

Spanish — Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002 (V/TTY).

Russian — Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002 (V/TTY).

Hmong — Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-800-362-3002 (V/TTY).

Laotian — ເພື່ອຊ່ວຍໃນການແປ ຫລື ເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາ ໂທຮະສັບຫາ 1-800-362-3002 (V/TTY).

Affected Programs: BadgerCare Plus, Medicaid

To: Members

Important Information About Your BadgerCare Plus Enrollment

Changes to Your BadgerCare Plus Benefits

On April 1, 2014, all BadgerCare Plus members will be covered under the Standard Plan. If you were covered under the Benchmark or Core Plan, you will receive benefits under the Standard Plan, starting April 1.

This is an informational Member *Update*. No action is required on your part.

Covered Services

More services are covered under the Standard Plan than the Benchmark Plan or the Core Plan. Some of those services include:

- Generic and brand name prescription drugs and some over-the-counter (OTC) drugs.
- Additional outpatient mental health and substance abuse treatment services.
- Dental services.
- Medical transportation to and from a covered service.

Note: BadgerCare Plus Benchmark Plan and Core Plan members were also enrolled in BadgerRx Gold, a reduced-cost prescription drug program. The BadgerRx Gold

program is ending March 31, 2014, so your enrollment in BadgerRx Gold is also ending. However, on April 1, 2014, when you begin getting health care coverage through the BadgerCare Plus Standard Plan, more prescription drug coverage will be available to you at a lower cost.

For more information about BadgerCare Plus Standard Plan covered services, see the covered services attachment on page 3.

Copayment

Copayments for services will be between \$0.50 and \$3 per service. There are no copayments for preventive services.

Your providers are required to make a reasonable effort to collect the copayment but cannot refuse to provide you with health care services if you do not pay your copayment.

HMO Enrollment

Most BadgerCare Plus members are enrolled in an HMO. If you are enrolled in an HMO, no action is required on your part at this time. If you need to choose a new HMO, you will be notified by mail.

Identification Cards

If you were a Core Plan member, your ForwardHealth ID card is changing, so you will be mailed a new ForwardHealth ID card. Your member ID number will not change. If you were in the Standard Plan or Benchmark Plan, your ForwardHealth ID card will not change.

New BadgerCare Plus Rules

As of April 1, 2014, the following people can enroll in the BadgerCare Plus Standard Plan:

- Adults with household incomes at or below 100 percent of the Federal Poverty Level (FPL).
- Pregnant women with household incomes at or below 300 percent of the FPL.
- Children (under 19 years old) with household incomes at or below 300 percent of the FPL.

2014 FPL Guidelines*		
Family Size	Monthly Income Limit for Adults (100% FPL)	Monthly Income Limit for Children and Pregnant Women (300% FPL)
1	\$972.50	\$2,917.50
2	\$1,310.83	\$3,932.50
3	\$1,649.17	\$4,947.50
4	\$1,987.50	\$5,962.50
5	\$2,325.83	\$6,977.50

*Federal Poverty Level (FPL) limits are subject to change.

Current FPL guidelines can be found at badgercareplus.org/fpl.htm.

For More Information

- ForwardHealth Enrollment and Benefits handbook — Available on the DHS Web site at dhs.wi.gov/em/CustomHelp/ or the BadgerCare Plus Web site at badgercareplus.org/.
- *ACCESS.wi.gov* — To apply, check the status of your benefits, do your renewal, and report changes.
- ForwardHealth Member Services — 1-800-362-3002.

ATTACHMENT

Covered Services for BadgerCare Plus Standard Plan Members

The chart below lists the health care services covered by the BadgerCare Plus Standard Plan as of April 1, 2014, and what the copayment will be for these services. Some members are exempt from copayments. The following members do not need to pay copayments:

- Children in foster care, regardless of age.
- Children in adoption assistance, regardless of age.
- Children under age 1 year with household income up to 150 percent of the Federal Poverty Level (FPL).
- Children ages 1 through 5 years with household income up to 185 percent of the FPL.
- Children ages 6 through 18 years with household incomes at or below 133 percent of the FPL.
- Children in the Katie Beckett program, regardless of age.
- Children who are American Indian or Alaskan Natives who are enrolled in the state's Child Health Insurance Program (CHIP).
- American Indians or Alaskan Natives, regardless of age or income level, when they receive items and services either directly from an Indian health care provider or through referral under contract health services.
- Terminally ill individuals receiving hospice care.
- Nursing home residents.
- Members enrolled in Wisconsin Well Woman Medicaid.
- Children under age 19 eligible through Express Enrollment.

Please note: Because services and copayments change, you should ask your provider what services are covered and what your copayment amount will be. If you get more than one service during the same appointment, you may be asked for more than one copayment.

Service	Coverage Under the BadgerCare Plus Standard Plan
Ambulatory Surgery Centers	Coverage of certain surgical procedures and related lab services. \$3 copayment per service.
Chiropractic	Full coverage. \$0.50 to \$3 copayment per service.
Dental	Full coverage. \$0.50 to \$3 copayment per service.
Disposable Medical Supplies (DMS)	Full coverage. \$0.50 to \$3 copayment per service and \$0.50 per prescription for diabetic supplies.

Service	Coverage Under the BadgerCare Plus Standard Plan
Drugs (Prescription)	<p>Coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs.</p> <p>Copayment:</p> <ul style="list-style-type: none"> • \$0.50 for OTC drugs. • \$1 for generic drugs. • \$3 for brand name drugs. <p>Copayments are limited to \$12 per member, per provider, per month. Over-the-counter drugs do not count towards the \$12 maximum.</p> <p>Limit of five opioid prescription fills per month.</p>
Durable Medical Equipment (DME)	<p>Full coverage.</p> <p>\$0.50 to \$3 copayment per item.</p> <p>Rental items are not subject to copayment.</p>
End-Stage Renal Disease (ESRD)	<p>Full coverage.</p> <p>No copayment.</p>
Health Screenings for Children	<p>Full coverage of HealthCheck screenings and other services for individuals 20 years and under.</p> <p>No copayment.</p>
Hearing Services	<p>Full coverage.</p> <p>\$0.50 to \$3 copayment per procedure.</p> <p>No copayment for hearing aid batteries.</p>
Home Care Services — Home Health, Private Duty Nursing (PDN), and Personal Care	<p>Full coverage of home health services, PDN, and personal care.</p> <p>No copayment.</p>
Hospice	<p>Full coverage.</p> <p>No copayment.</p>
Hospital — Inpatient	<p>Full coverage.</p> <p>\$3 copayment per day with a \$75 cap per stay.</p>

Service	Coverage Under the BadgerCare Plus Standard Plan
Hospital — Outpatient	Full coverage. \$3 copayment per visit.
Hospital — Outpatient Emergency Room	Full coverage. No copayment.
Mental Health and Substance Abuse Treatment	Full coverage (not including room and board). \$0.50 to \$3 copayment per service, limited to the first 15 hours or \$825 of services, whichever comes first, provided per calendar year. Copayments are not required when services are provided in a hospital setting.
Nursing Home Services	Full coverage. No copayment.
Physician	Full coverage, including laboratory and radiology. \$0.50 to \$3 copayment per service, limited to \$30 per provider per calendar year. No copayment for emergency services, preventive services, anesthesia, or clozapine management.
Podiatry	Full coverage. \$0.50 to \$3 copayment per service, limited to \$30 per provider per calendar year.
Prenatal/Maternity Care	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.
Reproductive Health Service — Family Planning Services	Full coverage with the exceptions listed below. No copayment for services provided by a family planning clinic or contraceptive management. Does not cover: <ul style="list-style-type: none"> • Reversal of voluntary sterilization. • Infertility treatments. • Surrogate parenting and related services, including but not limited to: <ul style="list-style-type: none"> ✓ Artificial insemination. ✓ Obstetrical care. ✓ Labor or delivery. ✓ Prescription and OTC drugs.

Service	Coverage Under the BadgerCare Plus Standard Plan
Routine Vision	<p>Full coverage including eyeglasses.</p> <p>\$0.50 to \$3 copayment per service.</p>
Therapy — Physical Therapy, Occupational Therapy, and Speech and Language Pathology	<p>Full coverage.</p> <p>\$0.50 to \$3 copayment per service.</p> <p>Copayment limited to the first 30 hours or \$1,500, whichever occurs first, during one calendar year (copayment limits calculated separately for each discipline).</p>
Transportation — Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	<p>Full coverage of emergency and non-emergency medical transportation to and from a covered service.</p> <p>Copayment:</p> <ul style="list-style-type: none"> • \$2 for non-emergency ambulance trips. • \$1 per trip for transportation by SMV. • No copayment for transportation by common carrier or emergency ambulance.