

RETURN ADDRESS
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX



State of Wisconsin

Case #: 1234567890

Mailing Date: MM/DD/YYYY

ABC Agency

Worker: IM A WORKER
Phone #: 1-555-555-5555

Fax #: (444)-444-4444
Use fax # to send proof.

000001
ANNA MEMBER
123 MAIN STREET
ANYTOWN WI 55555



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 1-888-794-5556. These services are free.

About Your Benefits

This letter tells you about your benefits. If you have a question, please call the agency above. If you would like to get letters like this online instead of by regular mail, please see the Resources and Contact Information section at the end of this letter.

Which benefit?	Status of your benefits?
Health Care	You applied on Month DD, YYYY. Your application was approved for all of the people who applied. Please see Your Health Care Benefits page to learn more about the type of coverage you will get.

If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the agency above.

Your Health Care Benefits

 **Who is enrolled in health care benefits?**

When?	Who is enrolled?	Which plan?	Monthly Premium?
As of Month DD, YYYY	ANNA	BadgerCare Plus	No
As of Month DD, YYYY	ANNA	BadgerCare Plus	No

ANNA, ANNA: You will get the health care benefits shown above until there is a change in your case.

 **Copay Limit Information**

When?	Who?	Monthly Copay Limit	Why Your Copay Limit Increased
As of Month DD, YYYY	ANNA	No Copay	
As of Month DD, YYYY	ANNA	No Copay	

ANNA, ANNA: Federal law limits the amount you can be asked to pay each month for copays. Your monthly copay limit is set for you based on your income and the size of your household. The amount shown above will be your limit until there is a change in your case. 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. If your copay limit has gone up, the reason for this is shown next to the amount. For more information, please see the Enrollment and Benefits Handbook.

Supporting Laws:

 **More Information**

BadgerCare Plus
 BadgerCare Plus is a full benefit health care plan. It pays for most services you get from Medicaid health care providers. It will also pay for prescription drugs (unless you are also getting Medicare). You may need to pay a small copay for some services and prescription drugs. Federal law limits the amount you can be asked to pay each month for copays. The Copay Limit Information section in this letter shows the maximum amount of copays you may have to pay for each member of your family each month. If your copays add up to your copay limit before the end of the month, we will send you a letter telling you that you do not need to pay any more copays for the rest of the month.

If you are getting health care benefits for the first time, you will get a ForwardHealth Card and an Enrollment & Benefits handbook by mail. Be sure to tell your health care providers that you now have health care benefits. In some cases, a provider may be able to give you a refund for bills you paid after your health benefits started.

SAMPLE



Your Reporting Rules

You must report certain changes based on the benefits you are getting. The types of changes you must report are listed below. You must report these changes to the agency listed on page 1 of this letter. You can do this online or by phone, fax, or mail.

- **Online:** Go to access.wi.gov. Log into your ACCESS account, and click Report My Changes. If you do not have an ACCESS account, you can go to access.wi.gov and create one.
- **Phone:** Call your agency. Your agency’s phone number is listed on page 1 of this letter.
- **Fax or mail:** Complete a change report form and fax or mail it using the instructions on the form. To get a change report form, call your agency, or go to www.dhs.wisconsin.gov/forwardhealth/change-report.htm.

Based on the benefits you are getting, you must report within 10 days if someone:

- Has a new address
- Has a change in where he or she is staying
- Moves in or out of your home
- Has a change in expected tax filing status
- Has a change in tax dependents
- No longer has a tax-related deduction that you told us about
- Gets married or divorced
- Becomes pregnant or has a pregnancy end
- Has a change in health insurance coverage

If your household’s total monthly income (before taxes) goes over \$1,436.67, you must report it by the 10th day of the next month. For example, if your income goes over the limit in June, you must report it by July 10th.

If you don’t report a change listed above, and you get benefits or coverage that you aren’t eligible for, you may have to pay us back. Keep in mind that if your benefits change, your reporting rules may also change.

Resources and Contact Information

The following are resources and contacts that may be helpful to you.



MyACCESS App

This free mobile app helps you manage your benefits from your smartphone. You can submit proof, get reminders, and more. To download the app, go to the App Store or Google Play Store, and search for “MyACCESS Wisconsin.”

ACCESS

ACCESS Website

This online tool lets you apply for benefits, check your current benefits, report

changes, renew your benefits, and submit proof. To visit the ACCESS website, go to access.wi.gov.



Online Letters

You can see letters and information about your benefits online through the ACCESS website. To sign up to get letters online instead of by regular mail, log into your account at access.wi.gov, and click Manage My Email, or call the agency listed on page 1 of this letter.



ForwardHealth Member Services for Health Care

You can call ForwardHealth Member Services at 800-362-3002, Monday through Friday, from 8 a.m. to 6 p.m. for help finding a doctor, for questions about the health care services you can get, or to replace your ForwardHealth card.



Any Other Questions

You can call your agency for help with applying for other benefits or renewing your current benefits, to do an interview if you're enrolled in FoodShare, and to ask questions about your case. Your agency's phone number is listed at the top of page 1.

You can also find information about health care and FoodShare benefits on the Department of Health Services website at www.dhs.wisconsin.gov/forwardhealth/resources.htm or in the Enrollment and Benefits Handbook at www.dhs.wisconsin.gov/library/p-00079.htm.



TTY Services

For free TTY services, call 711.



YOU HAVE THE RIGHT TO A FAIR HEARING ABOUT YOUR BENEFITS

What is a Fair Hearing and why should I ask for one?

A Fair Hearing gives you the chance to tell why you think there has been a wrong decision about your application or benefits. At the hearing, a hearing officer will hear from you and the agency to find out 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. To learn more about free legal help, call 1-800-362-3904.

How long do I have to ask for a hearing?

The Division of Hearings & Appeals must get your request for a hearing about the decision in this letter by the date below:

Health Care

→ Month DD, YYYY

Can I keep my benefits while I wait for my hearing?

Yes, if you are already getting benefits and if you 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 agency was right, you may need to return the extra benefits that you got after your benefits were supposed to change.

How do I ask for a hearing?

You can ask for a fair hearing and/or a hearing request form at the agency shown on the first page of this notice. Or, you can get a request form at dhs.wisconsin.gov/em/customerhelp. You can send the form or a letter asking for a hearing to the Division of Hearings & Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885.