

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 local 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 and/or Referrals

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

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.

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 that 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
- Cosmetic surgery
- Reversals of sterilization
- Care covered by worker's compensation

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The Standard Plan is a Preferred Provider Plan (PPP). The amount paid for covered benefits varies dependent upon the provider selected. A higher level of benefits is available by using a BCBSWi preferred provider.

Covered Services

Hospital Services (Utilization Management requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission)

- Physical, speech, and occupational therapy when necessitated by illness
- Maternity Care
- X-ray and laboratory services
- Office Calls
- Surgery
- Extended Care Facility (except custodial)
- Routine physical exams

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 1st and 2nd quarters of 2004.
- New measures have been implemented to improve timeliness and accuracy of claim processing.

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 BlueCross BlueShield of Wisconsin.

Service Centers

Customer Care hotline for State of Wisconsin Employees
1-800-755-6400

or www.bluecrosswisconsin.com

Northeastern
145 S Pioneer Rd.
Fond du Lac WI 54935

Southwestern
500 Hwy 51 East
Platteville WI 53818

Western
2270 EastRidge Center
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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Deductible is a separate \$100 in-network/\$500 out-of-network per person, per calendar year; maximum of two per family. After deductible, the plan pays 100% on in-network services and 80% on out-of-network services (you pay 20%) up to the reasonable charge until your plan out-of-pocket maximum has been reached, \$2000 per individual/\$4000 per family. \$2,000,000 life time per participant maximum benefit (includes prescription drugs paid under PBM).

Health Benefits	<u>In Network/ Out of Network</u>	<u>Plan Pays</u>	<u>Limitations</u>
Physician & Chiropractic Care	In	100%	Subject to in-network deductible
Hospital	Out	80%	Subject to out-of-network deductible and coinsurance
	In	100%	365 days in semi-private room. Subject to in-network deductible. Pre admission certification.
	Out	80%	365 days in semi-private room. Subject to out-of-network deductible and coinsurance. Pre-admission certification.
Lab and X-rays	In & Out	100%	Subject to in-network deductible
Behavioral Health (Combined w/Alcohol & Drug Abuse) <i>In 2005, annual dollar maximums for Behavioral Health services are suspended.</i>	In & Out	100%	INPATIENT – 120 days or \$6,300 per calendar year, which ever is less
		90%	OUTPATIENT - Of first \$2,000 per calendar year.
		90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Alcohol and Drug Abuse (Combined with Behavioral Health) <i>Annual combined benefit maximum is \$7000</i>	In & Out	100%	INPATIENT – 30 days or \$6,300 per calendar year, which ever is less.
		90%	OUTPATIENT - Of first \$2,000 per calendar year.
		90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Emergency Room	In	100%	Subject to in-network deductible
	Out	80%	Subject to out-of-network deductible and coinsurance
Extended Care Facility	In	100%	730 days per admission less hospital days used. Deductible. Excludes custodial care per the contract
	Out	80%	730 days per admission less hospital days used. Deductible and coinsurance. Excludes custodial care as defined by the contract
Vision Care	In	100%	Subject to deductible for illness/disease.
	Out	80%	Subject to deductible and coinsurance for illness/disease.
Prescribed Medical Services/Supplies	In	100%	Subject to deductible
	Out	80%	Subject to deductible and coinsurance
Transplants	In	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Subject to deductible. Excludes all services related to non-covered transplants.
	Out	80%	Deductible/coinsurance; transplants listed above
Ambulance	In & Out	100%	Subject to in-network deductible
Prescription Drugs			Separate PBM administration through Navitus. Annual out-of-pocket maximums are \$1,000 single/\$2,000 family.

The 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 Blue Cross Blue Shield of Wisconsin. In some cases, the amount BSBCWi determines as reasonable may be less than the amount billed by your provider. Those providers not listed in the BCBSWi State PPO 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 BCBSWi State PPO Directory, charges over UCR will be written off.