

# SeniorCare and Medicare Part D

SeniorCare and Medicare Part D are programs that help Wisconsin residents age 65 or older pay for prescription drugs and vaccines. You can enroll in both programs at the same time, or just one.

The SeniorCare Prescription Drug Assistance Program is considered “creditable coverage.” This means it’s as good as the standard Medicare Part D plan, and you will not have a penalty if you choose SeniorCare instead of Medicare Part D.

If you’re enrolled in SeniorCare, you can keep your coverage and not pay extra if you choose to enroll with Medicare Part D later. If you let your SeniorCare coverage end without enrolling in a Medicare Part D plan, you may have to pay more if you decide to enroll later.

If you don’t have creditable prescription drug coverage for 63 days or longer, your monthly premium for Medicare Part D will go up at least 1% for each month you don’t have coverage.

For example, if you go nine months without coverage, your premium will always be at least 9% higher than what most people pay.

For more information, call SeniorCare Customer Service at **800-657-2038**.

## Enrolling in Medicare Part D

If you enroll in a Medicare Part D plan, your coverage will begin about a month after you enroll. If you need help paying for prescription drugs and you’re currently enrolled in SeniorCare, you should stay on SeniorCare until your Medicare Part D coverage begins.

If you don’t enroll in a Medicare Part D plan when you’re eligible, you can still enroll, you may just have to wait until the next enrollment period. That’s Oct. 15 through Dec. 7, for coverage that begins Jan. 1.

## Extra Help for Medicare Part D Costs

Extra Help is a federal program that helps people with limited income and resources pay Medicare prescription drug program costs, like premiums and deductibles. Nearly one in three people with Medicare qualify for Extra Help. If you get Extra Help, Medicare will pay for almost all of your prescription drug costs, including premiums, deductibles, and copayments.

To apply or learn more, visit the federal Extra Help webpage or call the Social Security Administration at **800-772-1213** or **800-324-0778** TTY and ask about the program.

You may be automatically enrolled in Extra Help when you apply for Medicare Part D, or you may have to enroll separately. If you are eligible for Extra Help, you must pick a primary drug plan and enroll in that plan.

## Out-of-Pocket Costs for SeniorCare and Medicare Part D

Out-of-pocket costs for both SeniorCare and Medicare Part D depend on how much income you have. People with a higher income can expect higher out-of-pocket costs.

For Medicare Part D, the out-of-pocket costs also depend on whether you're eligible for Extra Help and which plan you enroll in. Some plans have higher premiums than others.

People with a lower income who enroll in a Medicare Part D plan may have better coverage if they qualify for Extra Help and the drugs they need are covered by their plan.

## More Resources

Before you enroll in a Medicare Part D plan, carefully review the coverage it offers. If you need help choosing a prescription drug plan that is best for you, call your local aging and disability resource center (ADRC) and ask for a benefits specialist. You can find your local ADRC by going to [www.findmyadrc.org](http://www.findmyadrc.org).

You can also call:

- SeniorCare Customer Service at **800-657-2038** for questions about SeniorCare.
- The Prescription Drug Helpline at **855-677-2783** for questions about Medicare Part D.

We are an equal opportunity employer and service provider. If you have a disability and need to access this information in a different format, or in another language, call SeniorCare Customer Service at **800-657-2038**. Translation services are free.

If you have a civil rights question, call **608-267-4955**, TTY: 711 or email [dhscrc@dhs.wisconsin.gov](mailto:dhscrc@dhs.wisconsin.gov).

## 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. 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 [dhsgrc@dhs.wisconsin.gov](mailto:dhsgrc@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>.

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| <b>Español (Spanish)</b><br>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><br>Wann du Deitsch (Pennsylvania Dutch) schwetztscht, 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><br>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><br>ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).   |
| <b>繁體中文 (Traditional Chinese)</b><br>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><br>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><br>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711). | <b>Polski (Polish)</b><br>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).   |
| <b>العربية (Arabic)</b><br>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><br>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><br>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).                 | <b>Shqip (Albanian)</b><br>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><br>알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.  | <b>Tagalog (Tagalog – Filipino)</b><br>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><br>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><br>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).  |