



RETURN ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX



**State of Wisconsin**  
Case #: 1234567890  
**ABC Agency**  
Worker: IM A WORKER  
Phone #: 1-555-555-5555  
Fax #: (444) 444-4444  
Use fax # to send verifications.


Mailing Date: MM/DD/YYYY

000001  
ANNA MEMBER  
123 MAIN ST  
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 1-555-555-5555. 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?
 <b>Health Care</b>	As of Month DD, YYYY, at least one person in your home will have a change in health care benefits. Please see Your Health Care Benefits page to learn more.

*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.*

STAMP

# 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	Yes - see below

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



## Who has to pay a premium?

When?	Monthly amount?	Who does it cover?
As of Month DD, YYYY	\$4.00	ANNA

ANNA: A premium is a set amount of money you pay each month to get BadgerCare Plus benefits. You will get a letter each month that tells you how much you owe and how you can pay. You don't have to pay your premium every month. However, you do need to pay all owed premiums before your yearly renewal or before your BadgerCare Plus coverage ends. If you don't, you won't be able to get BadgerCare Plus benefits for up to six months or until you pay the total amount you owe.

You've lowered your premium amount by taking a health survey and showing you have healthy habits or through your response to a treatment needs question.

Supporting Laws:



## More Information

### BadgerCare Plus

This is a full benefit health care plan. It pays for most services from BadgerCare Plus health care providers. It will also pay for prescription drugs (unless you are also getting Medicare). You may have a small co-payment for some services and prescription drugs.


### Premiums

You need to pay a premium because you are age 19 to 64 with no dependent children living in your home and your household income is more than 50 percent of the federal poverty level.



## Your Household's Reported Income


Here is a list of the income that we have on file for your household.

 Income	
Who has income?	When and how much? As of Month YYYY
ANNA ABC EMPLOYER	\$XXX.XX each month



## How We Counted Your Income

Here are the amounts and limits that were used to decide whether you could get benefits. To learn more, please see your Enrollment & Benefits handbook.

 BadgerCare Plus		
This was used for: ANNA		
	Month YYYY	As of Month YYYY
Your Counted Income	\$XXX.XX	\$XXX.XX
Counted Income Limit	\$X,XXX.XX	\$X,XXX.XX



## 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](http://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](http://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](http://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 \$X,XXX.XX, you must report it by the 10<sup>th</sup> day of the next month. For example, if your income goes over the limit in June, you must report it by July 10<sup>th</sup>.

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](http://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](http://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](http://www.dhs.wisconsin.gov/forwardhealth/resources.htm) or in the Enrollment and Benefits Handbook at [www.dhs.wisconsin.gov/library/p-00079.htm](http://www.dhs.wisconsin.gov/library/p-00079.htm).



### **TTY Services**

For free TTY services, call 711.

SAMPLE



## 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 1-888-278-0633.

### 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](https://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.