

Outline of Coverage

Effective January 2010

HIRSP
AUTHORITY

Dear Applicant,

Thank you for your interest in the Health Insurance Risk-Sharing Plan (HIRSP), which offers health insurance to Wisconsin residents who are unable to find adequate health insurance coverage in the private market due to their medical conditions or who have lost their employer-offered group health insurance.

Included with the Outline of Coverage Brochure is the:

- Application for HIRSP Coverage.** Complete this application, sign it and return it to HIRSP if you wish to apply for coverage. Include with your application any requested supporting documentation and payment for the full amount of your first quarter's insurance premium.

***Important Note to Applicants:** If you have lost employer-offered group health insurance, you may be eligible for a waiver of the six-month waiting period for coverage of pre-existing conditions. In order to qualify for this waiver, you must submit a complete application within 63 days of the date you lost your employer-offered group health insurance and must meet criteria for an "eligible individual" as outlined in the application. See page 11 regarding other exceptions where the six-month waiting period for coverage of pre-existing conditions may be waived.*

- Premium Rate Table.** Find the amount of your quarterly insurance premium using the instructions from the enclosed Rate Table.

***Important Note to Applicants:** You must include the full payment for the first quarter's premium with your application. Without full payment, the processing of your application will be delayed.*

- Application for Reduced Premium, Deductible and Drug Out-of-Pocket.**

Reductions in premium, deductible and drug out-of-pocket maximum may be available to individuals who qualify based on their household income. You will find this information on HIRSP's Web site at www.hirsp.org/policyholder/low_income.shtml.

Please mail your completed application and first quarter premium payment to:

**HIRSP
1751 W BROADWAY
PO BOX 8961
MADISON WI 53708-8961**

Please allow 30 days for HIRSP to process your application.

**If you have questions, please call Customer Service at
1-888-527-0590 or 608-226-4920.**



The mission of the HIRSP Authority is to provide access to high quality, affordable healthcare for all eligible Wisconsin residents.



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HIRSP OVERVIEW

HIRSP
AUTHORITY

The Health Insurance Risk-Sharing Plan (HIRSP) offers health insurance to Wisconsin residents who are unable to find adequate health insurance coverage in the private market due to their medical conditions or who have lost their employer-offered group health insurance. Applicants are required to meet HIRSP eligibility criteria to qualify.

HIRSP has a six-month waiting period for coverage of services related to pre-existing conditions. If you qualify for HIRSP because you lost your employer-offered group health insurance, Medicaid or BadgerCare Plus, Medicare or another state's High-Risk Pool coverage, and you meet the requirements in this Outline of Coverage, this waiting period does not apply to you.

(Refer to *Six-Month Waiting Period for Coverage of Pre-existing Conditions* on page 15.)


HIRSP covers major medical and prescription drug expenses, subject to pre-existing condition limitations defined in this outline. Policyholders are responsible for paying premium, deductible and coinsurance amounts as indicated in the HIRSP policy.

HIRSP offers a variety of health insurance plans, including two plans that qualify you to open a health savings account (HSA) and a plan designed for policyholders enrolled in Medicare. This empowers you to choose the plan that best fits your health insurance needs.

Enrollment in HIRSP is not dependent upon your income or assets. However, if your total annual household income is less than \$33,000, you may qualify for reductions in premiums, deductibles and drug out-of-pocket costs under the conditions defined in this outline.

This outline provides general information only. It does not provide a complete description of coverage and does not serve as a legal document. Only the terms of the HIRSP insurance policy constitute a binding agreement between the policyholder and HIRSP.

Information contained in this outline is subject to change without notice.

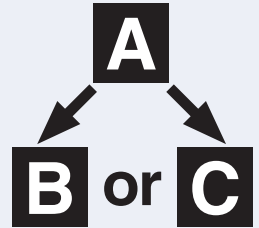






Eligibility Requirements

Determining whether you should apply for HIRSP coverage is as easy as A, B, C. There are three elements to HIRSP eligibility. If you meet the requirements under **A** and either **B** or **C**, you are eligible for HIRSP.

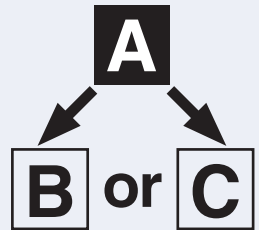


A Requirements for All Applicants

All applicants for HIRSP are required to meet all of the following five requirements:

- You are a resident of Wisconsin
- You are under age 65, unless you are not eligible for Medicare
- You are not eligible for employer-offered group health insurance
- You are not eligible for comprehensive Wisconsin Medicaid services or BadgerCare Plus Standard Plan
- You meet the requirements described under **B** or **C** that follow

If you do not meet all of these requirements, you are not eligible for HIRSP.



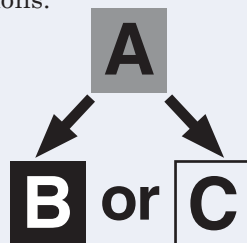
Requirements for all applicants

B Eligibility for Applicants Who Lost Employer-Offered Group Health Insurance

If you meet all the requirements under **A** and **B**, you are eligible for HIRSP. If you qualify for HIRSP under **B**, you will *not* be subject to a six-month waiting period for coverage of pre-existing conditions.

If you are applying for HIRSP because you lost your employer-offered group health insurance, you are required to meet *all* of the following requirements:

- You lost your employer-offered group health insurance. As documentation, you are required to provide HIRSP with a certificate of creditable coverage from past insurers or employers or other forms of proof of coverage which HIRSP will verify (e.g. explanation of benefits, health insurance ID card(s))
- You did not voluntarily cancel your coverage
- You exhausted your continuation coverage under your employer-offered group health insurance, including state continuation coverage or Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage, if offered
- Including this employer-offered group health insurance, you have had continuous insurance coverage for at least 18 months with no gap in coverage greater than 63 days
- You applied to HIRSP within 63 days of losing your employer-offered group health insurance, including COBRA if offered
- You are not eligible for Medicare



Eligibility for applicants who lost employer-offered group health insurance

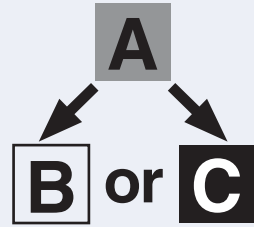
If you do not meet at least one of the requirements under **B**, you may be eligible for HIRSP if you meet all the requirements that follow under **C**.

C Eligibility for Applicants Based on Medical Condition

If you meet all the requirements under **A** and at least one of the requirements under **C**, you are eligible for HIRSP.

If you qualify for HIRSP under **C**, you will be subject to a six-month waiting period for coverage of pre-existing conditions, with limited exceptions (Refer to *Six-Month Waiting Period for Coverage of Pre-existing Conditions* on page 15).

You must be a Wisconsin resident for at least three months as of your HIRSP effective date unless you were enrolled in a state High-Risk Pool for one year and apply within 45 days of termination, and provide documentation that you meet **at least one** of the following requirements:



Eligibility for applicants based on medical condition

- You are eligible for Medicare because of a disability
- You tested positive for the Human Immunodeficiency Virus (HIV)
- In the past nine months, you received at least one of the following from insurers, based wholly or partially on medical underwriting considerations:
 - ✓ A notice of rejection from one or more insurers
 - ✓ A notice of cancellation
 - ✓ A notice of significant reduction of coverage
 - ✓ A notice of an increase in your premium of 50% or more
 - ✓ Two or more offers for insurance with premiums at least 50% higher than what you would be charged for a standard individual policy with substantially the same coverage and deductibles as HIRSP

If you did not meet requirements in **A** and either **B** or **C**, you are not eligible for HIRSP.

Comparison of HIRSP Plans

	HIRSP 1,000	HIRSP 2,500
Premiums	Refer to rate table	Refer to rate table
Premium reductions available if you qualify	Yes (refer to “Reductions” on page 18-19)	Yes (refer to “Reductions” on page 18-19)
Medical deductible (you pay)	\$1,000 per year	\$2,500 per year
Medical deductible reductions available if you qualify	Yes (refer to “Reductions” on page 18-19)	Yes (refer to “Reductions” on page 18-19)
Medical Coinsurance (you pay) after deductible is met	20% of allowed amount \$1,000 per year	20% of allowed amount \$1,000 per year
Individual medical out-of-pocket maximum (your total expenditures or medical deductible and medical coinsurance, after which HIRSP will pay at 100%)	\$2,000 per year	\$3,500 per year
Family medical out-of-pocket maximum (all family members must be on the same plan)	\$4,000 per year	\$7,000 per year
Drug Copay (you pay)	\$10 Tier 1 / \$40 Tier 2 Up to a maximum of \$2,000 per year	\$10 Tier 1 / \$40 Tier 2 Up to a maximum of \$2,000 per year
Drug out-of-pocket maximum reductions available if you qualify	Yes (refer to “Reductions” on page 18-19)	Yes (refer to “Reductions” on page 18-19)
Pre-existing condition waiting period	If applicable (refer to “Pre-existing” on page 15)	If applicable (refer to “Pre-existing” on page 15)
Maximum lifetime benefit	\$2,000,000	\$2,000,000

	HIRSP 5,000	HIRSP Medicare Supplement
Premiums	Refer to rate table	Refer to rate table
Premium reductions available if you qualify	Yes (refer to “Reductions” on page 18-19)	Yes (refer to “Reductions” on page 18-19)
Medical deductible (you pay)	\$5,000 per year	\$500 per year
Medical deductible reductions available if you qualify	Yes (refer to “Reductions” on page 18-19)	No
Medical Coinsurance (you pay) after deductible is met	20% of allowed amount \$1,000 per year	No
Individual medical out-of-pocket maximum (your total expenditures or medical deductible and medical coinsurance, after which HIRSP will pay at 100%)	\$6,000 per year	\$500 per year
Family medical out-of-pocket maximum (all family members must be on the same plan)	\$12,000 per year	\$1,000 per year
Drug Copay (you pay)	\$10 Tier 1 / \$40 Tier 2 Up to a maximum of \$2,000 per year	\$10 Generic / \$40 Brand Up to a maximum of \$1,500 per year
Drug out-of-pocket maximum reductions available if you qualify	Yes (refer to “Reductions” on page 18-19)	Yes (refer to “Reductions” on page 18-19)
Pre-existing condition waiting period	If applicable (refer to “Pre-existing” on page 15)	If applicable (refer to “Pre-existing” on page 15)
Maximum lifetime benefit	\$2,000,000	\$2,000,000

continued on next page

Comparison of HIRSP Plans (Continued)


	HIRSP Health Savings Account 2,500	HIRSP Health Savings Account 3,500
Premiums	Refer to rate table	Refer to rate table
Premium reductions available if you qualify	Yes (refer to “Reductions” on page 18)	Yes (refer to “Reductions” on page 18)
Medical/Drug deductible (you pay)	\$2,500 per year	\$3,500 per year
Medical deductible reductions available if you qualify	Yes (refer to “Reductions” on page 18)	Yes (refer to “Reductions” on page 18)
Medical Coinsurance (you pay)	20% of allowed amount (after deductible is met)	20% of allowed amount (after deductible is met)
Drug Coinsurance (you pay)	20% of allowed amount (after deductible is met—no first-dollar drug coverage)	20% of allowed amount (after deductible is met—no first-dollar drug coverage)
Individual medical/drug coinsurance maximum	\$2,100 per year	\$2,100 per year
Individual medical and drug out-of-pocket maximum (your total expenditures for deductible and coinsurance, after which HIRSP will pay at 100%)	\$4,600 per year	\$5,600 per year
Family out-of-pocket maximum (all family members must be on the same plan)	\$9,200 per year	\$11,200 per year
Out-of-pocket maximum reductions available if you qualify	Yes (refer to “Reductions” on page 18)	Yes (refer to “Reductions” on page 18)
Pre-existing condition waiting period	If applicable (refer to “Reductions” on page 15)	If applicable (refer to “Reductions” on page 15)
Maximum lifetime benefit	\$2,000,000	\$2,000,000

Pre-existing Condition Waiting Period

Six-Month Waiting Period for Coverage of Pre-existing Conditions

If you are eligible for HIRSP based on your medical condition, HIRSP does not cover medical services related to a pre-existing injury or illness during your first six months of coverage. Prescription drugs are not subject to the six-month waiting period for coverage of pre-existing conditions. This pre-existing condition waiting period does not apply to you if you are eligible for HIRSP under **B** or apply within 45 days of losing your Medicaid, BadgerCare Plus or Medicare coverage, or you were enrolled in another state's High-Risk Pool for at least one year prior to applying for HIRSP and you are applying to HIRSP within 45 days of losing the other High-Risk Pool coverage.

A pre-existing injury or illness is a condition, whether physical or mental, regardless of the cause of the condition, which was diagnosed or for which medical advice, care or treatment was recommended or received during the six months immediately preceding the policy effective date.



Covered and Noncovered Services

The services outlined under *Covered and Noncovered Services* on this page apply to all HIRSP plans. HIRSP offers the following plans:

- **HIRSP 1,000, HIRSP 2,500, HIRSP 5,000 and HIRSP Health Savings Account (HSA)**, are for people who are not eligible for Medicare. These options have identical coverage that differ only in the amounts of premiums, and deductibles.
 - ✓ HIRSP 1,000 has a lower deductible with a higher premium
 - ✓ HIRSP 2,500 has a moderate deductible with a moderate premium
 - ✓ HIRSP 5,000 offers the highest deductible with a low premium
 - ✓ HIRSP HSA 2,500 has a \$2,500 medical/drug deductible and qualifies you to open a health savings account
 - ✓ HIRSP HSA 3,500 has a \$3,500 medical/drug deductible and qualifies you to open a health savings account
- **HIRSP Medicare Supplement** is for all Medicare eligible applicants who:
 - ✓ Enrolled in Medicare Part A, B and D and met one of the following:
 - ✓ Qualify for Medicare due to a disability and are younger than age 65
 - ✓ Qualify for Medicare and reach age 65 while enrolled in HIRSP

For details, refer to *Comparison of HIRSP Plans Table* on pages 12-14.

Covered Services

HIRSP will cover medically necessary and appropriate services consistent with the HIRSP policy. Prescription drugs must be obtained at a HIRSP-certified network pharmacy. A partial list of covered services follows. *Refer to the HIRSP policy for a full list of covered services, exclusions, conditions and limitations.*

Covered Services

- Medical-surgical services
- Anesthesia services
- Consultations
- Prescription drugs
- Home care
- Radiology services
- Laboratory services
- Pap test and pelvic exam
- Prostate cancer screening
- Skilled nursing care
- Hospice care
- Services and supplies for treatment of diabetes
- Yearly routine exam

Visit www.hirsp.org for more specific information on covered services.

Covered Services

Requiring Prior Approval

- Transplant services
- Durable medical equipment costing more than \$1,500 or rented for more than three months
- Prosthetics costing more than \$1,500
- Surgical services for morbid obesity
- Reduction mammoplasty, septoplasty and blepharoplasty
- Spinal surgeries*
- PET scans*
- MRA studies*
- Dental repair related to an injury*
- Inpatient non-emergency admissions, at least 3 business days prior to confinement
- Outpatient visits and transitional treatment for treatment of alcoholism, drug abuse and nervous or mental disorders beyond 50 visits per calendar year
- Pain management procedures, including injections
- Spinal cord stimulator
- Implantable infusion pain pump
- Genetic testing services for treatment of an illness
- Home Intravenous (IV) therapy or home infusion therapies including Total Parenteral Nutrition (TPN) and antibiotic therapy.

* *Prior approval not required in the event of an emergency*

Note: Prior approval does not apply to the HIRSP Medicare Supplement plan

Noncovered Services

The following is a partial list of treatments, services, supplies and expenses that HIRSP does not cover:

- Cosmetic treatments
- Eyeglasses
- Hearing aids
- Routine dental care
- Health care services performed by members of your immediate family or anyone else living with you
- Any services covered by any other policy of healthcare insurance
- Custodial care
- Infertility, impotence and sterilization services or drugs
- Charges for procedures or services that are determined as not medically necessary and appropriate
- Expenses incurred for procedures or services that are of questionable medical value, experimental or investigative (except drugs for the treatment of HIV infection)

For more specific information about services that HIRSP does not cover, refer to the HIRSP policy or contact HIRSP Customer Service.

Reductions

Available for policyholders with household incomes of less than \$33,000.

HIRSP 1,000 / HIRSP 2,500 / HIRSP 5,000

- subsidized premium, medical deductible and drug out-of-pocket maximum

HIRSP Medicare Supplement

- subsidized premium and drug out-of-pocket maximum

HIRSP HSA 2,500/HIRSP HSA 3,500

- subsidized premium and medical/drug deductible

Available Reductions

Plans offer a reduction in premium, deductible and out-of-pocket costs if your household income is less than \$33,000. Complete an Application for Reduced Premium, Deductible and Drug Out-of-Pocket Maximum and submit with your application.

Household income as defined in Wisconsin Statute s.71.52(5)

HIRSP 1,000 / HIRSP 2,500 / HIRSP 5,000

Household Income	Medical Deductible Discount	Premium Discount	Drug Out-of-Pocket Maximum
\$33,000 and Above	No Discount	No Discount	\$2,000
\$30,000-32,999.99	\$100	15%	\$1,250
\$25,000-29,999.00	\$100	20%	\$1,000
\$20,000-24,999.99	\$100	25%	\$750
\$17,000-19,999.99	\$200	29%	\$600
\$14,000-16,999.99	\$300	34%	\$525
\$10,000-13,999.99	\$400	39%	\$450
Less than \$10,000	\$500	43%	\$375

HIRSP HSA 2,500 / HIRSP HSA 3,500

Household Income	Medical Deductible Discount	Premium Discount	Drug Out-of-Pocket Maximum*
\$33,000 and Above	No Discount	No Discount	Not Applicable
\$30,000-32,999.99	\$100	15%	Not Applicable
\$25,000-29,999.00	\$100	20%	Not Applicable
\$20,000-24,999.99	\$100	25%	Not Applicable
\$17,000-19,999.99	\$200	29%	Not Applicable
\$14,000-16,999.99	\$300	34%	Not Applicable
\$10,000-13,999.99	\$400	39%	Not Applicable
Less than \$10,000	\$500	43%	Not Applicable

HIRSP Medicare Supplement

Household Income	Medical Deductible Discount	Premium Discount	Drug Out-of-Pocket Maximum
\$33,000 and Above	No Discount	No Discount	\$1,500
\$30,000-32,999.99	No Discount	10%	\$500
\$25,000-29,999.00	No Discount	10%	\$250
\$20,000-24,999.99	No Discount	15%	\$125
\$17,000-19,999.99	No Discount	20%	\$125
\$14,000-16,999.99	No Discount	25%	\$125
\$10,000-13,999.99	No Discount	30%	\$125
Less than \$10,000	No Discount	35%	\$125

*The medical and drug benefit in the HSA plan is a combined benefit; therefore, a cap on out-of-pocket drug costs is not available.

Other Provisions

Payments to Providers

State law requires Wisconsin Medicaid-certified providers to accept HIRSP's allowed amount for reimbursement as payment in full for services covered by the policy. You are responsible for paying your provider only the deductible and coinsurance amounts indicated in the HIRSP policy. Your provider may not bill you for the difference between the charge for the service and HIRSP's allowed amount.

Premiums

HIRSP premiums are set based on requirements in state law. The current premium rate tables, which show base premium rates by HIRSP plan, gender and age are enclosed. If you do not have a copy of the current rate tables, refer to www.hirsp.org/about/plansrates.shtml or contact HIRSP Customer Service.

Renewal and Termination Requirements

Once you qualify to receive HIRSP coverage and HIRSP receives your first premium payment with your application, you will be put on a regular HIRSP monthly or quarterly premium payment billing cycle. Quarterly premium payments are billed in March, June, September and December and must be paid by the due date. You can choose Direct Billing, Credit/Debit Card or Automated Cash/Check Handling (ACH) to pay your premiums. If you select the payment option of Credit/Debit Card or ACH, you may choose between a monthly or quarterly billing. Your coverage renews with your payment. If you do not pay your premium on time, you will be notified in writing, requesting payment. If following this notice you do not pay your premium, HIRSP will cancel your coverage.

If you fail to pay your premium or if you end your HIRSP coverage, you are required to wait 12 months to reapply. The 12 month waiting period does not apply if you lose your employer-sponsored group coverage (HIPAA coverage) and wish to reapply to HIRSP before the 12 months has expired. For example, you may reapply for HIRSP within 12 months if you leave HIRSP because you are eligible for employer-offered group health insurance and you lose the employer-offered coverage within 12 months of leaving HIRSP. You may also return to HIRSP within 12 months of leaving HIRSP if you left to enroll in Wisconsin Medicaid or BadgerCare Plus and then lost Medicaid/BadgerCare Plus coverage within 12 months of leaving HIRSP.

To remain in HIRSP, you are also required to continue to meet the eligibility criteria for the program. HIRSP will cancel your coverage and notify you in writing if one of the following occurs:

- You are no longer a resident of Wisconsin
- You are eligible to receive employer-offered group health insurance
- You are eligible for Wisconsin Medicaid or BadgerCare Plus Standard Plan.

- You become Medicare eligible and do not enroll in Medicare Part A, B and D or drop your Medicare coverage.
- You received HIRSP's maximum lifetime benefit under your policy.

To terminate your HIRSP coverage, please contact HIRSP Customer Service at 1-888-527-0590. This will prevent any unexpected billing problems that might result if you stop paying your premium without informing us in advance.

Grievance and Appeal Rights

HIRSP has a grievance and appeal process if you disagree with a HIRSP decision, such as:

- Denial or termination of coverage
- Denial or reduction of claim payment
- Denial of an application for a reduction of HIRSP premium, deductible or drug out-of-pocket maximum
- Denial of prior approval

For more information about grievance and appeal rights, you may refer to the HIRSP policy received upon HIRSP's approval of coverage or contact HIRSP Customer Service.

The Application Process

How to Apply

You can apply for HIRSP using the HIRSP online application at www.hirsp.org/about/app_notice.shtml or contacting HIRSP directly or through an insurance agent licensed in Wisconsin. Parents or legal guardians may apply on behalf of dependents.

Where to Get an Application

Applications and information can be obtained from one of the following:

- HIRSP Customer Service by calling **(800) 828-4777** or **(608) 221-4551**, or by writing to: **HIRSP, P.O. Box 8961, Madison WI 53708-8961**
- www.hirsp.org/about/howtoapply.shtml
- Your insurance agent.

What to Submit With Your Application

Your complete and accurate application must include the following:

- A completed and signed application form for each applicant
- Proof of Wisconsin residency
- A full payment for your first HIRSP premium based on the current HIRSP premium rate tables enclosed in the application packet. If you do not have a copy of the current rate tables, you may obtain one from www.hirsp.org/about/plansrates.shtml or HIRSP Customer Service. Please include a separate check for each applicant

- If applying for subsidy, include a completed Application for Reduced Premium, Deductible and Drug Out-of-Pocket Maximum
- **If you are applying because of your medical condition**, include copies of letters received in the past nine months from insurers for at least one of the following, based wholly or partially on medical underwriting considerations:
 - ✓ Notice of rejection from one or more insurers
 - ✓ A notice of cancellation
 - ✓ A notice of significant reduction of coverage
 - ✓ A notice of an increase in your premium of 50% or more
 - ✓ Two or more offers of insurance with premiums at least 50% higher than what would be charged for a standard individual policy with substantially the same coverage and deductibles as HIRSP
- A copy of your certificate of creditable coverage **if you are applying because you lost your employer-offered group health insurance or other forms of proof of coverage**.
- A copy of your Medicare card and your Medicare Prescription Drug card **if you are Medicare eligible** (if under age 65).

Policy Effective Date

If HIRSP approves your application, your policy becomes effective on one of the following dates:

- The date HIRSP received your completed application, which includes all requested documentation and the full initial premium as indicated under *What to Submit With Your Application* on the previous page.
- The effective date you choose on your application, which is no more than 60 days after the date you sign the application. HIRSP may honor this request if HIRSP receives all your application materials before the requested effective date.

If HIRSP approves your application, HIRSP will reimburse covered services from HIRSP-certified providers from your policy effective date to your termination date. Reimbursement will be subject to all of the following:

- The six-month waiting period for coverage of pre-existing conditions, if applicable
- Deductibles
- Coinsurance
- Copayments
- The conditions, limitations and exclusions stated in the HIRSP policy

Frequently Asked Questions About HIRSP

My insurer refused coverage due to a medical condition.

Am I eligible for HIRSP?

If you were rejected for coverage due to a medical condition, you will be eligible for HIRSP as long as:

- You provide HIRSP with a letter documenting the rejection from one or more insurers
- You are a Wisconsin resident
- You are younger than age 65
- You are not eligible for employer-offered group health insurance

(For more information, refer to *Eligibility Requirements* on pages 9-11.)

What is employer-offered group health insurance?

Employer-offered group health insurance is insurance provided by an employer. It is not an insurance policy purchased by an individual or through an association.

I have exhausted the annual benefit under my employer-offered group health insurance. Am I eligible for HIRSP?

You are only eligible for HIRSP when the maximum lifetime benefit of your group coverage has been met (not the maximum annual benefit).

I've lost my employer-offered group health insurance. Am I eligible for HIRSP?

You may be eligible due to loss of employer-offered group health insurance. See eligibility requirements on page 10.

If I have Medicare, am I eligible for any of the other HIRSP plans?

Applicants eligible for Medicare and under the age of 65 are only able to enroll in the HIRSP Medicare Supplement plan.

Am I eligible for other programs, such as Medicaid or BadgerCare Plus?

Visit www.access.wisconsin.gov or call 1-800-362-3002. This Web site is a quick and easy way for you to find out if you are able to get low or no-cost healthcare through Wisconsin's health programs.

Do I qualify for HIRSP if I am eligible for BadgerCare Plus?

Applicants eligible for the BadgerCare Plus Benchmark or Core Plan are eligible for HIRSP. Those eligible for BadgerCare Plus Standard Plan are not eligible for HIRSP. For information on BadgerCare Plus visit www.badgercareplus.org.

How do I know how much to pay for my premium payment?

Current HIRSP premium rate tables are enclosed. You may also obtain a copy from www.hirsp.org/about/plansrates.shtml or HIRSP Customer Service.

How long will it take for HIRSP to process my application?

Upon receipt of your application, you will receive an acknowledgement letter within 14 days. HIRSP has 30 days to process your application. (All required documentation must be received by HIRSP within these 30 days.)

How soon will I be covered under HIRSP?

If HIRSP approves your application, your policy becomes effective on the date HIRSP received your completed application. You may request a later effective date as long as it is no more than 60 days after the date you signed your application. Reimbursement will be subject to:

- The six-month waiting period for coverage of pre-existing conditions, if applicable.
- Deductibles
- Coinsurance
- Copayments
- The conditions, limitations and exclusions stated in the HIRSP policy

(For more information, refer to *Policy Effective Date* on page 22.)

Will HIRSP cover expenses for pre-existing conditions?

If you have a pre-existing condition, HIRSP will not cover medical expenses related to that condition for the first six months of coverage unless you are eligible for HIRSP because you lost your employer-offered group health insurance or recently lost Medicaid, BadgerCare Plus or other state risk pool coverage. A pre-existing injury or illness is a condition, whether physical or mental, regardless of the cause of the condition, which was diagnosed or for which medical advice, care or treatment was recommended or received during the six months immediately preceding the policy effective date. (For more information, refer to *Six-Month Waiting Period for Coverage of Pre-existing Conditions* on page 15.)

How do I know if HIRSP covers a certain medical service or supply?

If you are not certain whether HIRSP covers a certain medical service or supply, contact HIRSP Customer Service. HIRSP covers only medically necessary services and supplies.

Who can provide services?

HIRSP reimburses for covered medical services provided by HIRSP-certified providers. Prescription drugs must be obtained at a HIRSP-certified network pharmacy.

How do I know a provider is HIRSP-certified?

Most Wisconsin providers are HIRSP-certified. If you are unsure if a provider is HIRSP-certified, call HIRSP Customer Service or ask the provider. We can narrow down the search by knowing what specialty and service area (ZIP code) you are looking for.

Does HIRSP cover services provided outside of Wisconsin?

HIRSP does cover major medical expenses provided outside of Wisconsin. If you receive health care services from a health care provider outside of Wisconsin who is not a HIRSP-certified health care provider, HIRSP will pay benefits for those health care services up to the HIRSP allowed amount. You are responsible for any amount billed over the HIRSP allowed amount, which may be up to 40% of the billed charge and also, for any applicable deductible and coinsurance amounts.

How do I know if my drug is Tier 1 or Tier 2?

You can visit the HIRSP Web site at www.hirsp.org/policyholder/pharmacy.shtml for a listing of covered drugs and information on each Tier. (HIRSP Medicare Supplement pays for drugs that are included on your Medicare Part-D formulary. Check with your Part-D provider for more information on their formulary.)

What is the difference between coinsurance and copayment (copay)?

Coinsurance is a percentage of the covered expense that a policyholder is responsible for (after the deductible is met). Copay is a fixed amount for a covered service/prescription that the policyholder pays.

I am Medicare eligible, but understand that I need to take out a prescription drug plan prior to being eligible for HIRSP Medicare Supplement. Who can I go to for assistance with choosing and enrolling in a prescription drug plan?

When choosing a Medicare prescription drug plan, it is important to enroll with a carrier that will suit your prescription needs and meet your premium requirements. Assistance with researching the prescription drug plans you are eligible for is available through Medicare by calling 1-800-633-4227 or by contacting the Wisconsin State Health Insurance Assistance Program (SHIP) at 1-800-242-1060. You may also research your options online at www.medicare.gov.

How does having a Medicare prescription drug plan affect my HIRSP prescription drug coverage?

Your Medicare prescription drug plan will be primary to your HIRSP coverage. Prescriptions must be processed by Medicare and must be on your prescription drug plan's formulary as covered medications prior to being submitted to HIRSP for secondary coverage. There are a few prescriptions that Medicare excludes that HIRSP will cover such as

benzodiazepine and barbiturates. For more information on these covered medications, please see www.hirsp.org/policyholder/pharmacy.shtml.

Where can I get more information on the Health Savings Account?

A Health Savings Account (HSA) is an alternative to traditional health insurance and is one example of “consumer driven health care”. It can be used to not only pay for health related expenses, but can also be used as a mechanism to save for future qualified medical and retiree health expenses on a tax-free basis. For more information visit the United States Department of the Treasury Web site at <http://www.treas.gov/offices/public-affairs/hsa/>.

Can the funds in an HSA be invested?

You can invest the funds in your HSA. You will want to consult with your financial advisor to determine the benefits of HSA qualified plans.

How do I use my HSA to pay my physician when I’m at the physician’s office?

If you are covered by the HIRSP Health Savings Account plan and have not met your policy deductible, you will be responsible for 100% of the amount HIRSP would have paid (the HIRSP rate) to the physician had you already met your deductible. Your physician may ask you to pay for the services provided before you leave the office. If your HSA custodian (i.e. your bank or other financial institution) provides you with a checkbook or debit card, you can pay your physician directly from the account. If the custodian does not offer these features, you can pay the physician with your own money and reimburse yourself for the expense from the account after your visit.

My spouse and I both want an HSA. How much can we contribute?

Each spouse is eligible to contribute to a health savings account in their own name, up to the statutory limit (\$3,050 for 2010)

May a self-employed person contribute to an HSA on a pre-tax basis?

No, self-employed persons may not contribute to an HSA on a pre-tax basis and may not take the amount of their HSA contribution as a deduction for self-employment tax (SECA) purposes. However, they may contribute to an HSA with after-tax dollars and take the above-the-line deductions (contributions to HSA made by the individual).

HIRSP CONTACT US

AUTHORITY

www.hirsp.org

Customer Service- Enrollment and Billing

Phone: (888) 527-0590

Fax: (608) 243-6136

Hours of Operation:

Mon-Thurs: 7:00 a.m.-5:00 p.m.

Fri: 7:00 a.m.-4:30 p.m.

Customer Service- General Questions

HIRSP

1751 W. Broadway

P.O. Box 8961

Madison, WI 53708-8961

Phone: (800) 828-4777

or (608) 221-4551

Si necesitas ayuda, llamar por
favor 1-800-828-4777

Yog koj xav tau kev pab, thov hu
1-800-828-4777

Fax: (608) 226-8770

email: HIRSPweb@wpsic.com

Hours of Operation:

Mon-Thurs: 7:00 a.m. - 7:00 p.m. CST

Fri: 7:00 a.m. - 4:30 p.m. CST

Customer Service- Pharmacy

MedTrak

7101 College Blvd., Ste. 1000

Overland Park, KS 66210

Phone: (800) 757-5576

Fax: (866) 552-8939

Hours of Operation:

Mon-Fri: 8:00 a.m. - 9:00 p.m. CST

Sat: 9:00 a.m. - 6:00 p.m. CST

Care Management and Prior Approval

HIRSP Care Management

P.O. Box 8961

Madison, WI 53708-8961

Phone: (866) 841-6572

Fax: (608) 226-4777

Hours of Operation:

Mon-Fri: 7:30 a.m. - 4:30 p.m. CST

Drug Prior Authorizations

MedTrak

Attention: Clinical Dept. HIRSP

7101 College Blvd., Ste. 1000

Overland Park, KS 66210

Phone: (800) 757-5576

Fax: (866) 552-8939



Health Insurance Risk-Sharing Plan

1751 W. Broadway, P.O. Box 8961, Madison WI 53708-8961
(800) 828-4777 or (608) 221-4551 www.hirsp.org

22293-021-1001 (HIRSP)