

ATTACHMENT 4

BadgerCare Plus Standard Plan, Wisconsin Medicaid and Proposed BadgerCare Plus Benchmark Plan Covered Services Comparison Chart

Service	Coverage Under the BadgerCare Plus Standard Plan and Wisconsin Medicaid	Coverage Under the Current BadgerCare Plus Benchmark Plan	Coverage Under the Proposed BadgerCare Plus Benchmark Plan
Ambulatory Surgery Centers	Coverage of certain surgical procedures and related lab services. \$3.00 copayment per service. Full coverage.	Coverage of certain surgical procedures and related lab services. \$15.00 copayment per visit. Full coverage.	Coverage of certain surgical procedures and related lab services. \$15.00 copayment per visit. Full coverage.
Chiropractic	\$0.50 to \$3.00 copayment per service. Full coverage.	\$15.00 copayment per visit. Full coverage.	\$15.00 copayment per visit.
Dental	Full coverage. \$0.50 to \$3.00 copayment per service.	Limited coverage of preventive, diagnostic, simple restorative, periodontics, and surgical procedures for pregnant women and children. Coverage limited to \$750.00 per enrollment year. A \$200.00 deductible applies to all services except preventive and diagnostic.	Full coverage for members 20 years of age and younger. For members 21 years of age and older, dental coverage is limited to: <ul style="list-style-type: none"> • Diagnostic • Preventive • Simple Restorative • Surgical Procedures • Dentures
Disposable Medical Supplies (DMS)	Full coverage. \$0.50 to \$3.00 copayment per service and \$0.50 per prescription for diabetic supplies.	Coverage of diabetic supplies, ostomy supplies, and other DMS that are required with the use of durable medical equipment for dental services. Pregnant women are exempt from deductible and cost-sharing requirements for dental services. 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.	Cost Sharing: <ul style="list-style-type: none"> • 50% cost-sharing for dentures for adults • \$15 copayment per visit for all members

Service	Coverage Under the BadgerCare Plus Standard Plan and Wisconsin Medicaid	Coverage Under the Current BadgerCare Plus Benchmark Plan	Coverage Under the Proposed BadgerCare Plus Benchmark Plan
Drugs	<p>Comprehensive drug benefit with coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs.</p> <p>Members are limited to 5 prescriptions per month for opioid drugs.</p> <p>Copayments are as follows:</p> <ul style="list-style-type: none"> • \$0.50 for OTC drugs. • \$1.00 for generic drugs. • \$3.00 for brand name drugs. <p>Copayments are limited to \$12.00 per member, per provider, per month. Over-the-counter drugs are excluded from this \$12.00 maximum.</p> <p>Full coverage.</p> <p>\$0.50 to \$3.00 copayment per item.</p> <p>Rental items are not subject to copayment.</p>	<p>Generic-only formulary drug benefit and some OTC drugs.</p> <p>Members are limited to 5 prescriptions per month for opioid drugs.</p> <p>Members will be automatically enrolled in BadgerRx Gold. This is a separate program administered by Navitus Health Solutions.</p> <p>\$5.00 copayment with no upper limits.</p>	<p>Coverage of generic drugs, certain preferred brand name drugs on Wisconsin Medicaid's Preferred Drug List and some OTC drugs.</p> <p>Members are limited to 5 prescriptions per month for opioid drugs.</p> <p>Prior authorization will be available for select drug classes and brand medically necessary drugs.</p> <p>Members will be automatically enrolled in BadgerRx Gold. This is a separate program administered by Navitus Health Solutions.</p> <p>Copayments are as follows:</p> <ul style="list-style-type: none"> • \$4.00 for generic drugs. • \$8.00 for brand name drugs. <p>Full coverage up to \$2,500.00 per enrollment year.</p> <p>\$5.00 copayment per item.</p> <p>Rental items are not subject to copayment but count toward the \$2,500.00 enrollment year limit.</p> <p>The following items do not count towards the \$2,500.00 enrollment year limit:</p> <ul style="list-style-type: none"> • Hearing aids, hearing aid batteries, and accessories. • Bone-anchored hearing aids. • Cochlear implants. <p>Hearing aid repairs are subject to the \$2,500.00 enrollment year limit.</p> <p>Full coverage.</p> <p>No copayment.</p>
Durable Medical Equipment (DME)	<p>Full coverage.</p> <p>\$0.50 to \$3.00 copayment per item.</p> <p>Rental items are not subject to copayment.</p>	<p>Full coverage up to \$2,500.00 per enrollment year.</p> <p>\$5.00 copayment per item.</p> <p>Rental items are not subject to copayment but count toward the \$2,500.00 enrollment year limit.</p> <p>The following items do not count towards the \$2,500.00 enrollment year limit:</p> <ul style="list-style-type: none"> • Hearing aids, hearing aid batteries, and accessories. • Bone-anchored hearing aids. • Cochlear implants. <p>Hearing aid repairs are subject to the \$2,500.00 enrollment year limit.</p> <p>Full coverage.</p> <p>No copayment.</p>	<p>Full coverage up to \$2,500.00 per enrollment year.</p> <p>\$5.00 copayment per item.</p> <p>Rental items are not subject to copayment but count toward the \$2,500.00 enrollment year limit.</p> <p>The following items do not count towards the \$2,500.00 enrollment year limit:</p> <ul style="list-style-type: none"> • Hearing aids, hearing aid batteries, and accessories. • Bone-anchored hearing aids. • Cochlear implants. <p>Hearing aid repairs are subject to the \$2,500.00 enrollment year limit.</p> <p>Full coverage.</p> <p>No copayment.</p>
End-Stage Renal Disease (ESRD)	<p>Full coverage.</p> <p>No copayment.</p>	<p>Full coverage.</p> <p>No copayment.</p>	<p>Full coverage.</p> <p>No copayment.</p>

Service	Coverage Under the BadgerCare Plus Standard Plan and Wisconsin Medicaid	Coverage Under the Current BadgerCare Plus Benchmark Plan	Coverage Under the Proposed BadgerCare Plus Benchmark Plan
Health Screenings for Children	Full coverage of HealthCheck screenings and other services for individuals under the age of 21.	Full coverage of HealthCheck screenings and other services for individuals under the age of 21.	Full coverage of HealthCheck screenings and other services for individuals under the age of 21.
Hearing Services	<p>Full coverage.</p> <p>\$0.50 to \$3.00 copayment per procedure.</p> <p>No copayment for hearing aid batteries.</p> <p>Full coverage of PDN, home health, and personal care services.</p> <p>No copayment.</p>	<p>\$1.00 copayment per screening for members 18, 19, and 20 years of age.</p> <p>Full coverage for members 17 years of age and younger.</p> <p>\$15.00 per visit, regardless of the number or type of procedures administered during one visit.</p> <p>Full coverage of home health services.</p> <p>Coverage limited to 60 visits per enrollment year.</p> <p>Private duty nursing and personal care services are not covered.</p> <p>\$15.00 copayment per visit.</p>	<p>Full coverage for members 17 years of age and younger.</p> <p>\$15.00 per visit, regardless of the number or type of procedures administered during one visit.</p> <p>Full coverage of home health services.</p> <p>Coverage limited to 60 visits per enrollment year.</p> <p>Private duty nursing and personal care services are not covered.</p> <p>\$15.00 copayment per visit.</p>
Home Care Services (Home Health, Private Duty Nursing [PDN], and Personal Care)	<p>Full coverage of PDN, home health, and personal care services.</p> <p>No copayment.</p>	<p>Full coverage of home health services.</p> <p>Coverage limited to 60 visits per enrollment year.</p> <p>Private duty nursing and personal care services are not covered.</p> <p>\$15.00 copayment per visit.</p>	<p>Full coverage of home health services.</p> <p>Coverage limited to 60 visits per enrollment year.</p> <p>Private duty nursing and personal care services are not covered.</p> <p>\$15.00 copayment per visit.</p>
Hospice	<p>Full coverage.</p> <p>No copayment.</p> <p>Full coverage.</p>	<p>Full coverage, up to 360 days per lifetime.</p> <p>No copayment.</p>	<p>Full coverage, up to 360 days per lifetime.</p> <p>No copayment.</p>
Inpatient Hospital	<p>Full coverage.</p> <p>\$3.00 copayment per day with a \$75.00 cap per stay.</p>	<p>Full coverage.</p> <p>Copayments are as follows:</p> <ul style="list-style-type: none"> • \$100.00 per stay for medical stays. • \$50.00 copayment per stay for mental health and/or substance abuse treatment. 	<p>Full coverage.</p> <p>Copayments are as follows:</p> <ul style="list-style-type: none"> • \$100.00 per stay for medical stays. • \$50.00 copayment per stay for mental health and/or substance abuse treatment.

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Mental Health and Substance Abuse Treatment	<p>Full coverage (not including room and board).</p> <p>\$0.50 to \$3.00 copayment per service, limited to the first 15 hours or \$825.00 of services, whichever comes first, provided per calendar year.</p> <p>Copayment not required when services are provided in a hospital setting.</p>	<p>Coverage of this service is based on the Wisconsin State Employee Health Plan.</p> <p>Covered services include outpatient mental health, outpatient substance abuse (including narcotic treatment), adult mental health day treatment for adults, substance abuse day treatment for adults and children, child/adolescent mental health day treatment, and inpatient hospital stays for mental health and substance abuse. Services not covered are crisis intervention, community support program, comprehensive community services, outpatient mental health services in the home and community for adults, community recovery services, and substance abuse residential treatment.</p> <p>\$10.00 to \$15.00 copayment per visit for all outpatient hospital services:</p> <ul style="list-style-type: none"> • \$10.00 per day for all day treatment services. • \$15.00 per visit for narcotic treatment services (no copayment for lab tests). • \$15.00 per visit for outpatient mental health diagnostic interview exam, psychotherapy — individual or group (no copayment for electroconvulsive therapy and pharmacological management). • \$15.00 per visit for outpatient substance abuse services. 	<p>Full Coverage (not including room and board.) up to 200% FPL.</p> <p>No copayment.</p>
Nursing Home Services	<p>Full coverage.</p> <p>No copayment.</p>	<p>Full coverage for stays at skilled nursing homes limited to 30 days per enrollment year.</p> <p>No copayment.</p>	<p>Full coverage for stays at skilled nursing homes limited to 30 days per enrollment year.</p> <p>No copayment.</p>

Service	Coverage Under the BadgerCare Plus Standard Plan and Wisconsin Medicaid	Coverage Under the Current BadgerCare Plus Benchmark Plan	Coverage Under the Proposed BadgerCare Plus Benchmark Plan
Outpatient Hospital — Emergency Room	<p>Full coverage.</p> <p>No copayment.</p> <p>Full coverage.</p> <p>\$3.00 copayment per visit.</p>	<p>Full coverage.</p> <p>\$60.00 copayment per visit (waived if the member is admitted to a hospital).</p> <p>Full coverage.</p> <p>\$15.00 copayment per visit.</p>	<p>Full coverage.</p> <p>\$100.00 copayment per visit (waived if the member is admitted to a hospital).</p> <p>Full coverage.</p> <p>\$15.00 copayment per visit.</p>
Outpatient Hospital	<p>Full coverage.</p> <p>\$0.50 to \$3.00 copayment per service.</p> <p>Copayment obligation limited to the first 30 hours or \$1,500.00, whichever occurs first, during one calendar year (copayment limits calculated separately for each discipline).</p>	<p>Full coverage, limited to 20 visits per therapy discipline, per enrollment year.</p> <p>Also covers up to 36 visits per enrollment year for cardiac rehabilitation provided by a physical therapist. (The cardiac rehabilitation visits do not count towards the 20-visit limit for PT.)</p> <p>Also covers up to a maximum of 60 SLP therapy visits over 20-week period following a bone anchored hearing aid or cochlear implant surgeries for members 17 years of age and younger. These SLP services do not count towards the 20-visit limit for SLP.</p> <p>\$15.00 copayment per visit, per provider.</p> <p>There are no monthly or annual copayment limits.</p>	<p>Full coverage, limited to 20 visits per therapy discipline, per enrollment year.</p> <p>Also covers up to 36 visits per enrollment year for cardiac rehabilitation provided by a physical therapist. (The cardiac rehabilitation visits do not count towards the 20-visit limit for PT.)</p> <p>Also covers up to a maximum of 60 SLP therapy visits over 20-week period following a bone anchored hearing aid or cochlear implant surgeries for members 17 years of age and younger. These SLP services do not count towards the 20-visit limit for SLP.</p> <p>\$15.00 copayment per visit, per provider.</p> <p>There are no monthly or annual copayment limits.</p>
Physician	<p>Full coverage, including laboratory and radiology.</p> <p>\$0.50 to \$3.00 copayment per service, limited to \$30.00 per provider per calendar year.</p> <p>No copayment for emergency services, anesthesia, or clozapine management.</p>	<p>Full coverage, including laboratory and radiology.</p> <p>\$15.00 copayment per visit.</p> <p>No copayment for emergency services, anesthesia, or clozapine management.</p>	<p>Full coverage, including laboratory and radiology.</p> <p>\$15.00 copayment per visit.</p> <p>No copayment for emergency services, anesthesia, preventive services or clozapine management.</p>

Service	Coverage Under the BadgerCare Plus Standard Plan and Wisconsin Medicaid	Coverage Under the Current BadgerCare Plus Benchmark Plan	Coverage Under the Proposed BadgerCare Plus Benchmark Plan
Podiatry	<p>Full coverage.</p> <p>\$0.50 to \$3.00 copayment per service, limited to \$30.00 per provider per calendar year.</p>	<p>Full coverage.</p> <p>\$15.00 copayment per visit.</p>	<p>Full coverage.</p> <p>\$15.00 copayment per visit.</p>
Prenatal/Maternity Care	<p>Full coverage, including Prenatal Care Coordination (PNCC), and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.</p> <p>No copayment.</p>	<p>Full coverage, including PNCC, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.</p> <p>No copayment.</p>	<p>Full coverage, including PNCC, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.</p> <p>No copayment.</p>
Reproductive Health Service	<p>Full coverage, excluding infertility treatments, surrogate parenting, and the reversal of voluntary sterilization.</p> <p>No copayment for family planning services.</p>	<p>Full coverage, excluding infertility treatments, surrogate parenting, and the reversal of voluntary sterilization.</p> <p>No copayment for family planning services.</p>	<p>Full coverage, excluding infertility treatments, surrogate parenting, and the reversal of voluntary sterilization.</p> <p>No copayment for family planning services.</p>
Routine Vision	<p>Full coverage including coverage of eyeglasses.</p> <p>\$0.50 to \$3.00 copayment per service.</p>	<p>One eye exam with refraction per enrollment year.</p> <p>\$15.00 copayment per visit.</p>	<p>One eye exam with refraction and a single pair of eye glasses per enrollment year.</p> <p>\$15.00 copayment per visit.</p>
Transportation — Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	<p>Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service.</p> <p>Copayments are as follows:</p> <ul style="list-style-type: none"> \$2.00 copayment for non-emergency ambulance trips. \$1.00 copayment per trip for transportation by SMV. No copayment for transportation by common carrier or emergency ambulance. 	<p>Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service.</p> <p>Copayments are as follows:</p> <ul style="list-style-type: none"> \$50.00 copayment per trip for emergency transportation by ambulance. \$1.00 copayment per trip for transportation by SMV. No copayment for transportation by common carrier. 	<p>Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service.</p> <p>Copayments are as follows:</p> <ul style="list-style-type: none"> \$50.00 copayment per trip for emergency transportation by ambulance. \$1.00 copayment per trip for transportation by SMV. No copayment for transportation by common carrier.

Note: The covered services information in this chart is provided as general information. Providers should refer to their service-specific publications and the Online Handbook for detailed information on covered and noncovered services and PA information.

ATTACHMENT 5

Estimated Average Monthly Cost Sharing Under the Alternative Benchmark Plan (Premiums and Copayments) for Families With Income of 150% of FPL

	<u>Income</u>	<u>Premium</u>	<u>Copayments</u>	<u>Total</u>	<u>% of Income</u>
Group Size 3					
1 Adult 1 Child					
150% FPL = \$1,839/month					
Standard plan	\$1,839	\$10.00	\$ 20.35	\$30.35	1.65%
Benchmark Plan	1,839	91.94	91.75	183.68	9.99
State Employee	1,839	201.00	67.36	268.36	14.59
Group Size 3					
1 Adult 2 Children					
150% FPL = \$2,316/month					
Standard plan	2,316	10.00	20.35	30.35	1.31
Benchmark Plan	2,316	115.81	111.92	227.74	9.83
State Employee	2,316	201.00	101.04	302.04	13.04
Group Size 3					
2 Adult 1 Child					
150% FPL = \$2,316/month					
Standard plan	2,316	10.00	32.45	42.45	1.83
Benchmark Plan	2,316	115.81	163.32	279.13	12.05
State Employee	2,316	201.00	101.04	302.04	13.04
Group Size 4					
1 Adult 3 Children					
150% FPL = \$2,794/month					
Standard plan	2,794	10.00	36.84	46.84	1.68
Benchmark Plan	2,794	139.69	132.10	271.79	9.73
State Employee	2,794	201.00	134.72	335.72	12.02
Group Size 4					
2 Adult 2 Children					
150% FPL = \$2,794/month					
Standard plan	2,794	10.00	40.70	50.70	1.81
Benchmark Plan	2,794	139.69	183.49	323.18	11.57
State Employee	2,794	201.00	134.72	335.72	12.02