

MILWAUKEE  
MILWAUKEE ENROLLMENT SERVICES  
SHAWANOCODEPTOFHUMANSERVICES  
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MILWAUKEE WI 53218



**State of Wisconsin**

**PIN #:** 0000000000

Mailing Date: 09/02/2025

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DEPPPFY SBLJFLU  
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CITY WI 12354-1234

Milwaukee Enrollment Services  
Phone: 888-947-6583  
Fax: 414-438-4580  
Online at [access.wi.gov](http://access.wi.gov)



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 1-888-947-6583. These services are free.

## **You Must Pay Your Monthly MAPP Premiums**

Dear DEPPPFY,

You get health care benefits through a program called the Medicaid Purchase Plan (MAPP). To stay enrolled in MAPP, you are required to pay a monthly fee called a premium.

You have missed one or more monthly MAPP premium payments in the past three months. **Starting December 2025, if you don't pay your MAPP premium, you will lose your MAPP benefits.**

If you are also enrolled in an adult long-term care program (Family Care, Family Care Partnership, IRIS, or PACE) and you don't pay your MAPP premium, you could be disenrolled from that program as well.

### **How to pay**

Your premium amount, due date, and ways to pay are on the MAPP premium statement that is mailed to you each month. You can also set up automatic payments that make it easier to pay your monthly premium on time. Go to [dhs.wi.gov/medicaid/mapp](http://dhs.wi.gov/medicaid/mapp) to learn more about setting up automatic payments.

### **What if I can't pay?**

If you can't pay your MAPP premium because of a temporary difficult situation (for example, a short-term health problem), you can ask not to pay for up to 12 months. Fill out and send in the Request for a Temporary Waiver of MAPP Premium, F-02603, to see if you are eligible. Get the form at [dhs.wi.gov/library/collection/f-02603](http://dhs.wi.gov/library/collection/f-02603) or contact your agency at the number at the top of this letter.