

WELCOME TO THE WISCONSIN WELL-WOMAN WEBSITE



The Wisconsin Well-Woman Program (WWWP) is happy to provide health screenings for women 35-64. Please remember that this is strictly a screening program that focuses on prevention and/or early detection of health problems. There are no charges for the covered services; however, there may be some charges for services related to these screenings.

Wisconsin Well-Woman Program COVERED SERVICES

The Wisconsin Well Woman Program (WWWP) covers the following services. **Any services that are not on this list will not be paid for by WWWP. Check with your health care provider to be sure that they are not providing services other than those listed unless you want them to. If you choose to have additional services at the time of your WWWP appointment, you will be responsible to pay for those services.**

Clinic Visits (Only as they pertain to the covered services listed below):

- New Client Office Visit
- Established Client Office Visit
- Preventative Medicine Office Visit
- Consultation Visit after abnormal Clinical Breast Exam or Mammogram

Breast-Related Services

- Mammography (screening and diagnostic)
 - Breast Ultrasound
 - Puncture Aspiration of a cyst of the breast
 - Excision of Cyst of Fibroadenoma
 - Fine Needle Aspiration (superficial or deep tissue, radiology guidance)
- NOTE: Some fees related to breast biopsy may be covered.

Cervical-Related Services

- PAP Test (screening and diagnostic)
- Thin Prep PAP Test
- Colposcopy (with or without biopsy)
- Surgical Pathology (cervical biopsy)

For clients who can't afford preventive health services

The Wisconsin Well Woman Program (WWWP) reimburses participating providers for a preventive medicine evaluation and selected screening procedures for:

- Breast Cancer
- Cervical Cancer

Services are available at no cost to eligible women. There is no premium, deductible or co-payment.

Well Woman Program eligibility criteria:

- Woman, age 35-64.
- No health insurance or insurance does not cover preventive health services, or patient cannot pay deductibles or co-payments for these services.
- Income meets guidelines. (see table for guidelines)

**250% of Federal Poverty Level
4/1/2009 – 3/31/2010 WWWP Income Guidelines**

Size of Family	Annual Gross Household Income*
1	\$27,075
2	\$36,425
3	\$45,775
4	\$55,125
5+	Add \$9,350 for each additional family member

* Net Taxable Income for farm families
and self-employed persons.

If you have questions, please call Sue at the Iowa County Health Department at (608) 935-2810.