

# Standard Plan

Administered by BlueCross BlueShield of Wisconsin



**BlueCross BlueShield of Wisconsin**

An independent license of the BlueCross and BlueShield Association

## What we are

A comprehensive health plan that provides you with freedom of choice among hospitals and physicians. It is administered by BlueCross BlueShield of Wisconsin (BCBSWi) – a company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation and around the world.

## Prior Authorizations

To ensure that services are covered, BCBSWi recommends that members or treating providers request prior authorizations. Services for which prior authorizations are usually requested include:

- New medical or biomedical technology
- Methods of treatment by diet or exercise
- New surgical methods or techniques
- Acupuncture or similar methods
- Organ transplants

Without an approved prior authorization, BCBSWi may deny payment. Additional information may be submitted for further review of the denial. The Standard Plan does not require referrals.

## Quality Initiatives

- State of Wisconsin calls are given the highest priority by all BCBSWi call centers, thereby increasing our telephone accessibility
- 100% of written inquiries will be resolved within 12 working days. A goal that has been met in both 1<sup>st</sup> and 2<sup>nd</sup> quarters of 2004.
- New measures have been implemented to improve timeliness and accuracy of claim processing.

## Exclusions and limitations

- Physical exams requested by third parties (i.e., school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by the contract
- Services, supplies or equipment that are not medically necessary, or which are experimental/investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Dental services except as specifically provided
- Organ transplants except as specifically provided
- Reversals of sterilization
- Cosmetic surgery
- Care covered by worker's compensation

## Covered Services – no deductible:

- Hospital services
- Extended care facility (except custodial)
- X-ray and laboratory services
- Maternity care
- Surgery

## Covered Services –paid at 80% after deductible:

- Office calls
- Routine physical exams
- Physical, speech, and occupational therapy when necessitated by illness
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury

*This is intended as a general outline of benefits. It is not intended to be a complete description of coverage/exclusions and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to the Benefit Handbook available through your personnel representative or call us at BCBSWi.*

| <b>Service Centers</b>  |  |  |  |
|---|--|--|--|
| <b>Customer Care hotline for State of Wisconsin Employees</b><br>1-800-755-6400<br>or<br><a href="http://www.bluecrosswisconsin.com">www.bluecrosswisconsin.com</a> | <b>Northeastern</b><br>145 S Pioneer Rd.<br>Fond du Lac WI 54935 | <b>Southwestern</b><br>500 Hwy 51 East<br>Platteville WI 53818 | <b>Western</b><br>2270 EastRidge Center<br>Eau Claire WI 54701 |

We are able to answer questions about claims or benefits by letter or telephone. To provide more convenient service, walk-in customer service is also available at each service center.

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Major Medical Deductible & Coinsurance: Deductible is \$250 per person, \$150 for those with Medicare, per calendar year; maximum of two per family. After deductible plan pays 80%, you pay 20% until your out-of-pocket maximum is reached; the maximum is \$1,000 per individual/\$2,000 per family, does not include deductible. Major medical maximum is \$250,000 per lifetime.

| Health Benefits  | Plan Pays | Limitations   |
|--|-----------|---|
| <b>Physician</b>   | 100%      | Non-emergency office calls – deductible and coinsurance. Other services – \$10,000 per illness or injury, then major medical. |
| <b>Hospital</b>  | 100%      | 365 days in semi-private room.  |
| <b>Laboratory and X-rays</b>   | 100%      | None  |
| <b>Behavioral Health</b><br>(Combined w/Alcohol & Drug Abuse)                        | 100%      | INPATIENT - 120 days or \$6,300 per calendar year, which ever is less.  |
| <i>In 2005, annual dollar maximums for Behavioral Health services are suspended.</i> | 90%       | OUTPATIENT - Of first \$2,000 per calendar year.  |
|  | 90%       | TRANSITIONAL - Of first \$3,000 per calendar year.  |
| <b>Alcohol and Drug Abuse</b><br>(Combined with Behavioral Health)                   | 100%      | INPATIENT - 30 days or \$6,300 per calendar year, which ever is less.   |
| <i>Maximum for all services is \$7,000 per calendar year, combined.</i>              | 90%       | OUTPATIENT - Of first \$2,000 per calendar year.  |
|  | 90%       | TRANSITIONAL - Of first \$3,000 per calendar year.  |
| <b>Emergency Room</b>  | 100%      | None  |
| <b>Extended Care Facility</b>  | 100%      | 120 days per admission less hospital days used. Excludes custodial care.  |
| <b>Vision Care</b>   | 80%       | For illness or disease only. Subject to deductible  |
| <b>Prescribed Medical Services/Supplies</b>  | 80%       | Subject to deductible   |
| <b>Transplants</b>   | 100%      | Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Excludes all services related to non-covered transplants.          |
| <b>Chiropractic Care</b>   | 80%       | Subject to deductible   |
| <b>Ambulance</b>   | 100%      | First \$50 per trip   |
|  | 80%       | Thereafter, subject to deductible   |
| <b>Additional Benefits</b>   |           |   |
| <b>Physical, Speech &amp; Occupational Therapy</b>                                   | 80%       | Subject to deductible   |
| <b>Home Hospice Care</b>   | 100%      | 80 visits per six months  |
| <b>Hearing Aid</b>   | 0%        | Not a covered benefit   |
| <b>Oral Surgery</b>  | 100%      | Same as physician   |
| <b>Infertility Services</b>  | 0%        | Not a covered benefit   |
| <b>Prescription Drugs</b>  |           | Separate PBM administration through Navitus. Annual out of pocket maximums do not apply.                                      |

Standard Plan pays the percent of charge(s) shown above. Charge(s) means usual, customary, and reasonable (UCR) demands for payment for services or other items for which benefits are available, as determined by BlueCross BlueShield of Wisconsin. In some cases, the amount BCBSWi determines as reasonable may be less than the amount billed by your provider. Those providers not listed in the BCBSWi State Standard provider directory, are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. Should such a situation arise, 'hold harmless' protections apply. BCBSWi will protect the subscriber against collection agencies and a court of law. For more information on 'hold harmless' or for a list of participating providers in your area, please call a customer representative at the number above or visit our web site. If such a charge dispute arises, contact BCBSWi. If your provider is listed in the Standard Plan directory, charges over UCR will be written off.