State of Wisconsin Board on Aging and Long Term Care
Medigap Helpline: 1(800) 242-1060
Email: BOALTCMedigap@wisconsin.gov
Webpage: http://longtermcare.wi.gov/

The State of Wisconsin Medigap Helpline and Medigap Part D & Prescription Drug Helpline are a part of the Wisconsin State Health Insurance Assistance Program (SHIP). Our phone number can be found on the back of the Wisconsin Medicare and You Book. Insurance counseling and resources are available for beneficiaries with any Medicare-related questions.

The packet attached includes information and an application for the State of Wisconsin's SeniorCare Program, a pharmaceutical assistance program for Wisconsin residents aged 65 or older.

Enclosed you will find:

- A fact sheet explaining vaccine coverage offered by Wisconsin SeniorCare.
- A fact sheet explaining the basic information about Wisconsin SeniorCare.
- A fact sheet explaining how SeniorCare and Medicare Part D interact.
- A SeniorCare application. If applying, please note that the completed application form and the $30 application fee *($60 for a married couple **applying** jointly*) must be returned, together, directly to SeniorCare at the following address:

SeniorCare
P.O. Box 6710
Madison, WI 53716-0710

Please direct any questions regarding the SeniorCare program or requests for assistance filling out the application to the **SeniorCare Customer Service Hotline (1-800-657-2038).**

If you find that our agency can be of any service to you or if you still have questions, please do not hesitate to contact us again at either of the numbers below. In your message be sure to include your name, address, call back number, email address (if available), and reason for your call. Program staff will contact you using the information you provide.

Medigap Helpline: (800) 242-1060 or BOALTCMedigap@wisconsin.gov
Medigap Part D & Prescription Drug Helpline: (855) 677-2783

This publication is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1,061,673 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

Get the Vaccines You Need With SeniorCare

It's easier than ever to stay healthy with SeniorCare. You can protect yourself by getting key vaccines with no out-of-pocket costs. Depending on any other coverage you have in addition to SeniorCare, you may need to get some vaccines at a pharmacy and others at your doctor's office. Refer to this handy chart for details, and check with your doctor or pharmacist if you have questions.

Vaccine	Medicare Part B or D Coverage	Primary Insurance Coverage	No Other Coverage
• **COVID-19** • **Flu** • **Pneumonia**	These vaccines are covered by **Medicare Part B**. Original Medicare commonly covers these vaccines at 100% of the Medicare-approved amount. **Check with your plan on where you can get these vaccines**. If you have **Medicare Part D, but not Medicare Part B**, you will use your Part D coverage first, then SeniorCare will cover any copays or deductibles when **these vaccines are given at a pharmacy**.	If you have **other primary insurance coverage** (such as through a current or former employer or the VA), **follow their guidance** for getting vaccines at a doctor's office or pharmacy. If they cover vaccines at a pharmacy, use this coverage first. Then SeniorCare will cover any copays or deductibles.	If you have **no other coverage** through Medicare Part B or D or primary insurance, vaccines will be covered by SeniorCare when you **get them at a pharmacy**.
• **Chickenpox** • **Hepatitis A** • **Meningitis** • **Shingles** • **Tdap**	If you have **Medicare Part D**, you will use this coverage first for these vaccines, then SeniorCare will cover any copays or deductibles when **these vaccines are given at a pharmacy**.		
• **Hepatitis B**	If you have **Medicare Part B and meet Medicare criteria, use your Medicare part B** for this vaccine. Original Medicare commonly covers this vaccine at 100% of the Medicare-approved amount. **Check with your plan on where to get this vaccine**. If you **do not meet Medicare Part B criteria**, **get this vaccine at a pharmacy** with your SeniorCare coverage. If you have **Medicare Part D**, you will use this coverage first, then SeniorCare will cover any copays or deductibles when **these vaccines are given at a pharmacy**.		

If you have **Medicare Part C**, also called Medicare Advantage, **follow your Medicare plan's guidance** for how to receive a vaccine. SeniorCare will cover copays or deductibles for vaccines recieved at a pharmacy. If you only have **Medicare Part A**, refer to the **No Other Coverage** column.

WISCONSIN DEPARTMENT of HEALTH SERVICES

SENIORCARE Prescription Drugs for Wisconsin Seniors

P-03273 (07/2022)

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**.

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**.

WISCONSIN DEPARTMENT of HEALTH SERVICES

SENIORCARE® Prescription Drugs for Wisconsin Seniors

P-10074 (10/2022)

Information About SeniorCare

What is SeniorCare?

SeniorCare is a program for Wisconsin residents who are 65 or older. The program helps seniors pay for prescription drugs and vaccines.

Who can enroll in SeniorCare?

To enroll in SeniorCare you must be:

- A Wisconsin resident.
- A U.S. citizen or qualifying immigrant.
- Age 65 or older.

How do I apply for SeniorCare?

To apply for SeniorCare, request an application from the SeniorCare Customer Service hotline at **800-657-2038** or print one at **www.dhs.wisconsin.gov/seniorcare**.

When can I apply for SeniorCare?

You can apply for SeniorCare the month you turn 65. Once you're 65, you can apply at any time. Coverage begins the month after you apply.

How much will SeniorCare cover?

Your annual income determines your level of coverage in SeniorCare and how much SeniorCare will cover. See the table on the following page for out-of-pocket expenses and benefits for each level of participation.

Is there an enrollment fee?

Yes. It's $30 per person per year.

What drugs are covered by SeniorCare?

The program covers most medically necessary drugs as long as the drug manufacturer has signed a rebate agreement with SeniorCare. There are exceptions, though. You may be asked to use the generic form of a drug or to get a prior authorization for certain medicines. A prior authorization means the medicine must be approved by SeniorCare first to be covered.

What if I have other prescription drug coverage and I enroll in SeniorCare?

You can enroll in SeniorCare no matter what coverage you have—unless you're enrolled in Medicaid. SeniorCare will coordinate your coverage with your other insurance. That includes Medicare Part B or D.

What is a copay?

A copayment, or copay, is the amount you pay for each prescription you get. All SeniorCare participation levels have copays. The copay is $5 for each covered generic drug, $15 for each covered brand-name drug, and $0 for vaccines.

What is a deductible?

A deductible is how much a participation level 2A, 2B, or 3 member of SeniorCare pays each year for covered drugs before they can move to the copay level.

Only SeniorCare covered prescription drugs can be used toward your deductible.

What is the SeniorCare rate?

The rate is a discount that Wisconsin sets on most covered prescription drugs. It is the rate that members pay during the phase when they're meeting their deductible.

What is a SeniorCare Spenddown?

Spenddown is the amount that a participation level 3 member must pay for covered prescription drugs during a 12-month benefit period. It is equal to the difference between your annual income and 240% of the federal poverty level (FPL). In 2026, that's $38,304 for an individual, or $51,936 for a married couple living together. After the spenddown has been met, you still need to meet a deductible.

SeniorCare 2026 Annual Income Limits and Out-of-Pocket Expenses by Level of Participation

Level	Income Limits	Out-of-Pocket Expenses
1	Income at or below 160% of the FPL Individual: $25,536 Couple: $34,624	• No deductible or spenddown. • $5 copay for each covered generic prescription drug. • $15 copay for each covered brand name prescription drug. • $0 for vaccines
2A	Income between 160% and 200% of the FPL Individual: $25,537 to $31,920 Couple: $34,625 to $43,280	• $500 deductible per person. • Pay the SeniorCare rate for covered drugs until the $500 deductible is met. • After $500 deductible is met, pay a $5 copay for each covered generic prescription drug and a $15 copay for each covered brand name prescription drug. • $0 for vaccines
2B	Income between 200% and 240% of the FPL Individual: $31,921 to $38,304 Couple: $43,281 to $51,936	• $850 deductible per person. • Pay the SeniorCare rate for covered drugs until the $850 deductible is met. • After $850 deductible is met, pay a $5 copay for each covered generic prescription drug and a $15 copay for each covered brand name prescription drug. • $0 for vaccines
3	Income more than 240% of the FPL Individual: $38,305 or more Couple: $51,937 or more	• Pay retail price for covered drugs during the spenddown phase. • After the spenddown is met, meet an $850 deductible per person. • Pay the SeniorCare rate for covered drugs until the $850 deductible is met. • After $850 deductible is met, pay a $5 copay for each covered generic prescription drug and a $15 copay for each covered brand name prescription drug. • $0 for vaccines

Where can I get more information?

Call SeniorCare Customer Service at **800-657-2038** or **711** (TTY) or visit the SeniorCare website at **www.dhs.wisconsin.gov/seniorcare**.

SENIORCARE® Prescription Drugs for Wisconsin Seniors

SCAPP

WISCONSIN SENIORCARE APPLICATION

INSTRUCTIONS

- Use blue or black ink.
- Write all dates in the MM/DD/YYYY format.

Select your reason for submitting this application.

☐ I am applying for SeniorCare for the first time.

☐ I am adding my spouse (whom I live with) to SeniorCare.

My current case number (if known) is: _____.

SECTION 1 – APPLICANT INFORMATION

In this section we are asking about you, the applicant.

First name	Middle initial	Last name	Suffix

Name at birth and/or previous names	Date of birth (MM/DD/YYYY)

Chosen name (the name you like to be called) *optional*	Social Security number

Sex	Are you applying for SeniorCare?
☐Female ☐ Male ☐ Other/prefer not to answer	☐ Yes ☐ No

What is your preferred language?	What language do you want your letters printed in?
	☐ English ☐ Spanish

Race† (choose one or more) *optional*

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

☐ Hawaiian/Other Pacific Islander ☐ White

Ethnicity† *optional*

☐ Hispanic or Latino(a) ☐ Not Hispanic or Latino(a)

† **You do not have to answer the ethnicity and/or race questions if you do not want to. We are asking these questions to improve our programs and make sure they do not discriminate based on ethnicity or race. Your answers will not be used to make a decision about your benefits.**

SENIORCARE Prescription Drugs for Wisconsin Seniors

SCAPP

What is your marital status?	Are you living with a spouse?	Are you a Wisconsin resident?
☐ Divorced ☐ Legally Separated ☐ Married ☐ Single ☐ Widowed	☐ Yes ☐ No	☐ Yes ☐ No

Are you a U.S. citizen?

☐ Yes ☐ No If your answer is no, answer the next four questions:

- What is your Alien Registration or USCIS number? _____
- When did you come to the United States to live? _____
- Do you have a sponsor? ☐ Yes ☐ No
- Are you any of the following: an active duty serviceman/woman in the U.S. military; an honorably discharged veteran; someone who is married to someone on active duty or an honorably discharged veteran; the surviving spouse of a veteran; or the child of someone on active duty or an honorably discharged veteran?

  ☐ Yes ☐ No

Street address		
City	State	Zip code

Mailing street address *(if different from above)*		
City	State	Zip code
Primary phone number ( ) -	Alternate phone number ( ) -	

SECTION 2 – SPOUSE INFORMATION (if living with applicant)

If you are a new SeniorCare applicant, only complete this section if you **currently live with your spouse**. If you don't live together and your spouse wants to apply, they must fill out their own application.

If you are currently enrolled in SeniorCare and adding your spouse to your SeniorCare benefits, your spouse will be enrolled in SeniorCare for the remainder of your current enrollment period.

Spouse's first name	Middle initial	Spouse's last name	Suffix

Name at birth and/or previous names	Date of birth (MM/DD/YYYY)

SENIORCARE® Prescription Drugs for Wisconsin Seniors

SCAPP

Chosen name (the name your spouse likes to be called) *optional*	Social Security number

Sex

☐Female ☐ Male ☐ Other/prefer not to answer

Are you applying for SeniorCare for them?

☐ Yes ☐ No

What is your spouse's preferred language?	

Race† (choose one or more) *optional*

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

☐ Hawaiian/Other Pacific Islander ☐ White

Ethnicity† *optional*

☐ Hispanic or Latino(a) ☐ Not Hispanic or Latino(a)

† **You do not have to answer the ethnicity and/or race questions if you do not want to. We are asking these questions to improve our programs and make sure they do not discriminate based on ethnicity or race. Your answers will not be used to make a decision about your benefits.**

What is your spouse's marital status?	Is your spouse a Wisconsin resident?
☐ Divorced ☐ Legally Separated ☐ Married ☐ Single ☐ Widowed	☐ Yes ☐ No

Is your spouse a U.S. citizen?

☐ Yes ☐ No If your answer is no, answer the next four questions:

- What is your spouse's Alien Registration or USCIS number? _____
- When did your spouse come to the United States to live? _____
- Does your spouse have a sponsor? ☐ Yes ☐ No
- Is your spouse any of the following: an active duty serviceman/woman in the U.S. military; an honorably discharged veteran; someone who is married to someone on active duty or an honorably discharged veteran; the surviving spouse of a veteran; or the child of someone on active duty or an honorably discharged veteran?

  ☐ Yes ☐ No

Street address *(if different from the applicant)*

City	State	Zip code

Mailing street address *(if different from above)*

SENIORCARE® Prescription Drugs for Wisconsin Seniors

SCAPP

City	State	Zip code

Primary phone number	Alternate phone number
( ) -	( ) -

SECTION 3 – INCOME INFORMATION

Enter the total annual amount of each type of income you expect to get in the **next 12 months**. Be sure to enter the **gross amount for all types of income *except self-employment earnings*.** The gross amount is the amount **before taxes** or other deductions. Enter **dollars only**, not cents. If you have had a loss in income in one of the categories since you last filled out this application, write in the new amount of income that you receive now. If you have no income now in a category, enter "$0."

If you are married and living with your spouse, you must also report your spouse's income.

Refer to the **SeniorCare Application Instructions** and **Income Calculation Worksheet** for help completing this section.

Type of annual Income	**Applicant**	**Spouse** (If living with applicant)
1) Social Security	$	$
2) Job income and wages	$	$
3) Interest, dividends, and capital gains	$	$
4) Self-employment	$	$
5) Retirement income (401(k), IRA, pension, veterans' benefits)	$	$
6) Rental income from land or property (non-business)	$	$

SENIORCARE® Prescription Drugs for Wisconsin Seniors

SCAPP

7) Other income	$	$
Total	$	$

SECTION 4 – SIGNATURE

If you don't understand something or need help with this application, contact SeniorCare Customer Service at **800-657-2038**, Monday through Friday, from 8 am to 6 pm.

By signing below, you are agreeing to the following statements:

- I understand the questions and statements on this application form.
- I understand the penalties for giving false information or breaking the rules, as outlined in the rights and responsibilities section of the SeniorCare application instructions.
- I certify, under penalty of perjury and false swearing, that all my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or immigration status of my spouse and myself.
- I agree to provide documents to prove what I have said.
- I understand that the agency may contact other persons or organizations to obtain any necessary proof of my eligibility for benefits.

Who is signing this application? **Select one**:

☐ Myself (applicant)
☐ My authorized representative
☐ My legal guardian
☐ My power of attorney
☐ My conservator

SIGNATURE – Applicant or authorized representative, legal guardian, power of attorney, or conservator	Date Signed (MM/DD/YYYY)

If you sign your name with an X, two people must sign to witness that they saw you sign. Otherwise, leave these boxes blank.

SENIORCARE® Prescription Drugs for Wisconsin Seniors

SCAPP

Witness One Sign here:	**Print the signer's name here**:
Witness Two Sign here:	**Print the signer's name here:**

SECTION 5 – ENROLLMENT FEE

Enrollment fee enclosed

☐ One applicant ($30) ☐ Two applicants ($60)

Make payment out to: **State of Wisconsin**
Include the names of all applicants on your check or money order. If you have a case number, write that on the payment as well. **Do not send cash.**

Return completed application form and fee to:

SeniorCare
PO Box 6710
Madison, WI 53716-0710

FOR OFFICE USE ONLY

Enrollment fee enclosed

☐ One applicant ($30) ☐ Two applicants ($60) ☐ No payment included ☐ Other amount: _____