

## Action Required: Pay Your Medicaid Purchase Plan Premium

A premium is a set amount of money you must pay each month to get Medicaid Purchase Plan (MAPP) benefits. The amount of your premium is based on your income and may increase or decrease if there are changes to your income. Health care coverage will not begin until you pay the total premium listed. In some situations, you may be required to pay more than one month of premiums before your coverage begins. The next page has information on how much you owe and how to pay your premium.

### Making a payment

#### *Initial premium payment*

There are several ways you can pay your initial (first) MAPP premium:

- On the ACCESS website at [access.wi.gov](http://access.wi.gov)
- Through the MyACCESS mobile app
- By mailing your completed statement and a check or money order to:  
Medicaid Purchase Plan  
PO Box 93187  
Milwaukee, WI 53293-0187

Additional instructions on how to make this premium payment can be found on the next page. If you do not pay the total amount due, you will not get MAPP benefits for the months you requested.

#### *Monthly premium payment*

After you are enrolled, you will get monthly premium statements in the mail that tell you how much your premium is and how to make payments.

Your monthly premium is due on the 10th of every month.

### What happens if you don't pay

If you do not pay your initial premium, you will not be enrolled in MAPP.

After you are enrolled, you must pay your premium by the 10th of each month. If you do not pay your monthly premium, you will lose your coverage at the end of the following month. You will get a letter that tells you when your MAPP enrollment is ending.

If you cannot pay your premium because of a temporary difficult situation, contact your local or Tribal agency to request a temporary waiver of your MAPP premium.

### How much you owe

Who owes a premium	Month the premium is for	Amount that's owed
<b>Total due</b>		

## **Questions**

- If you have questions about the amount you owe, call your local agency ([dhs.wi.gov/im-agency](http://dhs.wi.gov/im-agency)).
- If you have questions about how to pay your premium, call Member Services at 800-362-3002, Monday through Friday, 8 a.m. to 6 p.m.



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

**Name and Address**

Case number  
Due date  
Total due

Amount you're paying

\$

Mail your check or money order to:

Who owes a premium:

Medicaid Purchase Plan  
PO Box 93817  
Milwaukee, WI 53293-0187



**Instructions:**

**Fill out the amount you're paying in the section above and then tear off and include the section above 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: Medicaid Purchase Plan.
- Has your case number on it. Your case number is \_\_\_\_\_.
- Is the total amount due for MAPP. If you do not pay the total amount due, you will not get MAPP benefits for the months you requested.

Mail your check or money order and the top half of this page to the following address:

Medicaid Purchase Plan Program  
WI Dept of Health Services  
PO Box 93187  
Milwaukee, WI 53293-0187

You may also make your payment on the ACCESS website ([access.wi.gov](http://access.wi.gov)) or in the MyACCESS mobile app.