

Liability Coverage Requirements by Provider Type

| Provider Type | General Liability | Auto Liability | Worker's Compensation |
|---------------------------|----------------------------|-----------------------|--------------------------|
| Supportive Home Care | General Liability | Combined Single | Per Occurrence \$100,000 |
| | Per Occurrence \$1,000,000 | Limit \$1,000,000 | Aggregate \$500,000 |
| | Aggregate \$3,000,000 | | |
| AFH 1-2 Bed | General Liability | Combined Single | Per Occurrence \$100,000 |
| | Per Occurrence \$1,000,000 | Limit \$1,000,000 | Aggregate \$500,000 |
| | Aggregate \$2,000,000 | | |
| AFH 3-4 Bed | General Liability | Combined Single | Per Occurrence \$100,000 |
| | Per Occurrence \$1,000,000 | Limit \$1,000,000 | Aggregate \$500,000 |
| | Aggregate \$2,000,000 | | |
| CBRF >8 Bed | General Liability | Combined Single | Per Occurrence \$100,000 |
| | Per Occurrence \$1,000,000 | Limit \$1,000,000 | Aggregate \$500,000 |
| | Aggregate \$2,000,000 | | |
| CBRF <8 Bed | General Liability | Combined Single | Per Occurrence \$100,000 |
| | Per Occurrence \$1,000,000 | Limit \$1,000,000 | Aggregate \$500,000 |
| | Aggregate \$2,000,000 | | |
| Fiscal Agency | General Liability | N/A | N/A |
| | Per Occurrence \$1,000,000 | | |
| | Aggregate \$2,000,000 | | |
| Day Program | General Liability | Combined Single | Per Occurrence \$100,000 |
| | Per Occurrence \$1,000,000 | Limit \$1,000,000 | Aggregate \$500,000 |
| | Aggregate \$2,000,000 | | |
| Employment Programs | General Liability | Combined Single | Per Occurrence \$100,000 |
| | Per Occurrence \$1,000,000 | Limit \$1,000,000 | Aggregate \$500,000 |
| | Aggregate \$2,000,000 | | |
| Other providers including | General Liability | Combined Single | Per Occurrence \$100,000 |
| home and community-based | Per Occurrence \$1,000,000 | Limit \$1,000,000 | Aggregate \$500,000 |
| service providers not | Aggregate \$2,000,000 | | |
| otherwise noted above. | | | |
| Primary and acute care | | | |
| providers must meet | | | |
| Wisconsin Statutory | | | |
| requirements for | | | |
| professional liability | | | |
| coverage. | | | |

Please contact your insurance agent to obtain a Certificate of Insurance with iCare Health Plan (1555 River Center Drive, Suite 206, Milwaukee, WI 53212) as the certificate holder.

Proof of Insurance

*i*Care requires all Network Providers to procure and maintain comprehensive policies of property and casualty insurance including general and professional liability insurance, and workers compensation, if the Provider is acting as an employer as defined in Wis. Stat. § 102.04. Provider will provide certificates of insurance within thirty (30) calendar days of a renewal of any property or casualty policy annually. Provider will list iCare Health Plan as a certificate holder on the Certificate of Insurance.