

RETURN ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX



## State of Wisconsin

Case #: 1234567890

Mailing Date: MM/DD/YYYY

000001

ANNA MEMBER  
123 MAIN ST  
ANYTOWN WI 55555

### ABC Agency

Worker: IM A WORKER

Phone #: 1-555-555-5555

Fax #: (444) 444-4444

Use fax # to send verifications.



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 1-555-555-5555. These services are free.

## Action Required: Pay Your Premium

A premium is a set amount of money you pay each month to get BadgerCare Plus benefits. The next page has information on how much you owe and how to pay.

### When to Pay

Your monthly premium is due on the 10th of every month. However, you can pay your premiums at any time as long as it is before your yearly renewal or before your BadgerCare Plus coverage ends. If you don't pay all your owed premiums before your yearly renewal or before your BadgerCare Plus coverage ends, you won't be able to get BadgerCare Plus benefits for six months. To reapply for benefits, you can either pay all your owed premiums or wait until the six-month period ends. You may be able to enroll in other Medicaid programs during the six-month period.

### What Amount to Pay

You can pay the amount due for one month or several months or the total amount due. You cannot pay part of a monthly amount or more than the total amount. For example, if you owe \$8.00 for one month and \$8.00 for another month, you can either pay the monthly amount of \$8.00 or the total amount of \$16.00.

Please see the next page for information on how much you owe.

### How to Lower Your Premiums

You may be able to lower your monthly premiums by taking a health survey and showing you have healthy habits. You can take the survey:

- Through the MyACCESS mobile app.

- Through the ACCESS website at [access.wisconsin.gov](http://access.wisconsin.gov).
- By calling 800-291-2002, Monday through Friday, from 7 a.m. to 6 p.m.
- By filling out and sending us a paper BadgerCare Plus Health Survey, F-02548. You can print the paper survey by going to [www.dhs.wisconsin.gov/library/f-02548.htm](http://www.dhs.wisconsin.gov/library/f-02548.htm). Follow the instructions on the survey to send it back to us.

### How Much You Owe

Who owes a premium	Month the premium is for	Amount that's owed
ANNA	MONTH YYYY	\$ 8.00
<b>Total due</b>		\$ 8.00

If you have questions about the amount you owe, call your agency at 1-555-555-5555.

### How to Pay



You can pay any of the following ways:

- Credit card, debit card, checking account, or savings account through the MyACCESS mobile app or the ACCESS website at [access.wisconsin.gov](http://access.wisconsin.gov).
- Check or money order. It may take up to five days to process your check or money order. If you pay by check or money order:
  - Make the check or money order out to **BadgerCare Plus Premium**.
  - Write your case number on the check or money order. Your case number is **1234567890**.
  - **Fill out and include the top section on the next page with your check or money order.** This helps us process your payment as quickly as possible.
  - Mail your check or money order and the top section on the next page to the following address:  
 STATE OF WISCONSIN  
 PO BOX 93651  
 MILWAUKEE WI 53293 3651

**Note:** We will not accept cash.

If you have questions about how to pay your premium, call ForwardHealth Member Services at 800-362-3002, Monday through Friday, from 8 a.m. to 6 p.m.



WISCONSIN DEPARTMENT  
of HEALTH SERVICES

ANNA MEMBER  
123 MAIN ST  
ANYTOWN WI 55555

Who owes a premium:  
ANNA MEMBER

Case number 1234567890  
Due date Month DD, YYYY  
Total due \$8.00

Amount you're paying

\$

Mail your check or money order to:  
STATE OF WISCONSIN  
PO BOX 93651  
MILWAUKEE WI 53293 3651



**Instructions:**

If you are paying by check or money order, **you must fill out the amount you're paying in the section above, cut the section off, and include the section with your check or money order.** This will help us process your payment as quickly as possible.

Make sure your check or money order:

- Is made out to BadgerCare Plus Premium.
- Has your case number on it. Your case number is **1234567890**.
- Is the amount due for one month or several months or the total amount due. We will not accept part of a monthly amount or more than the total amount.

Mail your check or money order and the section above to the following address:

STATE OF WISCONSIN  
PO BOX 93651  
MILWAUKEE WI 53293 3651

