



# Benefits

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## Benefits Covered by UnitedHealthcare Community Plan

UnitedHealthcare provides all medically necessary covered services under the BadgerCare Plus Standard Plan. Some services may require a prior authorization. Specific covered services and co-payment amounts are listed in the following comparison chart.

### The following services are covered:

- Chiropractic services (covered through the State of Wisconsin).
- Dental services (See page 32 for more information about dental services).
- Disposable medical supplies.
- Drugs (covered through the State of Wisconsin).
- Durable Medical Equipment.
- Hearing services.
- Hospice services.
- Inpatient hospital services.
- Mental health and substance abuse treatment.
- Nursing home services.
- Outpatient hospital – emergency room.
- Outpatient hospital services.
- Physical therapy, occupational therapy, and speech therapy.
- Physician services.
- Podiatry (foot) services.
- Prenatal or maternity care.
- Preventive services (such as immunizations, lead testing, mammograms, and Pap tests).
- Reproductive health services.
- Smoking cessation services.

## Benefits

- Transportation — ambulance, specialized medical vehicle, common carrier (covered through the State of Wisconsin).
- Vision services.

### The following services may be covered when your doctor receives prior authorization:

- Inpatient Behavioral Health.
- Cosmetic and reconstructive surgery.
- Durable medical supplies and equipment greater than \$500.
- Gastric bypass evaluations and surgery.
- Home health care services.
- Hospice care (inpatient and outpatient).
- Inpatient hospital services (acute, sub-acute, rehabilitation, SNF).
- Non-contracted provider services (hospital and professional).
- Personal Care Worker services.
- Prosthetics and orthotics greater than \$500.
- Select outpatient procedures.
- Skilled nursing facility services.
- Transplant evaluation.

\* A complete prior authorization list is available upon request.

The covered services information in the following chart is provided as general information from the State of Wisconsin. Your provider can refer you to their service-specific publications and the ForwardHealth Online Handbook for detailed information on covered and non-covered services and prior authorization (PA) information.

Service	Coverage under the BadgerCare Plus Standard Plan
<b>Ambulatory Surgery Centers</b>	Coverage of certain surgical procedures and related lab services. No co-payment.
<b>Chiropractic (Benefit provided by the state of Wisconsin)</b>	Full coverage. \$0.50 to \$3.00 co-payment per service.

## Benefits

Service	Coverage under the BadgerCare Plus Standard Plan
<b>Dental</b>	<p>Full coverage in Milwaukee, Racine, Kenosha, Waukesha, Washington and Ozaukee.</p> <p>If you live outside of the above counties, your benefits are covered by the state and you may have a \$0.50 to \$3.00 co-payment per service.</p>
<b>Disposable Medical Supplies (DMS)</b>	<p>Full coverage.</p> <p>No co-payment.</p>
<b>Drugs</b> <b>(Benefit provided by the state of Wisconsin)</b>	<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 five prescriptions per month for opioid drugs.</p> <p>Co-payments are as follows:</p> <ul style="list-style-type: none"><li>• \$0.50 for OTC drugs.</li><li>• \$1.00 for generic drugs.</li><li>• \$3.00 for brand name drugs.</li></ul> <p>Co-payments are limited to \$12.00 per member, per provider, per month. Over-the-counter drugs are excluded from this \$12.00 maximum.</p>
<b>Durable Medical Equipment (DME)</b>	<p>Full coverage.</p> <p>No co-payment.</p>
<b>End-Stage Renal Disease (ESRD)</b>	<p>Full coverage.</p> <p>No co-payment.</p>
<b>Health Screenings for Children</b>	<p>Full coverage of HealthCheck screenings and other services for individuals under the age of 21.</p> <p>No co-payment.</p>

Service	Coverage under the BadgerCare Plus Standard Plan
Hearing Services	Full coverage. No co-payment.
Home Care Services (Home Health, Private Duty Nursing [PDN], and Personal Care)	Full coverage of PDN, home health, and personal care services. No co-payment.
Hospice	Full coverage. No co-payment.
Inpatient Hospital	Full coverage. No co-payment.
Mental Health and Substance Abuse Treatment	Full coverage (not including room and board). No co-payment.
Nursing Home Services	Full coverage. No co-payment.
Outpatient Hospital – Emergency Room	Full coverage. No co-payment.
Outpatient Hospital	Full coverage. No co-payment.
Physical Therapy (PT), Occupational Therapy, and Speech and Language Pathology (SLP)	Full coverage. No co-payment.
Physician	Full coverage, including laboratory and radiology. No co-payment.

## Benefits

Service	Coverage under the BadgerCare Plus Standard Plan
<b>Podiatry</b>	Full coverage. No co-payment.
<b>Prenatal/Maternity Care</b>	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-payment.
<b>Reproductive Health Service</b>	Full coverage, excluding infertility treatments, surrogate parenting and related services, including but not limited to artificial insemination and subsequent obstetrical care as a non-covered service and the reversal of voluntary sterilization. No co-payment for family planning services.
<b>Routine Vision</b>	Full coverage including coverage of eyeglasses. \$0.50 to \$3.00 co-payment per service.
<b>Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier</b>	Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service. Co-payments are as follows: <ul style="list-style-type: none"><li>• \$2.00 co-payment for non-emergency ambulance trips.</li><li>• \$1.00 co-payment per trip for transportation by SMV.</li><li>• No co-payment for transportation by common carrier or emergency ambulance.</li></ul>

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### Note to Providers:

The covered services information in this chart is provided as general information from the State of Wisconsin. Providers should refer to their service-specific publications and the ForwardHealth Online Handbook for detailed information on covered and non-covered services. For UnitedHealthcare Community Plan prior authorization information, refer to [UHCCommunityPlan.com](http://UHCCommunityPlan.com).