

\$1 copayment per screening for 18, 19, and 20 year olds.

**Hearing Services**

Full coverage for members 17 years of age and younger.

\$15 per visit, regardless of the number or type of procedures administered during one visit.

**Home Care Services (Home Health, Private Duty Nursing and Personal Care)**

Full coverage of home health services. Coverage limited to 60 visits per enrollment year.

Private duty nursing and personal care are not covered.

\$15 copayment per visit.

**Hospice**

Full coverage, up to 360 days per lifetime. No copayment.

**Inpatient Hospital Services**

Full coverage — Copayments are as follows:

- \$100 stay for medical stays.
- \$50 copayment per stay for mental health and/or substance abuse treatment.

**Mental Health and Substance Abuse Treatment**

Covered services include outpatient mental health, outpatient substance abuse (including narcotic treatment), mental health day treatment for adults, substance abuse day treatment for adults and children, and child/adolescent mental health day treatment and inpatient hospital stays for mental health and substance abuse.

\$10 to \$15 copayment per visit for all outpatient services:

- \$10 per day for all day treatment services.
- \$15 per visit for narcotic treatment services (no copayment for lab tests).
- \$15 per visit for outpatient mental health diagnostic interview exam, psychotherapy — individual or group (no copayment for electro-convulsive therapy and pharmacological management).
- \$15 per visit for outpatient substance abuse services.

**Nursing Home Services**

Full coverage for stays at skilled nursing homes limited to 30 days per enrollment year.

No copayment.

**Outpatient Hospital - Emergency Room**

Full coverage — \$60 copayment per visit (waived if admitted to hospital).

<b>Outpatient - Hospital</b>
Full coverage. \$15 copayment per visit.
<b>Physician Services</b>
Full coverage, including laboratory and radiology. \$15 copayment per visit. No copayment for emergency services, preventive care, anesthesia or clozapine management.
<b>Podiatry Services</b>
Full coverage — \$15 copayment per visit.
<b>Prenatal /Maternity Care</b>
Full coverage, including prenatal care coordination, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems. No copayment.
<b>Reproductive Health Services — Family Planning Services</b>
Full coverage, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization. No copayment.
<b>Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier*</b>
Coverage limited to emergency transportation by ambulance. \$50 copayment per trip for emergency transportation by ambulance.
<b>Vision - Routine Services</b>
One eye exam every two years, with refraction — \$15 copayment per visit

**OTHER THINGS TO KNOW ABOUT SERVICES**

In order to receive services, they must be determined to be medically necessary per Wisconsin State Statute 101.03 (96m).

Providers know the BadgerCare Plus coverage limits. The provider must tell you if BadgerCare Plus doesn't cover a service before the service is provided. A provider can charge you for services that are not covered by BadgerCare Plus if the provider told you before providing the service that the service wasn't covered, and you agreed to pay for the service.

If you are enrolled in the Benchmark plan and can't pay your copayment right away, the provider may refuse to provide services.

**HOW MUCH WILL MY PREMIUM BE?**

Premiums for HCTC participants are based upon age, gender, and the area of the state in which they live. Based on these factors, individual total premium amounts (before HCTC reduction) range from approximately \$100-\$400 per person per month.

## HOW WILL I ACCESS SERVICES?

Each person who is enrolled in BadgerCare Plus will get a **ForwardHealth** card.



When you go to a BadgerCare Plus provider make sure you take the card for the person who has the appointment. You should also have your Badger Rx Gold card with you in the event it is needed for brand name prescriptions.

Providers don't have to see a person who doesn't have his/her card. If you don't have the card with you, you may be asked to pay for the services.

## WHICH PROVIDERS MAY I USE?

For the first few months the program is available in Wisconsin, HCTC participants will not be not enrolled in an HMO. During this time, HCTC participants should check with their health care providers to see if they accept the **ForwardHealth** card. If not, call Member Services at 1-800-362-3002 and ask for help finding a provider. All services must be provided by a BadgerCare Plus provider. If you get services from someone who is not, you will be responsible for paying the cost of the service.

In the future, new HCTC enrollees will be required to enroll in an HMO, and existing members will be asked to choose an HMO in order to continue receiving services.

## HOW CAN I ENROLL IN THE BADGERCARE PLUS BENCHMARK PLAN AS AN HCTC MEMBER, OR GET MORE INFORMATION?

Call the HCTC Call Center at (608) 266-6740.



State of Wisconsin  
Department of Health Services  
Division of Health Care Access and Accountability