

GUNDERSEN LUTHERAN HEALTH PLAN
BadgerCare Plus Benchmark Plan
Summary of Benefits

BENEFIT AND POLICY MAXIMUMS	MEMBER RESPONSIBILITY
Gundersen Lutheran Health Plan covers all medically necessary services as required by the Wisconsin Department of Health and Family Services Administrative Code, DHS 107.	
HOSPITAL SERVICES	
<ul style="list-style-type: none"> Inpatient Hospital Services (except MH/AODA, refer to MH/AODA section) Unlimited days when medically necessary, semi-private room.	\$100 Copay per hospital stay (medical/ surgical) \$50 Copay per stay for psychiatric treatment
<ul style="list-style-type: none"> Maternity 	No Copays apply for prenatal/maternity care
<ul style="list-style-type: none"> Outpatient medical services, including diagnostic tests Multiple visits to the same provider on the same day will be treated as a single visit.	\$15 Copay per visit
<ul style="list-style-type: none"> Outpatient Surgery 	\$15 Copay per visit
<ul style="list-style-type: none"> Emergency Room Services (Facility Charges) Copay waived if immediately admitted to inpatient status.	\$60 Copay
PHYSICIAN/CLINICIAN SERVICES	
<ul style="list-style-type: none"> Physician Office Visits or Consultation Additional visits to more than one physician may result in more than one copayment per day.	\$15 Copay per visit
<ul style="list-style-type: none"> Urgent Care 	\$15 Copay per visit
<ul style="list-style-type: none"> Vision Exams 	\$15 Copay per visit
<ul style="list-style-type: none"> Physical therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP) Limited to 20 visits for each type of therapy per enrollment year.	\$15 Copay per visit
<ul style="list-style-type: none"> Cardiac Rehabilitation Limited to 36 visits per enrollment year.	\$15 Copay per visit
<ul style="list-style-type: none"> Podiatric Coverage for medically necessary services. Routine foot care is not covered. Orthopedic shoes, supportive devices and treatment of flat feet are not covered.	\$15 Copay per visit
<ul style="list-style-type: none"> Prenatal Care/Maternity Coverage includes Prenatal Care Coordination, preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.	No Copay

GUNDERSEN LUTHERAN HEALTH PLAN
BadgerCare Plus Benchmark Plan
Summary of Benefits

WELLNESS BENEFITS	MEMBER RESPONSIBILITY
<ul style="list-style-type: none"> HealthCheck HealthCheck for individuals under 21 years old.	No Copay
<ul style="list-style-type: none"> Reproductive Health Family planning services are covered without a copayment. Infertility treatments, surrogate parenting and the reversal of voluntary sterilization are not covered.	No Copay
<ul style="list-style-type: none"> Vision Exams, including refraction Limited to one routine eye exam every two years. Additional visits payable under Physician/Clinician Services. Eyeglasses and contact lenses are not covered.	\$15 Copay
<ul style="list-style-type: none"> Hearing Exams Limited coverage of services provided by an audiologist. No coverage for hearing instruments and related services.	\$15 Copay
<ul style="list-style-type: none"> Tobacco/Smoking Cessation Coverage includes prescription and over the counter (OTC) tobacco cessation products through your Pharmacy benefit when provided at participating pharmacies.	\$15 Copay per visit
AMBULANCE SERVICES	
<ul style="list-style-type: none"> Emergency Ambulance Services Non-emergent ambulance services are not covered.	\$50 Copay
HOME CARE	
<ul style="list-style-type: none"> Home Health Coverage of in-home skilled nursing services, home health aide services and therapies (PT, OT, Speech Language Pathology). Limited to 60 visits per enrollment year.	\$15 Copay per visit
HOSPICE SERVICES	
<ul style="list-style-type: none"> Hospice Services Full coverage, limited to 360 days per lifetime.	\$2 Copay per day
SKILLED NURSING FACILITY/SWING BED	
<ul style="list-style-type: none"> Skilled Nursing Facility Swing Bed Full coverage, limited to 30 days per enrollment year.	No Copay

GUNDERSEN LUTHERAN HEALTH PLAN
BadgerCare Plus Benchmark Plan
Summary of Benefits

DURABLE MEDICAL EQUIPMENT, PROSTHETICS AND SUPPLIES	MEMBER RESPONSIBILITY
<ul style="list-style-type: none"> Durable Medical equipment, prosthetics, supplies Limited to \$2,500 per enrollment year for rentals and purchases. 	\$5 Copay per purchased item No Copay on rentals
<ul style="list-style-type: none"> Disposable Medical Supplies (DMS) Limited to syringes, diabetic pens and DMS that is required with use of a DME item. 	No Copay
MENTAL HEALTH, ALCOHOL AND OTHER DRUG ADDICTIONS (MH/AODA)	
<p>Coverage and coverage limitations for these services are based upon the Wisconsin State Employees' Health Plan. Covered services include outpatient mental health, outpatient substance abuse (including narcotic treatment), mental health day treatment for adults, child/adolescent mental health day treatment, and substance abuse day treatment for adults and children.</p> <p>Non-covered services include Crisis Intervention, Community Support Program (CSP), Comprehensive Community Services (CCS), outpatient mental health and substance abuse services in the home and community for adults, and substance abuse residential treatment.</p> <p>Substance abuse services will be subject to specified dollar limits established under the Wisconsin State Employees' Health Plan, which are as follows:</p> <ul style="list-style-type: none"> \$4,500.00 for outpatient substance abuse services. Only \$2,700.00 can be applied toward substance abuse day treatment services \$6,300 for inpatient acute general care hospital stays for substance abuse treatment. \$7,000.00 OVERALL LIMIT per enrollment year. The paid amount for all substance abuse and mental health services apply toward the overall limit. Once the overall limit is reached, no substance abuse services will be covered. <p>Coverage of mental health services are not subject to any dollar limits.</p>	<p>\$10 to \$15 co-payment per visit for all outpatient services:</p> <ul style="list-style-type: none"> \$10 per day for all day treatment services \$15 per visit for narcotic treatment services (no co-payment for lab tests) \$15 per visit for outpatient mental health diagnostic interview exam, psychotherapy – individual or group (no co-payment for electroconvulsive therapy and pharmacological management) \$15 per visit for outpatient substance abuse services
<ul style="list-style-type: none"> Inpatient Hospital Limited to 30 days per enrollment year for mental health or substance abuse. This limit applies to general acute care and institution for mental disease (IMD) hospital stays. 	\$50 Copay
<ul style="list-style-type: none"> Prenatal coverage of mental health and substance abuse counseling, and substance abuse intervention services for pregnant women at risk of mental health or substance abuse problems. 	No Copay

GUNDERSEN LUTHERAN HEALTH PLAN
BadgerCare Plus Benchmark Plan
Summary of Benefits

NON-COVERED	MEMBER RESPONSIBILITY
<p>Non-covered services include but are not limited to:</p> <ul style="list-style-type: none"> • Non-emergent transportation, including Specialized Medical Vehicle (SMV) transport • Case Management services • Chiropractic services – covered by State of Wisconsin • Crisis Intervention • Community Support Programs • Comprehensive Community Services • Dental services - covered by State of Wisconsin • Private Duty Nursing • Personal Care • Prescriptions - covered by State of Wisconsin • Outpatient mental health and substance abuse treatment in the home and the community for adults • Eyeglasses and contact lenses • Hearing devices • Enteral Nutrition <p>The Benchmark Plan has additional non-covered services that are not listed above.</p>	<p>Not Covered</p>

The following services do not have a copayment under the Benchmark Plan:

- All maternity related services, including prenatal, delivery and postpartum care.
- Anesthesia
- Family planning services
- Routine immunizations
- Lab, X-ray and diagnostic tests
- Preventive visits
- Provider administered drugs

The following members are exempt from copayments under the Benchmark Plan:

- Pregnant women. If you become pregnant while covered under the BadgerCare Benchmark plan, please contact the Enrollment Services Center at the State of Wisconsin so that your eligibility will change to waive copayments.
- Members under 19 years of age who are members of a federally recognized tribe