

## BadgerCare Plus Prenatal Plan

The BadgerCare Plus Prenatal Plan provides health care for pregnant women who have been denied BadgerCare Plus because of their immigration or citizenship status or who are in prison or jail.

### Covered Benefits

This plan covers services such as:

- Prenatal care.
- Doctor and clinic visits.
- Prescription drugs (including prenatal vitamins).
- Labor and delivery.

You may be able to enroll if you meet all of the following:

- You live in Wisconsin.
- You have family income at or below the monthly income limit listed under Income Limits for 2025.
- You do not have insurance or access to an employer-sponsored health insurance plan for which the employer pays 80% or more of the monthly premium.

**Note:** If you are not a U.S. citizen or you are an undocumented immigrant, a Social Security number is not required. Information about your family will not be shared with the United States Citizenship and Immigration Services.

### Income Limits for 2025

Family Size	Monthly Income Limit
2	\$5,393.25
3	\$6,795.74
4	\$8,198.26

For each additional person, add \$1,402.49.

**Note:** Include your unborn baby or babies in your family size.

### How to Apply

You can apply for the BadgerCare Plus Prenatal Plan online at [access.wisconsin.gov](https://access.wisconsin.gov), by phone, in person at your local agency, or by completing a paper application and mailing it to your local agency. To get a paper application, to ask for help completing the application, or to find your local agency, go to [www.dhs.wisconsin.gov/forwardhealth/resources.htm](https://www.dhs.wisconsin.gov/forwardhealth/resources.htm) or contact Member Services at 800-362-3002.

It is important to apply as soon as possible since the date you can start getting benefits is the first of the month in which you apply and meet all plan rules.

### If You Are Not Eligible

If you are not able to get benefits through the BadgerCare Plus Prenatal Plan, and you are not a U.S. citizen or you are an undocumented immigrant, you can apply for the Emergency Services Plan. The Emergency Services Plan will only cover labor and delivery costs.

### More Information

For more information, you can:

- Contact your local agency.
- Call Member Services at 800-362-3002.

**Nondiscrimination Notice: Discrimination is Against the Law – Health Care-Related Programs**

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 (including pregnancy, gender identity, and sexual orientation). 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 at 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, 844-201-6870, TTY: 711, fax: 608-267-1434, or email to [dhscrc@dhs.wisconsin.gov](mailto: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.html>.

<b>Español (Spanish)</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	<b>Deutsch (Pennsylvania Dutch)</b> Wann du Deutsch (Pennsylvania Dutch) schwetzscht, kannscht du ebber griegie as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).
<b>Hmoob (Hmong)</b> LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).	<b>ພາສາລາວ (Laotian)</b> ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).
<b>繁體中文 (Traditional Chinese)</b> 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711)。	<b>Français (French)</b> ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).
<b>Deutsch (German)</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711).	<b>Polski (Polish)</b> UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
<b>العربية (Arabic)</b> ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	<b>हिंदी (Hindi)</b> ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।
<b>Русский (Russian)</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	<b>Shqip (Albanian)</b> KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
<b>한국어 (Korean)</b> 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	<b>Tagalog (Tagalog – Filipino)</b> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).
<b>Tiếng Việt (Vietnamese)</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).	<b>Soomaali (Somali)</b> FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa lagu heli karaa. Soo wac 844-201-6870 (TTY: 711).