

RETURN ADDRESS
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX



State of Wisconsin

Case #: 1234567890

Mailing Date: MM/DD/YYYY

ANNA MEMBER
123 MAIN ST
ANYTOWN WI 55555

ABC Agency
Worker: IM A WORKER
Phone #: 1-987-654-3210
Fax #: (555) 555-5555
Use fax # to send verifications.



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.

Your Deductible Balance Changed as of MM/DD/YYYY

You are getting this letter because the health care deductible balance has changed for one or more members of your household. Your deductible is the difference between your monthly income and the income limit for getting health care benefits from Medicaid or BadgerCare Plus. This difference is based on a six-month period, which is called a deductible period.

You will need to meet a deductible before you can get health care benefits.

You can meet your deductible in any of the following ways:

- Have medical bills that are more than your deductible.
- Prepay your deductible.
- Have medical bills that are less than your deductible and prepay the rest of your deductible.

Contact your agency to provide proof or make a prepayment.

Information About Your Deductible

Whose Deductible Balance Changed?	Which plan?	New Deductible Balance	Deductible Period	Reason for Change
XXXXX	Medicaid	\$0.00	Month YYYY - Month YYYY	Due to bills you submitted or a prepayment you made toward your deductible, your deductible balance went down.

If you meet your deductible, you can get health care benefits for the rest of your six-month deductible period as long as you stay under the asset limit during that period. For single individuals the asset limit is \$2,000. For married couples the asset limit is \$3,000. If your assets go over this limit, you must report it to your agency. Contact your agency if you would like more information about your deductible and asset limit.

Note: If you submitted more bills or made a payment toward your deductible since MM/DD/YYYY, your deductible balance may be different from the balance in this letter. If your deductible balance has changed you will get another letter in the mail. This new letter will have your updated balance.

If you do not agree with the balance amount, you can call your agency at X-XXX-XXX-XXXX to ask how the balance was determined. If you still disagree with the deductible balance, you have the right to a fair hearing. See the next page for information about fair hearings.



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

Jul. 18, 2020

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 from your agency. Or you can get a request form at dhs.wisconsin.gov/forwardhealth/resources.htm. You can send the form or a letter asking for a hearing to the Division of Hearing and Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 608-264-9885. If you need help with asking for a hearing, please call 1-800-362-3002.