

RETURN ADDRESS  
XXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX

000001  
ANNA MEMBER  
123 MAIN STREET  
ANYTOWN WI 55555



State of Wisconsin

PIN #: 000000000000

ABC AGENCY  
Phone/TTY #:(555) 555-5555  
Fax #: (444) 444-4444



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-888-446-1239. These services are free.

## You Have Met Your Copay Limit for <month, year>

You are getting this letter to let you know that you do not have to pay any more copays for services covered by BadgerCare Plus or Medicaid for the rest of <month, year>.



### Copay Limit Met Information

When was limit met?	Who?	Copay Limit Amount?	When do copays start again?
As of Month DD, YYYY	ANNA	\$13	July 1, 2020

**Note:** if you refilled a pharmacy prescription before the date your copay limit was met but pick it up after that date, you may still have a copay. If you met your limit but were not asked to pay this amount in copays, your medical provider may have paid your copay for you.

When the next month begins, you will have to pay copays for each service or prescription again until you reach your limit.

Federal law limits the amount you can be asked to pay each month for copays for health care services or prescriptions covered by BadgerCare Plus or Medicaid. Your monthly copay limit of <copay limit amount> was set for you based on your income and the size of your household. Your monthly copay limit will stay the same unless you have a change in eligibility or report a change that affects your limit, such as a change in income or the number of people in your home. You will get a letter if your monthly copay limit changes.

If you have any questions about this letter, please call your agency at the phone number listed at the top of this page.