

Member Handbook



WISCONSIN DEPARTMENT
of HEALTH SERVICES

P-10079 (03/2026)

SENIORCARE[®]
Prescription Drugs for Wisconsin Seniors **X**

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Wisconsin SeniorCare

SeniorCare is a program for Wisconsin residents who are age 65 or older and need help paying for medicine. The program helps seniors pay for prescription drugs and vaccines.

How to Apply

To apply for SeniorCare, you must complete a SeniorCare application. To get an application:

- Contact SeniorCare Customer Service at 800-657-2038 (TTY and translation services are available)
- Visit the SeniorCare website at www.dhs.wisconsin.gov/seniorcare/apply.htm to print an application.

Return the completed application and a \$30 enrollment fee for each person who is applying to:

SeniorCare
PO Box 6710
Madison, WI 53716-0710

Anyone you trust can help you fill out your SeniorCare application, including:

- A friend or family member
- A county or tribal aging and disability resource center (ADRC) staff member or elder benefit specialist. Find your local ADRC at www.findmyadrc.org.
- A senior center staff member
- A social worker
- A volunteer from an organization that serves older adults

You can find a list of resources in your area by calling SeniorCare Customer Service at 800-657-2038.

You can have someone apply for you. They need to fill out the SeniorCare Authorization of Representative form (F-10080), and you need to send it back with your application. To get a copy of the form, call SeniorCare Customer Service at 800-657-2038 or visit www.dhs.wisconsin.gov/seniorcare/apply.htm.

The earliest you can apply is during the calendar month of your 65th birthday. If you are already 65 or older, you can apply anytime. If your application is approved, your benefits will begin the month after you apply.

Enrollment Requirements

To enroll in SeniorCare, you must:

- Be a Wisconsin resident
- Be a U.S. citizen or have qualifying immigrant status
- Be 65 years of age or older
- Provide a Social Security number or be willing to apply for one
- Pay an annual enrollment fee of \$30 per person
- Not be enrolled in a full-benefit Medicaid plan

Wisconsin Residency

To be considered a Wisconsin resident, you must meet at least one of the following:

- Be considered a Wisconsin resident for tax purposes.
- Be registered to vote in Wisconsin.
- Be a permanent resident of Wisconsin. You may live temporarily outside of Wisconsin as long as your permanent residence is in Wisconsin. This includes living in a Wisconsin nursing home or assisted living facility.

Note: There isn't a minimum amount of time you must be a Wisconsin resident before you can apply for SeniorCare.

U.S. Citizenship or Qualifying Immigrant Status

You must be a U.S. citizen or have qualifying immigration status to enroll in SeniorCare. If you don't know your status, you can apply, and SeniorCare will let you know if you're eligible.

After SeniorCare gets your application and enrollment fee, you'll get a letter asking for a copy of both sides of your immigration registration card. You'll also be asked to identify your country of origin. Do not send copies of your immigration card until it's requested. If you are not eligible, SeniorCare will return your enrollment fee.

Social Security Number

You need a Social Security number to enroll in SeniorCare. Within 30 days of applying for SeniorCare, you need to provide your Social Security Number or prove that you have applied for one. If you don't provide this information, you will be denied SeniorCare benefits. For help getting a Social Security number, call 800-772-1213 to find a Social Security Administration office near you.

Income

The SeniorCare benefits you get depend on your annual income. Income for SeniorCare is based on your expected annual gross income (or net income if you are self-employed) from the month of application through the next 12-month period.

Income is included for both you and your spouse if you are living together. This is true even if your spouse is not eligible (for example, they are younger than age 65) or is eligible but chooses not to participate.

However, your spouse's income is not counted if:

- They are institutionalized and expected to be out of your home for more than 30 days. Institutionalized means they are living in a nursing home, hospital, or other medical facility.
- They get Supplemental Security Income (SSI).
- You and your spouse are living in a nursing home.
- You and your spouse don't live together.

The following income is **counted** for SeniorCare:

- Gross Social Security payments. This is your total Social Security benefits before deductions, which means you need to report the total benefit with any deductions added back in, including:

- Medicare premiums that are withheld from your Social Security payment. If you do not know your Medicare premium amount or if it is withheld from your Social Security benefit, contact the Social Security Administration at 800-772-1213.
- Any other deductions from your benefit payment for court-ordered guardianship fees, alimony, or child support
- Gross (before deductions or taxes) retirement income, including:
 - Railroad and veterans' retirement benefits
 - The taxable portion of:
 - Annuities
 - Individual retirement accounts (IRAs)
 - Pensions
 - Work-related retirement plans
- Gross (before deductions or taxes) employment income, including:
 - Wages, salaries, and bonuses
 - Wages or income received as part of a training program
 - Payments received for the care you provide to someone else
- Net self-employment or partnership income, including:
 - Salaries
 - Wages
 - Bonuses

Note: Self-employment includes farming or a business that you or your spouse own solely or with others. To calculate your net earnings, deduct your business costs, losses, depreciation on business assets, and any other deductions the IRS allows you to take from your self-employment income. Do your best to estimate your income and expenses for the year. You may look at your taxes from last year to get an idea of what you earned and what you were allowed to deduct. If you anticipate a loss in self-employment income, your self-employment income is considered \$0 for SeniorCare. Negative amounts will not offset other types of income.

- Estimated earnings from the stock market

- Interest/dividends and capital gains, including:
 - Capital gains that are reported to the Internal Revenue Service for tax purposes
 - Interest earned on:
 - Certificates of deposit
 - Bonds
 - Checking and savings accounts (if you have a joint savings account, only report your share of the interest that is earned on the account)
 - Land contracts
 - Loans
 - Money market accounts
 - Stocks
 - Trusts
- Per capita payments made to members of a Native American tribe
- Veterans' benefit payments, except any portion that is used for:
 - Aid and attendance benefit
 - Housebound allowance
 - Unusual medical expenses

Note: In these cases, deduct that portion from your total annual veterans' benefit payments. Include the remainder on your application under "Other Income." Reimbursement from the U.S. Department of Veterans Affairs for medical costs doesn't count as income and should not be reported.

- Other gross (before deductions or taxes) income, including:
 - Federal farm subsidy payments
 - Gifts
 - Profit sharing
 - Unemployment compensation
 - Income allocations to a "community spouse" (the spouse of someone who is receiving Medicaid and lives in a long-term care facility, such as a nursing home)
 - Rental income (without operating expenses)

- Some types of income are not counted for SeniorCare and should not be reported on your SeniorCare application or renewal. The following types of income are **not** counted for SeniorCare:
 - Active Corps of Executives (ACE) payments
 - Adoption Assistance payments
 - Agent Orange Settlement Fund payments
 - Disaster and Emergency Assistance payments made by federal, state, county, or local agencies or made by other disaster assistance programs
 - Earned Income Tax Credit payments
 - Earnings of a census enumerator
 - Emergency Fuel Assistance payments
 - Foster Care program payments
 - Foster Grandparents Program payments
 - Governmental rent or housing subsidies
 - Homestead Tax Credit payments
 - Income tax refunds (both state and federal)
 - Individual Development Account payments
 - Kinship Care payments
 - Low-Income Energy Assistance Program payments
 - Older American Community Service Program payments (except for wages and/or salaries, which are counted)
 - Payments from Indian Health Services
 - Payments made to individuals because of their status as victims of Nazi persecution
 - Payments received as reimbursement for health care services that are paid out of pocket, whether the payment comes from an insurance company or from a program such as Family Care or IRIS (Include, Respect, I Self-Direct)
 - Payments received as reimbursement for medical, long-term care, or dependent care expenses from an insurance company

- Payments received from a class action settlement of Susan Walker vs. Bayer Corporation (these are to people with hemophilia who contracted the human immunodeficiency virus (HIV) from contaminated blood products)
- Penalty payments made when the state does not correctly process child support refunds
- The portion of veterans' benefits payments that is used for unusual medical expenses, aid and attendance benefit, or housebound allowance
- Reimbursement from the U.S. Department of Veterans Affairs for medical costs
- Reverse mortgage payments
- Radiation Exposure Compensation Program payments made to compensate for injury or death caused by radiation from nuclear testing and uranium mining
- Reimbursements from an insurance company for prescriptions purchased
- Restitution payments to individual Japanese-Americans (or their survivors) and Aleuts who were interned or relocated during World War II
- Retired Senior Volunteer Program (RSVP) payments
- Service Corps of Retired Executives (SCORE) payments
- University Year for Action Program payments
- Volunteers in Service to American (VISTA) payments
- Wisconsin Works (W-2) payments for transitional jobs and community service jobs
- Wisconsin's Family Support Program payments
- Withdrawals from your savings and checking accounts, certificates of deposit, or money market accounts (the interest earned on these accounts is counted as income, however)

If you have questions on what income is counted, contact SeniorCare Customer Service at 800-657-2038.

The SeniorCare program may contact you and ask you to provide proof of the information you provided on your application or annual renewal form. Your application may be denied if you don't provide this information. The SeniorCare program may also check your information with other state and federal programs, such as the Social Security Administration and Railroad Retirement Board.

Assets

There is no asset limit for SeniorCare. Items such as bank accounts, insurance policies, and home property are not counted when determining SeniorCare enrollment.

However, income generated from any assets you may have is considered counted income. For example, interest earned on your savings account will be counted as income.

Enrollment Fee

Everyone who enrolls in SeniorCare must pay an annual enrollment fee. The enrollment fee is \$30 per person. You can pay your enrollment fee by personal check, cashier's check, or money order made payable to the State of Wisconsin. The check or money order must include the names of each person applying for SeniorCare. If you are making a payment for yourself and your spouse, make the check or money order out for \$60. Do not send cash.

The fee should be mailed with your application. If the enrollment fee is not sent with the application, your enrollment could be delayed.

A refund of your \$30 enrollment fee will be made if you:

- Are unable to enroll in SeniorCare
- Request to withdraw your application before receiving a Letter of Enrollment
- Ask to withdraw your application after receiving a Letter of Enrollment before you have received any SeniorCare prescription drug benefits. This request must be made within 30 days of your application date or 10 days from the date your Letter of Enrollment is mailed, whichever is later.

It may take 6-8 weeks for your enrollment fee to be refunded.

Out-of-Pocket Expenses

SeniorCare members are required to pay certain annual out-of-pocket costs. The amount you must pay will depend on the SeniorCare program income limits, which are based on the Federal Poverty Level (FPL) guidelines. These amounts change each year. You can get the current FPL guidelines for SeniorCare at

www.dhs.wisconsin.gov/seniorcare/fpl.htm.

Copayment

A copayment (copay) is the amount you have to pay for the covered drugs you receive. Everyone enrolled in SeniorCare has to pay copays. Copays for SeniorCare covered drugs are \$5 for each generic drug and \$15 for each brand name drug filled.

Deductible

Depending on your level of participation you may be required to pay a deductible and/or a spenddown. A deductible is the amount members in SeniorCare levels 2A, 2B, and 3 pay annually for covered drugs before you move to the copay phase of your enrollment. During the deductible phase of your enrollment:

- You will receive your covered drugs at the SeniorCare rate.
- Only drugs purchased at the SeniorCare rate will be used to meet the deductible and will automatically be tracked by the SeniorCare program.
- Your pharmacy must submit claims for the covered drugs so SeniorCare can track the amounts.
- SeniorCare will let your pharmacy know when your deductible has been met.

If you do not meet your deductible in your 12-month benefit period, your prescription drug costs will not carry over to your next benefit period. If you become eligible for another 12-month benefit period, you will start a new deductible or spenddown.

Spenddown

Spenddown is the total amount SeniorCare members with participation level 3 must pay for covered drugs before they start paying toward a deductible. If you have a spenddown, it is the difference between your gross annual income and 240% of the current FPL.

The spenddown amount is shared for married couples who are eligible for SeniorCare. Only SeniorCare-covered drugs purchased at the pharmacy's retail price will be used to meet your spenddown. They will be tracked automatically by the SeniorCare program. During the spenddown phase of your enrollment, there is no discount on drugs. Once the spenddown is met, you will move to the deductible phase of your enrollment. Your pharmacy must submit claims for the covered drugs so SeniorCare can track the amounts. SeniorCare will let your pharmacy know when your spenddown has been met. You will get a Letter of Enrollment telling you if you will have a deductible and/or spenddown and the amount.

SeniorCare Rate

The SeniorCare rate is a discount that Wisconsin sets on most covered prescription drugs. It is the rate that members pay during the phase when they're meeting their deductible.

Health Insurance Coverage

If you have prescription drug coverage under other health insurance plans, including Medicare Parts A, B, or D, you may enroll in the SeniorCare program. SeniorCare will coordinate benefit coverage, including Medicare Part D covered drugs, when your pharmacy submits a prescription drug claim.

Prescription Drug Discount Cards

If you use a prescription drug discount card at the pharmacy, you are responsible for the cost of the prescription. SeniorCare does not coordinate benefits with this type of service. Discount cards are not a health insurance plan and pharmacies do not bill SeniorCare for drugs when a discount card is used.

SeniorCare and Medicare Part D

SeniorCare and Medicare Part D are programs that help Wisconsin residents 65 or older pay for prescription drugs and vaccines. You can enroll in both programs at the same time or just one.

Wisconsin SeniorCare is considered “creditable coverage.” This means SeniorCare is as good as the standard Medicare Part D plan, and you will not have a penalty if you choose SeniorCare instead of Medicare Part D.

If you’re enrolled in SeniorCare, you can keep SeniorCare and not pay extra if you choose to enroll in Medicare Part D later. If you let your SeniorCare coverage end without enrolling in Medicare Part D, you may have to pay more if you decide to enroll later.

If you don’t have creditable prescription drug coverage for 63 days or longer, your monthly premium for Medicare Part D will go up at least 1% for each month you don’t have coverage. For example, if you go nine months without coverage, your premium will always be at least 9% higher than if you had enrolled in Medicare Part D right away.

If you enroll in a Medicare Part D plan, your coverage will typically begin about a month after you enroll. If you need help paying for your prescription drugs and are currently enrolled in SeniorCare, you should stay on SeniorCare until your Medicare Part D coverage begins.

If you don’t enroll in a Medicare Part D plan when you’re eligible, you can still enroll, but you may have to wait until the next enrollment period. That’s Oct. 15 through Dec. 7, for coverage that begins Jan. 1.

Extra Help

Extra Help is a federal program that helps people with limited income and resources pay Medicare prescription drug program costs, like premiums and deductibles. Nearly one in three people with Medicare qualify for Extra Help.

To apply or learn more, visit the federal Extra Help webpage at www.socialsecurity.gov/extrahelp or call the Social Security Administration at 800-772-1213 or 800-324-0778 TTY and ask about the program.

You may be automatically enrolled in Extra Help when you apply for Medicare Part D, or you may have to enroll separately. If you are eligible for Extra Help, you must pick a primary drug plan and enroll in that plan.

Resources

Before you enroll in a Medicare Part D plan, carefully review the coverage it offers. If you need help choosing a prescription drug plan that is best for you, call:

- The Prescription Drug Helpline at 855-677-2783 for questions about Medicare Part D.
- Your local aging and disability resource center (ADRC) and ask for a benefits specialist. You can find your local ADRC by going to [findmyadrc.org](https://www.findmyadrc.org).
- SeniorCare Customer Service at 800-657-2038 for questions about SeniorCare.

You should contact your health insurance company directly if you have questions about your individual coverage. For questions about your insurance company, contact:

**State of Wisconsin
Office of Commissioner of Insurance
Bureau of Market Regulations
PO Box 7873
Madison, WI 53707-7873
Phone: 800-236-8517**

Participating Pharmacies

Over 95% of pharmacies in Wisconsin participate in the SeniorCare program. Your pharmacy can tell you if they participate in the program. You may also contact SeniorCare Customer Service at 800-657-2038 to find out if your pharmacy participates in SeniorCare.

Pharmacies are responsible for submitting claims to the SeniorCare program. SeniorCare will not reimburse members directly for covered services. Members should not submit bills or receipts for prescriptions to the SeniorCare program.

For members with a spenddown and/or deductible, SeniorCare will keep track of all covered drug costs submitted by participating pharmacies. If another health insurance covers the prescription, only the portion you pay out-of-pocket is applied toward your

spenddown and/or deductible. When you have met your out-of-pocket expense requirements, your pharmacy will be notified.

Note: SeniorCare will not cover services billed by pharmacies that do not participate in SeniorCare. If you have a deductible and/or spenddown, only prescriptions filled by a participating SeniorCare pharmacy will be applied toward your deductible and/or spenddown.

Levels of Participation

SeniorCare pays for a portion of covered prescription drugs, depending on your participation level. You will be placed in one of four different levels based on your annual income and the income guidelines for the current year of enrollment. Wisconsin law has set income limits for each level based on a percentage of the Federal Poverty Level (FPL). Each level has different benefits and out-of-pocket expenses.

2026 SeniorCare Enrollment Levels*

Effective February 1, 2026

Group Size	Level 1 Income at or below 160% FPL	Level 2A Income between 160% - 200% FPL	Level 2B Income between 200% - 240% FPL	Level 3 Income more than 240% FPL
Individual	\$25,536	\$25,537– \$31,920	\$31,921– \$38,304	\$38,305 or more
Couple	\$34,624	\$34,625– \$43,280	\$43,281– \$51,936	\$51,937 or more

* These income limits are effective February 1, 2026. The amounts are based on the 2026 federal guidelines, which may change each year. You can get the current guidelines for SeniorCare at www.dhs.wisconsin.gov/seniorcare/fpl.htm or by calling SeniorCare Customer Service at 800-657-2038.

Level 1

If your gross annual income is at or below 160% of the current FPL:

- You will not have a deductible and/or spenddown.
- You will pay a \$5 copay for each covered generic prescription drug and a \$15 copay for each covered brand name drug filled.
- There are no out-of-pocket expenses for vaccines received at the pharmacy.

Level 2A

If your gross annual income is greater than 160% of the current FPL and less than or equal to 200% of the current FPL:

- You will have an annual deductible of \$500 per person. If your spouse enrolls at a different time during the 12-month benefit period, the deductible amount for the spouse who enrolled later will be prorated.
- You will receive SeniorCare-covered prescription drugs during the deductible period at the SeniorCare rate until your deductible is met.
- Only covered drugs purchased at the SeniorCare rate will be used to meet your deductible. They will be tracked automatically by the SeniorCare program.
- Once the deductible of \$500 is met, you will move to the copay phase of your enrollment. You will pay a \$5 copay for each covered generic prescription drug and a \$15 copay for each covered brand name drug filled.
- There are no out-of-pocket expenses for vaccines received at the pharmacy.

Level 2B

If your gross annual income is greater than 200% of the current FPL and less than or equal to 240% of the current FPL:

- You will have an annual deductible of \$850 per person. If your spouse enrolls at a different time during the 12-month benefit period, the deductible amount for the spouse who enrolled later will be prorated.
- You will receive SeniorCare-covered prescription drugs during the deductible period at the SeniorCare rate until your deductible is met.
- Only covered drugs purchased at the SeniorCare rate will be used to meet your deductible. They will be tracked automatically by the SeniorCare program.

- Once the deductible of \$850 is met, you will move to the copay phase of your enrollment. You will pay a \$5 copay for each covered generic prescription drug and a \$15 copay for each covered brand name drug filled.
- There are no out-of-pocket expenses for vaccines received at the pharmacy.

Level 3

If your gross annual income is greater than 240% of the current FPL:

- You will have an annual spenddown requirement. The amount of the spenddown is equal to the difference between your gross annual income and 240% of the current FPL. When married couples with a combined annual income greater than 240% of the current FPL are both enrolled in SeniorCare, they will have a joint spenddown requirement.
- During the spenddown period, you will pay the pharmacy's retail rate for SeniorCare-covered prescription drugs.
- Only covered drugs purchased at the pharmacy's retail rate will be used to meet the spenddown and will be tracked automatically by the SeniorCare program.
- Once you have met the spenddown, you will move to the deductible phase of your enrollment. You will have a deductible of \$850 per person. If your spouse enrolls in SeniorCare at a different time during the 12-month benefit period, the deductible for the spouse who enrolled in SeniorCare later will be prorated.
- You will receive SeniorCare-covered prescription drugs during the deductible period at the SeniorCare rate.
- Only covered drugs purchased at the SeniorCare rate will be used to meet the deductible and will be tracked automatically by the SeniorCare program.
- Once you have met your deductible of \$850, you will move to the copayment phase of your enrollment. You will pay a \$5 copay for each covered generic prescription drug and a \$15 copay for each covered brand name drug filled.
- There are no out-of-pocket expenses for vaccines received at the pharmacy.

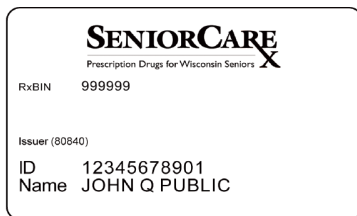
When Coverage Begins

You can apply for SeniorCare the month you turn 65. Once you're 65, you can apply at any time. Your benefits will begin the month after you have met all enrollment requirements and your completed SeniorCare application and \$30 enrollment fee per person have been received.

You will receive a Letter of Enrollment with details about your start and end date and participation level. You need to read and keep all mail you get about your SeniorCare enrollment.

SeniorCare ID Card

Everyone who is enrolled in SeniorCare will receive a SeniorCare card.



Call SeniorCare Customer Service at 800-657-2038 if:

- The name on your card is incorrect
- Your card is lost or damaged so that a new one can be issued
- You did not get your SeniorCare card
- You have questions about the use of the card

When going to a SeniorCare pharmacy, take your card with you. Your card will be used to verify enrollment at each visit.

You may also access your SeniorCare card through the MyACCESS mobile app. Search for "MyACCESS Wisconsin" in your app store to get the free download. You can save your SeniorCare card and show the electronic version at the pharmacy, or download and print a PDF version. For more information on MyACCESS, visit

www.dhs.wisconsin.gov/forwardhealth/myaccess.htm.

You will not get a new card each year. If you get a letter stating you are no longer enrolled in SeniorCare, you should keep your card. Your same card will be used if you re-enroll later.

The SeniorCare card does not show your enrollment dates. Your Letter of Enrollment will provide this information.

Enrollment Updates and Renewals

Reporting Changes

Changes, such as a different address, change in permanent residence outside of Wisconsin, and household situation (including marriage, divorce, separation, someone moving to a nursing home or other medical facility, or someone passing away), that affect you and/or your spouse must be reported to SeniorCare Customer Services at 800-657-2038 within 10 days. You can also report changes by mail to:

SeniorCare
PO Box 6710
Madison, WI 53716-0710

Benefits will end for anyone who begins receiving full Medicaid coverage, is no longer a permanent resident of Wisconsin, becomes incarcerated, or passes away. Your benefits will not stop or change if only your spouse loses eligibility.

You do not have to report changes in income until your annual renewal. However, if your situation changes during the year and you think you might qualify for a level of SeniorCare with a lower out-of-pocket cost, you may reapply. See Reapplying section.

If you have misreported your income, you will need to call within 45 days to report this and have your income corrected to avoid a new enrollment fee. If you call after the 45-day time limit, you must fill out a new application and submit another \$30 enrollment fee per person.

All other income changes will be updated when you complete your annual renewal form.

Reapplying

During your 12-month benefit period, income changes will not change your SeniorCare benefits. However, if you have a significant decrease in income or a change that results from marriage, divorce, a spouse moving out of your home (for example, to a nursing home) or returning to it, or the death of a spouse, you may reapply for SeniorCare to establish a new 12-month enrollment benefit period.

To reapply, submit a new application and another \$30 enrollment fee per person.

Reenrollment will be determined for a new 12-month enrollment period after your completed application is received. You should receive a response from SeniorCare within 30 days.

If you choose to reapply, this could result in SeniorCare eligibility at a lower income level, reducing or eliminating a spenddown or deductible. Or, reapplying may not result in a change in your enrollment level, or it may result in a higher spenddown or deductible. The SeniorCare program will contact you if they have questions about your reapplication.

When eligibility for a new benefit period is determined, your previous benefit period is terminated, and you are not allowed to restart the previous benefit period. Any expenses from the previous benefit period will not be applied to your new benefit period.

Annual Renewal

Most SeniorCare benefits are approved for 12 months and must be renewed annually. You will receive a preprinted renewal application and instructions about six weeks before your current benefit period ends. If you do not renew your SeniorCare enrollment by the end of your current benefit period, your coverage will end. If you do not receive a preprinted renewal application, contact SeniorCare Customer Service at 800-657-2038 to ask for one.

SeniorCare Benefits

Covered Prescriptions

SeniorCare will provide prescription drug coverage on most medically necessary drugs when the manufacturer has signed a rebate agreement with the SeniorCare program. There are limitations on what drugs will be covered. You may be asked to use the generic form of a drug or to get a prior authorization for some drugs.

Most prescriptions are limited to a 34-day supply of medication. Some medications are allowed to be filled as a three-month supply. You should work with your pharmacy and doctor to determine whether it is clinically appropriate to dispense a three-month supply.

If you have questions regarding a specific drug, contact SeniorCare Customer Services at 800-657-2038.

Prior Authorization

Some prescription drugs require prior approval from the SeniorCare program before you can get them. This is called prior authorization. Note:

- Your pharmacy must get prior authorization before SeniorCare will cover some drugs. For example, some brand-name drugs require a prior authorization.
- SeniorCare will not pay for the drug(s) if a prior authorization is not approved. If you have a spenddown and/or a deductible, these costs will not be applied toward your spenddown and/or deductible.
- You do not need a prior authorization for vaccines.

Vaccines

SeniorCare will cover the cost when a vaccine has been approved by the Centers for Disease Control Advisory Committee on Immunization Practices for adults ages 65 years and older. Depending on any other coverage you have in addition to SeniorCare, you may need to get some vaccines at a pharmacy and others at your doctor's office. Refer to this chart for details, and check with your doctor or pharmacist if you have questions.

Vaccine	Medicare Part B or D Coverage	Primary Insurance Coverage	No Other Coverage
<ul style="list-style-type: none"> • COVID-19 • Flu • Pneumonia 	<p>These vaccines are covered by Medicare Part B. Original Medicare commonly covers these vaccines at 100% of the Medicare-approved amount. Check with your plan on where you can get these vaccines.</p> <p>If you have Medicare Part D, but not Medicare Part B, you will use your Part D coverage first, then SeniorCare will cover any copays or deductibles when these vaccines are given at a pharmacy.</p>	<p>If you have other primary insurance coverage (such as through a current or former employer or the VA), follow their guidance for getting vaccines at a doctor's office or pharmacy.</p> <p>If they cover vaccines at a pharmacy, use this coverage first. Then SeniorCare will cover any copays or deductibles.</p>	<p>If you have no other coverage through Medicare Part B or D or primary insurance, vaccines will be covered by SeniorCare when you get them at a pharmacy.</p>
<ul style="list-style-type: none"> • Chickenpox • Hepatitis A • Meningitis • Shingles • Tdap 	<p>If you have Medicare Part D, you will use this coverage first for these vaccines, then SeniorCare will cover any copays or deductibles when these vaccines are given at a pharmacy.</p>		
<ul style="list-style-type: none"> • Hepatitis B 	<p>If you have Medicare Part B and meet Medicare criteria, use your Medicare part B for this vaccine. Original Medicare commonly covers this vaccine at 100% of the Medicare-approved amount. Check with your plan on where to get this vaccine.</p> <p>If you do not meet Medicare Part B criteria, get this vaccine at a pharmacy with your SeniorCare coverage.</p> <p>If you have Medicare Part D, you will use this coverage first, then SeniorCare will cover any copays or deductibles when these vaccines are given at a pharmacy.</p>		
<p>If you have Medicare Part C, also called Medicare Advantage, follow your Medicare plan's guidance for how to receive a vaccine. SeniorCare will cover copays or deductibles for vaccines received at a pharmacy. If you only have Medicare Part A, refer to the No Other Coverage column.</p>			

Prescriptions and Vaccines Not Covered

SeniorCare will not pay for:

- Drugs and/or vaccines administered in a doctor's office
- Drugs that are experimental or are for a cosmetic, not a medical purpose
- Over-the-counter drugs such as vitamins and aspirin, even if prescribed
- Drugs for which authorization has been denied
- Drugs from manufacturers who have not signed the appropriate rebate agreement
- Drugs that have not been dispensed from a pharmacy
- Vaccines that have not been approved by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices for adults ages 65 years and older

Prescriptions

Participating pharmacies know what limits are placed on prescription drugs by the SeniorCare program. Before filling your prescription, the participating pharmacy must let you know you if a drug isn't covered under SeniorCare. If you choose to buy a prescription drug that isn't covered, you'll have to pay the whole cost. If this happens, you will pay the pharmacy's retail price, it will not count toward your spenddown or deductible.

Vaccines

Participating pharmacies must tell you if the SeniorCare program does not cover a vaccine before the vaccine is administered. If SeniorCare does not cover the vaccine, you may still choose to purchase that vaccine. The pharmacy may charge you for the vaccine cost if they have informed you that the vaccine is not covered and has received your consent before the vaccine is administered. If you decide to have a non-covered vaccine administered, you will be responsible for the cost. If this happens, you will pay the pharmacy's retail price.

Vaccines do not count towards your spenddown and/or deductible. Vaccines that SeniorCare covers are covered in full. There is no cost sharing for the member.

Potential Coverage Limitations

Coverage of prescription drugs for SeniorCare members in Levels 1 and 2a is limited to drugs from manufacturers who have signed a federal rebate agreement. By signing a federal rebate agreement, the manufacturers agree to make rebate payments to the federal government for those prescription drugs.

Prescription drug coverage for SeniorCare members in Levels 2B and 3 are limited to drugs from manufacturers who have entered a SeniorCare rebate agreement with the State of Wisconsin. By signing a rebate agreement with SeniorCare, drug manufacturers agree to make rebate payments to the state for those prescription drugs paid for by SeniorCare. These rebates help fund the SeniorCare program. If a drug manufacturer has not signed a SeniorCare rebate agreement, SeniorCare will not cover that drug. However, there may be an alternative drug available. Your pharmacy may be able to help you find an alternative drug from a manufacturer that has signed a rebate agreement.

Questions to Ask

If your pharmacy tells you that a drug is not covered, you should ask:

- Is it not covered because this is not a drug covered by SeniorCare?
- Is it not covered because the pharmacy does not have it available?

Asking questions will help you decide if you want your pharmacy to request an alternative drug from your doctor or if SeniorCare will not be able to cover the drug at all.

Out-of-State Benefits

If you are traveling outside Wisconsin for an extended period, you will need to make arrangements with your pharmacy in Wisconsin to have prescriptions sent to you. SeniorCare will not pay for prescriptions filled by out-of-state providers who do not take part in the SeniorCare program, except under the following circumstances:

- When you are within the United States, Canada, or Mexico and an emergency arises from an accident or illness requiring covered prescription drugs, and when the pharmacy completes all the necessary forms. An out-of-state pharmacy that is not a certified Wisconsin SeniorCare provider should contact Provider Services at 800-947-9627 to file a claim for payment.
- When prior authorization has been granted for the provision of a non-emergency prescription drug, and you are within the United States, Canada, or Mexico.

Medication Therapy Management

You may receive medication therapy management services as part of your SeniorCare benefit. Pharmacists provide medication therapy management services to answer questions you may have about the drugs you get. The goal of medication therapy management services is to help you understand more about the drugs you take, make sure you are taking your drugs properly, and ensure you are only taking drugs you need. You may be responsible for out-of-pocket costs. The pharmacy should tell you the costs before you receive the service.

Withdrawal from the Program

You may withdraw from the SeniorCare program at any time. Your request can be made by phone by calling SeniorCare Customer Service at 800-657-2038 or in writing by sending your written request to:

SeniorCare
PO Box 6710

Madison, WI 53716-0710

Your enrollment in the SeniorCare program will end on the date that SeniorCare mails your termination notice.

Termination from the SeniorCare Program

Your SeniorCare enrollment is terminated when you:

- No longer meet the SeniorCare enrollment requirements,
- Request to withdraw from the program, or
- Do not complete and submit your annual renewal application.

Fraud

Member Fraud

Fraud means getting benefits or assistance you know you should not get or helping someone else get benefits or assistance you know that person and household should not get. Anyone who commits fraud can be prosecuted. If the SeniorCare program decides that a person and household got benefits by committing fraud, they will require that person and responsible individuals to pay back the state for those benefits, in addition to other penalties.

You may be fined up to \$10,000, imprisoned for up to one year, or both, and suspended from the SeniorCare program if you:

- Intentionally give false or incomplete information on your application for SeniorCare. Financial estimates made in good faith will not be penalized as long as there is no intent to provide misleading, fraudulent, omitted, or incomplete information.
- Intentionally give false or incomplete information while you are a recipient of SeniorCare.
- Apply for SeniorCare on behalf of someone else and use any part of the benefit for yourself.

- Let someone else use your SeniorCare card or use someone else's card to get prescription drugs.

Provider Fraud

If you suspect a SeniorCare provider of fraud, waste, or abuse, a complaint may be made by calling the Fraud Hotline at 877-865-3432 or SeniorCare Customer Service at 800-657-2038. A complaint may also be made in writing by sending your written complaint to:

Office of the Inspector General
PO Box 309
Madison, WI 53701-0309

Examples of provider fraud, waste, and abuse are:

- Billing for prescriptions that were not received, or
- Billing for more than was provided.

Your Rights

When applying for or getting SeniorCare benefits, you have the right to:

- Be treated with respect by state employees and their contractors.
- Have your civil rights upheld.
- Have your private information kept private (this does not prohibit using such records for program purposes, including auditing or accounting purposes).
- Get an application or have it mailed to you the same day you ask for it.
- Have an application accepted right away by the SeniorCare program.
- Ask the SeniorCare program to explain anything in this handbook you do not understand.
- Get a decision about your application within 30 days of the day the program gets your application.
- Be told in advance if your benefits will end and the reason for the termination.
- Ask for a fair hearing if you do not agree with any action of the SeniorCare program.

- See program records and files relating to you, except information obtained from a confidential source.
- Remain enrolled in the SeniorCare program even if you are temporarily absent from the state, provided you remain a Wisconsin resident.

Fair Hearings

Any time your benefits are denied, reduced, or ended and you think the SeniorCare program made a mistake, contact SeniorCare Customer Service at 800-657-2038.

You have the right to request a fair hearing if you do not agree with any action taken concerning your application or ongoing benefits. A fair hearing allows you to tell a hearing officer why you think the decision about your application or benefits was wrong. At the hearing, a hearing officer will hear from you and the SeniorCare program to determine if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also be able to get free legal help.

Examples of when to ask for a fair hearing include the following:

- You believe your application for SeniorCare was denied unfairly or in error.
- Your benefits were suspended, reduced, or ended, and you think it was a mistake.
- You disagree with the benefits you are getting.
- You believe your initial enrollment date for program benefits was not correctly determined.
- Your application was not acted upon within 30 days.

Read each letter you get carefully to help you understand the action taken. If the reason for the change in your benefits is a federal or state rule change, the Division of Hearings and Appeals is not required to give you a fair hearing. General program policy decisions that apply to all SeniorCare members cannot be appealed. For example, SeniorCare will not pay for a non-covered drug, even if a health care provider prescribed it, and you disagree with this policy.

If you are getting benefits and ask for a hearing before your benefits change, you can keep getting the same benefits until the hearing officer makes a decision.

If the hearing officer decides that the SeniorCare program was right, you may need to return or repay the benefits you got between the time you asked for your fair hearing and the time the hearing officer decides about your case.

If you have asked for a fair hearing, you will still need to complete any scheduled renewals. If the SeniorCare program tells you before the fair hearing that your enrollment period has ended, you must reapply and meet all program rules for your benefits to be continued. If the renewal shows that there have been changes in your circumstances, your benefits may change or end because of these changes.

A fair hearing must be requested no later than 45 days after the date of the action being appealed. The fair hearing request should include your name, mailing address, Social Security number, SeniorCare ID number, and a brief description of the problem. To learn more about the fair hearing process or to request a fair hearing, contact:

Department of Administration
Division of Hearings and Appeals
PO Box 7875
Madison, WI 53707-7875
608-266-7709

The hearing will be held at a location determined by the Division of Hearings and Appeals. Hearings will be:

- Held at a time reasonably convenient to the petitioner, department or agency staff, and the administrative law judge
- Reasonably accessible to the petitioner
- Held at a location subject to the judgment of the administrative law judge

If you need information about an accommodation for a disability or translation, please call 608-266-7709. This phone number is only for the Administrative Hearing process.

Other Programs

You may be eligible for other programs, such as the Medicare Savings Program or FoodShare. The Medicare Savings Program helps eligible people pay for Medicare coinsurance and premiums for Part A and Part B. FoodShare helps eligible people buy food. Additional information will be needed if you decide to apply for these programs.

To see if you might be able to get health, nutrition, or other programs, visit access.wi.gov. The “See if you can get help” link in ACCESS takes you through a series of questions about your household, income, and bills. After answering the questions, ACCESS will tell you if you might be able to get health, nutrition, and other programs and how to apply.

You can also contact your county or tribal agency or call Member Services at 800-362-3002. www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm.

Contacts and Other Information

Call SeniorCare Customer Service at 800-657-2038 if you have questions about:

- Your enrollment
- Your deductible and/or spenddown
- Covered prescription drugs and/or vaccines
- Your Letters of Enrollment

SeniorCare Customer Service is available Monday through Friday, from 8:00 a.m. to 6:00 p.m.

More information about Wisconsin programs can be found online at:

- www.dhs.wisconsin.gov/seniorcare/index.htm
- www.dhs.wisconsin.gov/adrc/index.htm
- www.dhs.wisconsin.gov/forwardhealth/resources.htm

Nondiscrimination Statement

The Wisconsin Department of Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department of Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Health Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Department of Health Services civil rights coordinator (844-201-6870).

If you believe that the Department of Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 608-267-4955, TTY: 711, Fax: 608-267-1434, dhscrc@dhs.wisconsin.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Department of Health Services civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.htm>.