

## Benefits Comparison Chart

CommunityConnect HealthPlan<sup>SM</sup> covers the following BadgerCare Plus eligible members when they choose us as their Medicaid HMO Plan:

- BadgerCare Plus Standard Plan covers families with income at or below 200 percent of the Federal Poverty Level (FPL).
- BadgerCare Plus Benchmark Plan covers families, self-employed parents, and caregivers with income above 200 percent of the FPL. The Benchmark plan provides fewer benefits and services than the Standard Plan.

The chart below is a comparison of our BadgerCare Plus benefits for both the Standard Plan and the Benchmark Plan. Covered benefits periodically change. Verify coverage prior to providing services, and obtain authorization to services, as required. Find additional information on our website at [www.CommunityConnectHealthPlan](http://www.CommunityConnectHealthPlan.com), including more information on services that require prior authorization.

Service	Standard Plan	Benchmark Plan
Behavioral health and substance abuse - Inpatient	Full coverage. No copay.	\$50 copay per hospital stay for behavioral health. Inpatient hospitalization copay applies for services provided during an inpatient stay. See "Hospital – Inpatient."
Behavioral health and substance abuse – Outpatient	Full coverage. No copay.	Care management services provided by staff of a certified community support program. \$15 copay, subject to one copay for an evaluation and psychotherapy procedure billed on the same day. No copay for: <ul style="list-style-type: none"> <li>• Electroshock procedure</li> <li>• Pharmacological management</li> <li>• Lab tests</li> </ul>
Care management	Prenatal care coordination for women with high-risk pregnancies. <i>Added value benefit:</i> 17-P (17 alpha hydroxyprogesterone caproate) injections.	Prenatal care coordination for women with high-risk pregnancies. <i>Added value benefit:</i> 17-P (17 alpha hydroxyprogesterone caproate) injections.

Service	Standard Plan	Benchmark Plan
Chiropractic	Services are covered by the state when a member goes to an in-network provider and uses their ForwardHealth card.	Services are covered by the state when a member goes to an in-network provider and uses their ForwardHealth card.
Dental	Full coverage. No copay.	Limited coverage of preventive, diagnostic, simple restorative, periodontics and extractions (surgical services) for pregnant women and children. Coverage limited to \$750 per enrollment year. A \$200 deductible applies to all services except preventive and diagnostic. Cost sharing equal to 50 percent of allowable fee on all services. Note: Pregnant women are exempt from deductible and cost-sharing requirements for dental services.
Disposable medical supplies (DMS)	Full coverage. No copay. Some DMS require prior authorization.	Coverage of syringes, diabetic pens and other DMS that are required with the use of durable medical equipment (DME) item. Some DMS require prior authorization. No copay.
Durable medical equipment (DME)	Full coverage. No copay. Some DME require prior authorization.	Full coverage up to \$2,500 per enrollment year. A \$5 copay, per item, for rental items is not subject to copay, but counts toward the \$2,500 annual limit. Insulin pumps are covered and cost applies toward the \$2,500 annual limit. Some DME require prior authorization.
Emergency room	Full coverage. No copay.	Full coverage. \$60 copay per visit, waived if the patient is admitted to the hospital.

Service	Standard Plan	Benchmark Plan
Family planning and supplies	Full coverage. No copay. Excludes infertility treatments, surrogate parenting and the reversal of voluntary sterilization.	Full coverage. No copay. Excludes infertility treatments, surrogate parenting and the reversal of voluntary sterilization.
HealthCheck (Early and Periodic Screening, Diagnosis and Treatment [EPSDT]) Program	For members under 21 years of age. Full coverage of HealthCheck screenings, immunizations and other services. No copay. "Other services" defined as medically necessary do require authorization.	For members under 21 years of age. Full coverage of HealthCheck screenings, immunizations and other services. No copay. "Other services" defined as medically necessary do require authorization.
Hearing	Full coverage. No copay.	Limited coverage of services provided by an audiologist. Hearing instruments and related services will be covered for members 17 years of age and younger. This includes the following items and services: <ul style="list-style-type: none"> <li>• Hearing aids and hearing aid batteries, accessories, and repairs (including repairs to hearing aids purchased prior to coverage by the Benchmark Plan).</li> <li>• Bone-anchored hearing aids (BAHA), BAHA surgeries, accessories, and repairs.</li> <li>• Cochlear implants implant surgeries, accessories, and repairs.</li> </ul> \$15 copay per procedure, regardless of the number of procedures performed during one visit.

Service	Standard Plan	Benchmark Plan
Home care services Home health Private duty nursing Personal care services	Some coverage of home and community-based services if provider is enrolled in Home and Community Based Waivers (HCBW) or Family Care and a home health agency are unavailable. No copay.	Full coverage of in-home skilled nursing services, home health aide and therapies (physical, occupational and speech/language pathology). Coverage limited to 60 visits per enrollment year. Private duty nurses and personal care services are not covered. \$15 copay per visit.
Hospice	Full coverage. No copay.	Services are limited to 360 days in a lifetime. No copay.
Hospital – Inpatient	Full coverage. No copay.	Full coverage. \$100 per medical stay (for medical surgery). \$50 copay per stay for behavioral health or substance abuse.
Hospital – Outpatient	Full coverage. No copay.	Multiple visits to the same provider on the same day will be treated as a single visit. \$15 copay each visit.
Laboratory and X-ray, diagnostic or medically necessary. This includes Mammograms and Pap tests	Full coverage. No copay. Some radiology services require prior authorization.	Full coverage for laboratory and radiology services performed in a clinic setting. No copay. Some radiology services require prior authorization.
Nurse midwife	Full coverage. No copay.	Full coverage. Nurse midwives are limited to providing certain categories of covered services – family planning, laboratory, obstetric, office, and outpatient visits and Tuberculosis-related services. \$15 copay.

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Nursing services, including services performed by a nurse practitioner	Full coverage. No copay.	See "Home care services."
Nutrition counseling by a dietician	Full coverage for any nutritional diagnosis. No copay. Services must be billed under a supervising physician.	Full coverage for any nutritional diagnosis. No copay. Services must be billed under a supervising physician.
Organ Transplants	Cornea and kidney transplants are covered by CommunityConnect. Other medically necessary transplants will be coordinated through the state.	Cornea and kidney transplants are covered by CommunityConnect. Other medically necessary transplants will be coordinated through the state.
Physician services (doctor visits)	Full coverage. See "Laboratory and X-ray, diagnostic or medically necessary." No copay.	Full coverage. See "Laboratory and X-ray, diagnostic or medically necessary." \$15 copay per visit. No copay for emergency services, anesthesia, or clozapine management.
Podiatry	Full coverage. No copay.	Full coverage. \$15 copay per visit.
Prenatal/Maternity Care	Full coverage. No copay. Includes preventive behavioral health and substance abuse screening and counseling for women at risk of behavioral health or substance abuse problems. See "Care Management."	Full coverage. No copay. Includes preventive behavioral health and substance abuse screening and counseling for women at risk of behavioral health or substance abuse problems. See "Care Management."

Service	Standard Plan	Benchmark Plan
Prescription and over-the-counter drugs	Coverage provided directly by the state. Members may go to any pharmacy that accepts the ForwardHealth ID Card. See "Smoking Cessation" for related benefit coverage.	Coverage provided directly by the state. Members may go to any pharmacy that accepts the ForwardHealth ID Card. See "Smoking Cessation" for related benefit coverage.
Skilled Nursing Facility / Nursing home	Full coverage of skilled nursing home services other than in an institution for mental disease. No copay.	Full coverage for stays at skilled nursing homes. Limited to 30 days per enrollment year. No copay. Coverage limitations apply to the following services: <ul style="list-style-type: none"> <li>• DME and DMS</li> <li>• Therapies (physical, occupational, speech/language pathology)</li> </ul> Members residing in a nursing home are not subject to copayments for services they receive during their stay if the services require copayment. Bed hold days are not covered.
Smoking cessation	Full coverage. No copay. All prescriptions are covered by the state when a member goes to a certified pharmacy and uses their ForwardHealth card.	All prescriptions are covered by the state when a member goes to a certified pharmacy and uses their ForwardHealth card. Copayments may apply.
Therapy - Occupational	Full coverage. No copay.	Full coverage Limited to 20 visits per enrollment year. \$15 copay per visit, per provider. There are no monthly or annual copay limits.

Service	Standard Plan	Benchmark Plan
Therapy - Physical	Full coverage. No copay.	Full coverage. Limited to 20 visits per enrollment year. \$15 copay per visit, per provider. There are no monthly or annual copay limits. Also covers up to 36 visits per enrollment year for cardiac rehabilitation provided by a physical therapist. Cardiac rehabilitation visits do not count toward the 20 physical therapy visits.
Therapy – Speech	Full coverage of speech/language pathology and hearing services. No copay.	Full coverage. Limited to 20 visits per enrollment year. \$15 copay per visit, per provider. There are no monthly or annual copay limits.
Transportation – Emergency/Ambulance Specialized Medical Vehicle (SMV)	Full coverage of emergency and nonemergency transportation to and from a certified provider for a BadgerCare Plus covered service. No copay.	Full coverage of nonemergency transportation to and from a certified provider for a BadgerCare Plus covered service. No copay. Coverage of emergency transportation by ambulance, which includes both land and air ambulance. \$50 copay per trip.
Vision – Optometric or optical	Full coverage for routine vision, including coverage of eyeglasses. No copay.	Coverage of one eye exam, with refraction, every enrollment year. Eyeglasses and contact lenses are not covered. \$15 copay per visit.