

GUNDERSEN LUTHERAN HEALTH PLAN
BadgerCare Plus Core Plan
Summary of Benefits for Adults With No Dependent Children

BENEFIT AND POLICY MAXIMUMS		
Gundersen Lutheran Health Plan covers all medically necessary services as required by the Wisconsin Department of Health and Family Services Administrative Code, DHS 107.		
COPAYMENTS		
Some services covered under the BadgerCare Plus Core Plan will have a copayment. Copayment amounts are determined by the State of Wisconsin based on your income as defined below.		
<ul style="list-style-type: none"> • <i>Members with income up to and including 100 percent of the Federal Poverty Level (FPL).</i> • <i>Members with income above 100 percent Federal Poverty Level and up to 200 percent Federal Poverty Level (FPL).</i> 		
HOSPITAL SERVICES	MEMBER RESPONSIBILITY	
	Up to 100% FPL	100%- 200% FPL
<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. Copayment cap per enrollment year for inpatient and outpatient hospital services of \$300.	\$3 Copay per day \$75 cap per stay	\$100 Copay per stay
<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. <ul style="list-style-type: none"> • Outpatient hospital visits limited to 25 per member per enrollment year. Emergency room visits do not count toward the limit. You can be billed for outpatient visits over the limit of 25. Copayment cap per enrollment year for inpatient and outpatient hospital services of \$300.	\$3 Copay	\$15 Copay
<ul style="list-style-type: none"> • Outpatient Surgery 	\$3 Copay	\$15 Copay
<ul style="list-style-type: none"> • Emergency Room Services (Facility Charges) Copay waived if immediately admitted to inpatient status.	\$3 Copay	\$60 Copay

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PHYSICIAN/CLINICIAN SERVICES	MEMBER RESPONSIBILITY	
	Up to 100% FPL	100%- 200% FPL
<ul style="list-style-type: none"> Physician Office Visits or Consultation 	No Copay	No Copay
<ul style="list-style-type: none"> Urgent Care 	No Copay	No Copay
<ul style="list-style-type: none"> Vision Exams for medical care (Routine visits are not a covered service.) 	No Copay	No Copay
<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. Cardiac Rehabilitation counts toward the 20 visit limit for physical therapy. 	No Copay	No Copay
<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. 	No Copay	No Copay
AMBULANCE SERVICES		
<ul style="list-style-type: none"> Emergency Ambulance Services Non-emergent ambulance services are not covered. 	No Copay	No 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 100 visits in the first 30 days following an inpatient hospital stay. 	No Copay	No Copay
HOSPICE		
<ul style="list-style-type: none"> Hospice Services Limited to 360 days per lifetime. 	No Copay	No Copay

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WELLNESS BENEFITS	MEMBER RESPONSIBILITY	
	Up to 100% FPL	100%- 200% FPL
<ul style="list-style-type: none"> Physical exam Routine lab testing 	No Copay	No Copay
<ul style="list-style-type: none"> Tobacco/Smoking Cessation <p>Coverage includes prescription and over the counter (OTC) tobacco cessation products through your Pharmacy benefit covered by the State when provided at participating pharmacies.</p>	Tobacco cessation prescriptions or OTC products may have copays. Please refer to the Badger Rx Gold Plan	Tobacco cessation prescriptions or OTC products may have copays. Please refer to the Badger Rx Gold Plan
DURABLE MEDICAL EQUIPMENT, PROSTHETICS AND SUPPLIES		
<ul style="list-style-type: none"> Durable Medical equipment, prosthetics, supplies <p>Limited to \$2,500 per enrollment year for rentals and purchases.</p>	No Copay	No Copay
<ul style="list-style-type: none"> Disposable Medical Supplies (DMS) <p>Limited to syringes, diabetic pens, ostomy supplies and DMS that is required with use of a DME item.</p>	No Copay	No Copay
NON-COVERED MENTAL HEALTH, ALCOHOL AND OTHER DRUG ADDICTIONS (MH/AODA)		
<ul style="list-style-type: none"> Inpatient mental health services, substance abuse treatment and day treatment are <u>not</u> covered by the Core Plan. Outpatient substance abuse services are <u>not</u> covered by the Core Plan. Outpatient mental health services are generally <u>not</u> covered by the Core Plan. However, some services provided by psychiatrists, advance practice nurse prescriber – psychiatric and physician assistants are covered. 	Not Covered	Not Covered

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OTHER NON-COVERED SERVICES	MEMBER RESPONSIBILITY	
	Up to 100% FPL	100%- 200% FPL
<p>Non-covered services by this plan include but are not limited to:</p> <ul style="list-style-type: none"> • 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 • Enteral nutrition • Eyeglasses and contact lenses • Family planning – covered by State of Wisconsin • Hearing services, devices, implants, batteries and repairs • Inpatient mental health and substance abuse treatment • Non-emergent transportation, including Specialized Medical Vehicle (SMV) transport • Nursing home care (skilled and custodial) • Outpatient mental health and substance abuse treatment in the home and the community for adults • Private Duty Nursing • Personal Care • Prescriptions – covered by State of Wisconsin • Prenatal care coordination • Reproductive Health services • Routine vision exams and refractions • Routine foot care, orthopedic shoes, supportive devices and treatment of flat feet • Services for children and pregnant women. If you become pregnant while covered under the Core Plan, please contact the Enrollment Services Center at the State of Wisconsin. • Substance abuse residential treatment 	Not Covered	Not Covered