

# **HIRSP State and Federal Plan Comparison**

**October 2011**

# Eligibility

Description	HIRSP	HIRSP Federal
<b>Base Criteria</b> (You must meet all of the base eligibility criteria within the plan you choose.)	Wisconsin Resident for at least 3 months.	Wisconsin Resident
	Under 65 years of age.	Are a citizen or national of the United States or are lawfully present in the United States.
	Not eligible for employer-offered group health insurance coverage	Have not had creditable coverage in the six months prior to the HIRSP Federal effective date.
	Not eligible for comprehensive Wisconsin Medicaid or BadgerCare Plus Standard Plan.	
<b>Medical Uninsurability Criteria</b> (If you meet the base criteria, you must meet <u>at least one of the medical uninsurability criteria</u> to be eligible for the HIRSP Federal Plan. To be eligible for HIRSP you must meet one of the medical uninsurability criteria <u>or</u> the loss of employer-sponsored coverage criteria.)	Received in the past nine months one of the following based on medical underwriting: <ul style="list-style-type: none"> <li>• A notice of rejection from an insurer;</li> <li>• A notice of reduction of limitation in coverage, including restrictive riders;</li> <li>• A notice of an increase in premium of 50% or more;</li> <li>• Two or more offers for insurance with premiums at least 50% higher than a standard risk would be charged for the coverage.</li> </ul>	Received in the past nine months one of the following based on medical underwriting: <ul style="list-style-type: none"> <li>• A notice of rejection from an insurer;</li> <li>• A notice of reduction of limitation in coverage, including restrictive riders;</li> <li>• A notice of an increase in premium of 50% or more;</li> <li>• Two or more offers for insurance with premiums at least 50% higher than a standard risk would be charged for the coverage.</li> </ul>
	Tested positive for HIV.	Tested positive for HIV.
	Eligible for Medicare due to a disability.	A letter from your physician dated within the last nine months confirming your diagnosis or treatment of one of the conditions listed at <a href="http://www.HIRSP.org/conditions/">www.HIRSP.org/conditions/</a>
<b>Loss of Employer-Sponsored Coverage Criteria</b> (To be eligible for HIRSP you must meet one of the medical uninsurability criteria <u>or</u> the loss of employer-sponsored coverage criteria.)	Lost employer-offered group health insurance and meet all of the following requirements: <ul style="list-style-type: none"> <li>• Did not voluntarily cancel your coverage.</li> <li>• Exhausted available continuation coverage (COBRA or state continuation) under your employer-offered group health insurance.</li> <li>• Have had continuous insurance coverage for at least 18 months with no gaps in coverage greater than 63 days.</li> <li>• Are not eligible for Medicare.</li> </ul>	N/A

# Cost

Description	HIRSP	HIRSP Federal
<b>Plan Options</b>	<u>Major Medical Plans:</u> HIRSP 1,000/2,500/5,000  <u>Health Savings Account (HSA) Plans:</u> HIRSP 2,500 HSA and HIRSP 3,500 HSA  <u>Medicare Supplement Plan</u> HIRSP Medicare Supplement Plan	<u>Major Medical Plans:</u> HIRSP Federal 500/1,000/2,500/3,500
<b>Premiums</b>	State law requires premiums to cover 60% of plan costs. See rate tables for details.	Federal law requires premiums be set at a "standard risk rate" for similar coverage in the private market. See rate tables for details.
<b>Annual Medical Deductible</b>	<u>Major Medical Plans:</u> \$1,000/\$2,500/\$5,000  <u>HSA Plans:</u> \$2,500/\$3,500 combined medical and pharmacy deductible  <u>HIRSP Medicare Supplement:</u> \$500	<u>Major Medical Plans:</u> \$500/\$1,000/\$2,500/\$3,500
<b>Annual Medical Coinsurance</b>	<u>Major Medical Plans:</u> 20% of allowed amount up to \$1,000 out-of-pocket.  <u>HSA Plans:</u> 20% of allowed amount after deductible is met, up to \$2,100 out-of-pocket.  <u>Medicare Supplement:</u> No coinsurance.	<u>Major Medical Plans:</u> 20% of allowed amount up to \$1,000 out-of-pocket.
<b>Medical Out-of-Pocket Maximum (total annual medical deductible and coinsurance payments for covered services)</b>	<u>Major Medical Plans:</u> \$2,000/\$3,500/\$6,000  <u>HSA Plans</u> \$4,600/\$5,600 (medical and pharmacy)  <u>Medicare Supplement:</u> \$500	<u>Major Medical Plans:</u> \$1,500/\$2,000/\$3,500/\$4,500
<b>Family Medical Out-of-Pocket Maximum (all family members must be on the same plan)</b>	<u>Major Medical Plans:</u> \$4,000/\$7,000/\$12,000  <u>HSA Plans:</u> \$9,200/\$11,200 (medical and pharmacy)  <u>Medicare Supplement:</u> \$1,000	<u>Major Medical Plans:</u> \$3,000/\$4,000/\$7,000/\$9,000

<b>Drug Co-pay</b>	<u>Major Medical Plans:</u> \$5 Tier 1/\$45 Tier 2	<u>Major Medical Plans:</u> \$5 Tier 1/\$45 Tier 2
<b>Drug Co-pay Con't</b>	<u>HSA Plans:</u> 100% up to the deductible amount and then 20% of allowed amount after deductible is met.  <u>Medicare Supplement:</u> \$5 generic/\$45 brand	
<b>Annual Drug Maximum Out-of-Pocket</b>	<u>Major Medical Plans:</u> \$2,000  <u>HSA Plans:</u> \$4,600/\$5,600 (medical and pharmacy)  <u>Medicare Supplement:</u> \$1,500	<u>\$500/\$1,000/\$2,500 Deductible Plans:</u> \$2,000  <u>\$3,500 Deductible Plan:</u> \$1,450

## Coverage Limitations

Description	HIRSP	HIRSP Federal
<b>Pre-Existing Waiting Periods</b>	Individuals who qualify for HIRSP under the medical uninsurability criteria are required to serve a six-month waiting period for medical coverage of pre-existing conditions. The waiting period does not apply to prescription drug coverage. Individuals who qualify for HIRSP due to loss of employer-offered coverage are not required to serve a waiting period.	There is no pre-existing waiting period for individuals eligible for the HIRSP Federal Plan.
<b>Coordination of Benefits</b>	In general, HIRSP would pay secondary to any other coverage available to the member.	In general, HIRSP would pay secondary to any other coverage available to the member.

## Medical Benefits

The following is a list of selected services covered under HIRSP and the HIRSP Federal Plan. For a full listing of covered benefits please see the HIRSP policy.

Description	HIRSP and HIRSP Federal
<b>Alcoholism, Drug Abuse and Nervous or Mental Disorders</b>	Deductible/Coinsurance
<b>Ambulance Services</b>	Deductible/Coinsurance
<b>Autism Services</b>	Deductible/Coinsurance

<b>Cardiac Rehabilitation Services (up to 48 sessions)</b>	Deductible/Coinsurance
<b>Chiropractic Services</b>	Deductible/Coinsurance
<b>Diagnostic Radiology Services (PET Scans, MRIs, MRAs)</b>	Deductible/Coinsurance
<b>Durable Medical Equipment</b>	Deductible/Coinsurance
<b>Emergency Services</b>	Deductible/Coinsurance
<b>Genetic Testing</b>	Deductible/Coinsurance
<b>Home Health Care (up to 40 visits Home Health service visits per year)</b>	Deductible/Coinsurance
<b>Hospice Care</b>	Deductible/Coinsurance
<b>Hospital Services</b>	Deductible/Coinsurance
<b>Medical and Surgical Services</b>	Deductible/Coinsurance
<b>Office Visits and Consultations</b>	Deductible/Coinsurance
<b>Pain Management Services</b>	Deductible/Coinsurance
<b>Preventive Care</b>	First dollar coverage.
<b>Radiation and Chemotherapy Services</b>	Deductible/Coinsurance
<b>Dialysis Treatments</b>	Deductible/Coinsurance: Continually payable up to \$30,000 per year.
<b>Skilled Nursing Care Facility (up to 30 days per confinement)</b>	Deductible/Coinsurance
<b>Therapies (OT,PT, Respiratory, Speech)</b>	Deductible/Coinsurance
<b>Transplants</b>	Deductible/Coinsurance
<b>X-ray and Lab Services</b>	Deductible/Coinsurance
<b>Maximum Lifetime Benefit</b>	\$2 Million Combined Medical and Drug.

## Prescription Drug Benefits

Description	HIRSP	HIRSP Federal
Prescription Drugs	Tier 1 (generics) \$5 copay. Tier 2 (brands) \$45 copay. Tier 3 not covered without a medical exception.	Tier 1 (generics) \$5 copay. Tier 2 (brands) \$45 copay. Tier 3 not covered without a medical exception.
<b>Description</b>	<b>HIRSP and HIRSP Federal</b>	

<b>Benefit Design</b>	<ul style="list-style-type: none"> <li>• Mandatory generic substitution program applies</li> <li>• Generic co-pay waiver program available</li> <li>• Some high-cost medications require prior approval</li> <li>• Mandatory specialty pharmacy program</li> <li>• 90-day supply at retail and mail available</li> </ul>
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## Provider Network

Description	HIRSP	HIRSP Federal
<b>In-State Network</b>	Wisconsin Medicaid Certified Providers	Wisconsin Medicaid Certified Providers
<b>Out-of-State Network</b>	<p>HIRSP pays HIRSP rates to out-of-state providers both in emergency situations and for scheduled services.</p> <p>HIRSP members <u>MAY</u> be <u>BALANCE BILLED</u> by out-of-state providers if they refuse to accept HIRSP payment rates as payment in full for the services provided.</p>	<p>The HIRSP Federal Plan will <u>NOT</u> reimburse out-of-state providers for services rendered, except in cases of emergency.</p> <p>In emergencies, the member <u>WILL</u> be responsible for the difference between the provider charges and the HIRSP reimbursement rate.</p> <p>For non-emergency services the member <u>IS</u> responsible for 100% of the charges for any services provided by a non-Wisconsin Medicaid Certified provider.</p>

## Customer Service & Website

Description	HIRSP	HIRSP Federal
<b>Customer Service</b>	1-608-221-4551 (Madison, WI) or 1-800-828-4777	1-608-221-5315 (Madison, WI) or 1-888-253-2698
<b>Website Address</b>	<a href="http://www.hirsp.org">www.hirsp.org</a>	<a href="http://www.hirsp.org">www.hirsp.org</a>