

The HMO and its providers and subcontractors may bill you small service fees, called co-payments. The following members are exempt from co-payments:

- Nursing home residents.
- Pregnant women.
- Members under 19 years old who are members of a federally recognized tribe.
- Members under 19 years old with incomes at or below 100 percent of the federal poverty level.

Your member handbook shows your copayments as \$0.50 to \$3.00. The chart below gives you the exact dollar amounts you will be charged.

| Benefit | Copayments member will be charged |
|--|--|
| Adult Mental Health Day Treatment | \$0 |
| Ambulance for Emergency Services | \$0 |
| Ambulatory Surgery Centers | \$3 on facility charge |
| Anesthesiologist | \$0 |
| Case Management, Targeted | \$0 |
| Child/Adolescent Day Treatment | \$0 |
| Disposable Medical Supplies | \$1 when not part of an office visit |
| Durable Medical Equipment (Purchase) | \$1 per item when not part of an office visit |
| End Stage Renal Disease | \$3 when dialysis is not done |
| Dialysis (Professional) | \$2 |
| Dialysis (Facility) | \$3 |
| Family Planning | \$0 |
| Health Check | \$0 |
| Hearing (audiologist) | Professional services \$2; cochlear implants or other equipment \$1; hearing aids and dispensing fees - no copay |
| Home Health | \$0 |
| Hospice | \$0 |
| Hospital, Inpatient | \$3 per day, \$75 maximum per stay |
| Hospital, Outpatient | \$3 per visit; no copayment on emergency room |
| In- Home Mental Health/Substance Abuse Treatment Services for Children HealthCheck "Other Services" | \$0 |
| Laboratory/Pathology | \$1 copay for each lab services (when done in a hospital). Independent laboratory does not require a copayment. There is a \$30 maximum per member, per calendar year. |
| Narcotic Treatment (including methadone) | \$0 |
| Non-emergency Medical Transportation | Non-emergency transportation is provided by the State of Wisconsin, not Chorus Community Health Plan. If you need assistance with transportation, call the State of Wisconsin Transportation vendor at 1- 866-907-1493. |
| Nurse Midwife | \$0 (pregnancy related services) |

Chorus Community Health Plans - BadgerCare Plus Benefits and Co-payment Grid

| Nurses in independent Practice | \$0 |
|---|--|
| Nursing Home | \$0 |
| Oral Surgery | \$2 (physician charges) |
| Outpatient Mental Health | \$0 |
| Outpatient Mental Health and substance abuse services in the home or community for Adults | \$0 |
| Outpatient Substance Abuse | \$0 |
| Personal Care | \$0 |
| Pharmacy | Prescription drug coverage is provided by the State of Wisconsin, not Chorus Community Health Plans. If you have questions about prescription drug coverage call 1-800-362-3002. |
| Podiatry | \$2; \$30 max per provider; additional \$1 for routine foot care; additional\$3 per surgery |
| Radiology | \$3 per procedure. No copayment for Radiology/Oncology |
| Physician Services | \$2; \$30 maximum per provider. Additional \$3 for each surgery: Additional \$2 copay per diagnostic service; Allergy testing \$2 per day of service" |
| Special Medical Vehicle | Non-emergency transportation is provided by the State of Wisconsin, not Chorus Community Health Plans. If you need assistance with transportation, call the State of Wisconsin Transportation vendor at1-866-907-1493 |
| Substance Abuse Day Treatment | \$0 |
| Physical, Occupational and Speech Therapies | \$1 per procedure |

Need help or have additional questions? Please give us a call at 1-800-482-8010.

Interpreter Services – Chorus Community Health Plans (CCHP) complies with all applicable civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, disability, or other legally protected status, in its administration of the plan, including enrollment and benefit determinations. If you or someone you're helping has questions about Together with CCHP, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-482-8010. If you are hearing impaired, call 7-1-1.

- **Spanish**: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Together with CCHP tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-482-8010.
- **Hmong**: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Together with CCHP, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-800-482-8010.

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