



# Abri Health Plan

"Your Neighborhood Health Plan"

Abri Health Plan Copay Sheet (updated January 1, 2010)	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	Medicaid SSI	BadgerCare Plus Core Plan 1 (income up to 100% FPL)	BadgerCare Plus Core Plan 2 (income from 100% to 200% FPL)
	Abri is <b>waiving all copays</b> for the Standard Plan for all members, they still may have copays for the pharmacy carve out items.	Certain members never have a copay on anything, they are identified in the system by plan name. All members never have a copay on certain services, the copay services are on this grid.	SSI members <b>have no copay</b> for anything except they may have copays for the pharmacy carve out items. SSI members are all in the Standard Plans.	Abri is waiving copays for certain services, see below. They still may have copays for the pharmacy carve out items.	Abri is waiving copays for certain services, see below. They still may have copays for the pharmacy carve out items.
<b>OFFICE VISITS</b>		Per visit means one charge for the whole office call regardless of what is done.			
	no copay (Chiro is only covered through Abri in Milwaukee and Waukesha Counties)		no copay (Chiro is only covered through Abri in Milwaukee and Waukesha Counties)	as of 7/1/2009 full coverage under FFS, copays may apply.	as of 7/1/2009 full coverage under FFS, copays may apply.
Chiropractic Services		\$15 copay per visit		as of 1/1/2010 no copay	as of 1/1/2010 no copay
Podiatry Services	no copay	\$15 copay per visit	no copay		
Office Visit - PCP	no copay	\$15 copay per visit	no copay	no copay	no copay
Office Visit - Specialist	no copay	\$15 copay per visit	no copay	no copay	no copay
Office Surgery	no copay	\$15 copay per visit	no copay	no copay	no copay
Urgent Care Services	no copay	\$15 copay per visit	no copay	no copay	no copay
Nurse Midwife Services	no copay	\$15 copay per visit	no copay	N/A	N/A
Nurse Practitioner Services	no copay	\$15 copay per visit	no copay	no copay	no copay
Diagnostic XRay & Lab office location	no copay	no copay	no copay	no copay	no copay
Immunizations	no copay	no copay	no copay	no copay	no copay
HealthChecks and Routine Care any age	no copay	no copay	no copay	no copay	no copay
<b>HOSPITAL SERVICES</b>					
Emergency Room Services - Facility bill	no copay	\$60 per visit only if not admitted	no copay	as of 1/1/2010 \$3 copay per visit (\$300 combined limit per enrollment year)	\$60 per visit only if not admitted (\$300 combined limit per enrollment year)
Emergency Room Services - Professional bill	no copay	no copay	no copay	no copay	no copay
Outpatient Hospital Services - Facility bill	no copay	\$15 copay per visit	no copay	\$3 copay per visit as of 1/1/2010 limited to 25 visits per member per enrollment year (\$300 combined limit per enrollment year)	\$15 copay per visit as of 1/1/2010 limited to 25 visits per member per enrollment year (\$300 combined limit per enrollment year)
Outpatient Hospital Services - Professional bill	no copay	no copay	no copay	no copay	no copay
Inpatient Hospital Services - Facility bill	no copay	\$100 copay per stay	no copay	\$75 copay per stay (\$300 combined limit per enrollment year) (NO INPATIENT BEHAVIORAL HEALTH IS COVERED)	\$100 copay per stay (\$300 combined limit per enrollment year) (NO INPATIENT BEHAVIORAL HEALTH IS COVERED)
Inpatient Hospital Services - Professional bill	no copay	\$15 copay per visit	no copay	no copay (NO INPATIENT BEHAVIORAL HEALTH IS COVERED)	no copay (NO INPATIENT BEHAVIORAL HEALTH IS COVERED)

\* Please call Abri Customer Service at 414-847-1776 for additional benefit information.

Core Plan enrollment year is a continuous 12-month period.

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<b>TRANSPORTATION</b>					
Ambulance	no copay	\$50 copay per trip	no copay	no copay	no copay
				not covered BUT Abri will pay for rides to and from their comprehensive physical exam AND once we have evidence that they received that exam we will pay for transportation for all other covered Medicaid services for that member in Milwaukee County Only	not covered BUT Abri will pay for rides to and from their comprehensive physical exam AND once we have evidence that they received that exam we will pay for transportation for all other covered Medicaid services for that member in Milwaukee County Only
Cab	no copay	not covered	no copay		
SMV	no copay	not covered	no copay	not covered	not covered
<b>MISC SERVICES</b>					
Ambulatory Surgery Services - facility bill	no copay	\$15 copay per visit	no copay	no copay	no copay
Ambulatory Surgery Services - professional bill	no copay	no copay	no copay	no copay	no copay
Anesthesia	no copay	no copay	no copay	no copay	no copay
Cardiac Rehab	no copay	\$15 copay per visit, 36 visits maximum per enrollment year	no copay	no copay	no copay
Chemo or Radiation Therapy	no copay	\$15 copay per visit	no copay	no copay	no copay
Hearing Services & Supplies	no copay	not covered	no copay	not covered	not covered
Diagnostic XRay & Lab independent lab or professional component	no copay	no copay	no copay	no copay	no copay
Dialysis Facility	no copay	\$3 copay per day	no copay	no copay	no copay
Disposable Medical Supplies	Some DMS items not covered by HMOs so copays may apply for certain people and/or for certain services if paid under FFS.	Some DMS items not covered by HMOs so copays may apply for certain people and/or for certain services if paid under FFS.	Some DMS items not covered by HMOs so copays may apply for certain people and/or for certain services if paid under FFS.	Some DMS items not covered by HMOs so copays may apply for certain people and/or for certain services if paid under FFS.	Some DMS items not covered by HMOs so copays may apply for certain people and/or for certain services if paid under FFS.
Durable Medical Equipment, Orthotics, Prosthesis	no copay	\$5 copay per item, \$2500 maximum per enrollment year. V5336 is not covered unless it is for an adaptive hearing aid.	no copay	no copay, \$2500 maximum per enrollment year.	no copay, \$2500 maximum per enrollment year.
Home Health Services	no copay	\$15 copay per visit, 60 visits per enrollment year.	no copay	as of 1/1/2010 no copay, covered for 30 contiguous days (limited to 100 visits) following an inpatient stay, w/auth	as of 1/1/2010 no copay, covered for 30 contiguous days (limited to 100 visits) following an inpatient stay, w/auth
Personal Care Worker (PCW) services	no copay	not covered	no copay	not covered	not covered
Hospice Services	no copay	\$2 copay per visit, 360 visits lifetime max	no copay	as of 1/1/2010 no copay, w/auth	as of 1/1/2010 no copay, w/auth
Home IV Therapy	no copay	see Home Health Services	no copay	not covered *see below	not covered *see below
Pharmacy Prescription Drugs	Not covered by HMOs, so copays may apply for certain people and/or for certain services when paid under FFS.	Not covered by HMOs, so copays may apply for certain people and/or for certain services when paid under FFS.	Not covered by HMOs, so copays may apply for certain people and/or for certain services when paid under FFS.	Not covered by HMOs, so copays may apply for certain people and/or for certain services when paid under FFS.	Not covered by HMOs, so copays may apply for certain people and/or for certain services when paid under FFS.
Prenatal Services including PNCC	no copay	no copay	no copay	Prenatal services are not covered under the Core Plan. Please have the member call and notify their case worker that they are pregnant. That member will be placed in another Medicaid category which does provide coverage.	Prenatal services are not covered under the Core Plan. Please have the member call and notify their case worker that they are pregnant. That member will be placed in another Medicaid category which does provide coverage.
Private Duty Nursing	no copay	not covered	no copay	not covered	not covered

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updated 1/1/2010

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PT, OT, ST therapy services - facility bill from home health agency	no copay	\$15 copay per visit, 20 visit (each type limit) per enrollment year	no copay	not covered	not covered
PT, OT, ST therapy services - facility bill from outpatient hospital	no copay	\$15 copay per visit, 20 visits (each type) per enrollment year	no copay	\$3 copay per visit (\$300 combined limit per enrollment year)	\$15 copay per visit (\$300 combined limit per enrollment year)
PT, OT, ST therapy services - professional bill	no copay	\$15 copay per visit, 20 visits (each type) per enrollment year	no copay	no copay, 20 visits (each type) per enrollment year	no copay, 20 visits (each type) per enrollment year
Rehabilitation Inpatient or Outpatient	no copay	see Inpatient and Outpatient hospital copays	no copay	see Inpatient and Outpatient hospital copays	see Inpatient and Outpatient hospital copays
Respiratory Therapy	no copay	\$15 copay per visit	no copay	no copay	no copay
Skilled Nursing Facility (SNF)	no copay	no copay, 30 days maximum per enrollment year	no copay	not covered *see below	not covered *see below
Urgent Care Services	no copay	\$15 copay per visit	no copay	no copay	no copay
Dental Services	no copay (Dental is only covered through Abri in Milwaukee, Waukesha, Racine and Kenosha Counties)	Only pregnant women and children up to 18 have dental coverage. There are no copays. Children under 18 must meet \$200 deductible per enrollment year and have coverage of 50% of the maximum allowable for each service after that. Preventive and diagnostic services are not subject to the deductible but do have the 50% benefit. All pregnant women are exempt from deductible or coinsurance. Total benefits limited to \$750 per enrollment year. Providers ARE NOT required to accept members in the Benchmark plan.	no copay (Dental is only covered through Abri in Milwaukee, Waukesha, Racine and Kenosha Counties)	ADA (American Dental Association) codes are not covered by HMOs under the Core Plan. Some dental services are covered but are under FFS.	ADA (American Dental Association) codes are not covered by HMOs under the Core Plan. Some dental services are covered but are under FFS.
Mental Health AODA Services	no copay	Service limits: \$7000 for all services (but can get more if just mental health) , \$4500 for non hospital substance abuse services. Substance abuse day treatment limit is \$2700. \$6300 for inpatient hospital acute care for substance abuse. Inpatient limit 30 days per enrollment year (in hospital or IMD). Copayment amounts: \$10 per day for day treatment, \$50 per day for inpatient, \$15 per visit for narcotic treatment, \$15 per visit for outpatient mental health services, \$15 per visit for mental health services	no copay	Abri is waiving copay in the office, outpatient hospital copays apply as listed above (same \$300 combined limit per enrollment year). Outpatient services (mental health or substance abuse) only covered by a psychiatrist. There IS NO INPATIENT coverage in any facility for behavioral health.	Abri is waiving copay in the office, outpatient hospital copays apply as listed above (same \$300 combined limit per enrollment year). Outpatient services (mental health or substance abuse) only covered by a psychiatrist. There IS NO INPATIENT coverage in any facility for behavioral health.
Vision Routine & Hardware	no copay	\$15 copay per visit, one eye exam every 2 years, eyeglasses and contact lenses not covered	no copay	not covered	not covered

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