

# 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?

COVERED SERVICE	LIMITS	CO-PAYMENT
Chiropractic Services	Full coverage .	\$15 per visit .
Dental Services	For pregnant women and children only, limited coverage of preventive, diagnostic, simple restorative, periodontics, extractions. Limited to \$750 each year.	50% of allowed amount * plus \$200 deductible each year.
Disposable Medical Supplies (DMS)	These are limited services - to see if the service you want is covered, call Member Services (1-800-362-3002) or your provider. In general, coverage of syringes , diabetic pens and DMS that is required with the use of a durable medical equipment (DME) item.	No co-payment.
Drugs	Generic drugs only . Brand name drugs are available through the <u>Badger Rx Gold plan</u> . This is a separate program run by Navitus that provides a discount on the drug cost. Benchmark plan members are automatically enrolled in this plan.	\$5 each prescription .
Durable Medical Equipment (DME)	Full coverage limited to \$2,500 each enrollment year including rental costs.	\$5 each item -Rental items are not subject to co - payment but count toward the annual limit .
Emergency Transportation	Limited to emergency transportation by ambulance.	\$50 each trip.
Family Planning Services	Full coverage, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization.	No co-pay for family planning services .
Health Screenings for Children	Full coverage of HealthCheck screenings.	N/A
Home Health Services	Limited to 60 visit per enrollment year.	\$15 each visit .

COVERED SERVICE	LIMITS	CO-PAYMENT
Hospice	Limited to 360 days per lifetime.	\$2 each day.
Hospital — Inpatient; Outpatient; Emergency Room	<p>Full coverage.</p> <p>Stays in a general acute hospital for substance abuse are limited to \$6,300 each year.</p> <p>Inpatient stays for mental health and substance abuse are limited to \$7,000 each year.</p> <p>Other limits include:</p> <ul style="list-style-type: none"> <li>• Outpatient services - \$1,800</li> <li>• Transitional services - \$2,700 each year</li> <li>• Alcohol and drug services - \$7,000 each year,</li> <li>• Inpatient acute hospital care - \$6,300 each year for substance abuse services</li> <li>• Inpatient Institution for Mental Disease services - \$7,000 each year (including the \$7,000 limit for substance abuse) .</li> </ul>	<p>Inpatient - \$100 per stay, \$50 for mental health and/or substance abuse</p> <p>Outpatient - \$15 each visit.</p> <p>Emergency Room - \$60 for non-emergency.</p>
Mental Health and Substance Abuse, including inpatient care	<p>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.</p> <p>Services not covered are crisis intervention, community support program (CSP), Comprehensive Community Services (CCS), outpatient services in the home and community for adults, and substance abuse residential treatment.</p> <p>Mental health services have no dollar maximums.</p> <p>Substance abuse services are limited to \$7,000. Costs of mental health services, including inpatient stays, apply to this overall limit. Also, there are separate dollar limits for specific substance abuse services:</p> <ul style="list-style-type: none"> <li>• \$4,500 for outpatient substance abuse services including \$2,700 for outpatient services (including narcotic treatment) for substance abuse day treatment.</li> <li>• \$6,300 for inpatient hospital stays in a general acute care hospital.</li> </ul>	Co-payments range from \$10 each day to \$15 each visit, depending on the service.

COVERED SERVICE	LIMITS	CO-PAYMENT
Nursing Home	Limited to 30 days each enrollment year.	10% of allowed amount*.
Physician Visits	Full coverage, including laboratory and radiology.	\$15 each visit.
Podiatry Services	Full coverage.	\$15 each visit.
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 co-payments.
Routine Vision	One eye exam every two years, with refraction.	\$15 each visit.
Smoking Cessation Services (Prescription)	Coverage includes prescription generic and over-the-counter tobacco cessation products.	\$5 each generic drug.
Therapy — Physical, Occupational, Speech, Cardiac	Therapy — Physical, Occupational and Speech are limited to 20 visits per each type of therapy each enrollment year. Cardiac is limited to 36 visits.	\$15 each visit.

\* Allowed amount is the amount BadgerCare Plus allows for the service, and not what the provider bills. For more information, contact Member Services at 1-800-362-3002.

## OTHER THINGS TO KNOW ABOUT SERVICES

In order to receive services, the service 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 does not 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.